

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name DIVYA VALLALA	Social security number 878-24-7839
Spouse's name	Spouse's social security number

## Part I Tax Return Information – Tax Year Ending December 31, (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	66,005.
2	Total tax	2	7,588.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	9,552.
4	Amount you want refunded to you	4	3,764.
5	Amount you owe	5	

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

4	7	8	3	9
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 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

I authorize \_\_\_\_\_ to enter or generate my PIN 

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 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Practitioner PIN Method Returns Only—continue below

### Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

5	8	7	2	7	8	6	1	9	8	9
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 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: DIVYA
Last name: VALLALA
Your social security number: 878-24-7839
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): 3120 NE JOHN OLSEN AVE
Apt. no.: 3304
City, town, or post office: Hillsboro
State: OR
ZIP code: 97124
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [ ] You [ ] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent
[ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1956 [ ] Are blind Spouse: [ ] Was born before January 2, 1956 [ ] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for, and final taxable income calculation. Total taxable income: 53,605.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	7,588.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	7,588.
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 7	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	7,588.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	7,588.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	9,552.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	9,552.
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>	
<b>27</b>	Earned income credit (EIC) <b>NO</b>	<b>27</b>	
<b>28</b>	Additional child tax credit. Attach Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	1,800.
<b>31</b>	Amount from Schedule 3, line 13	<b>31</b>	
<b>32</b>	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	1,800.
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	11,352.

**Refund**

<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	3,764.
<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	3,764.
<b>b</b>	Routing number <u>1 2 1 0 0 0 3 5 8</u> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number <u>3 2 5 0 4 5 5 2 0 4 1 1</u>		
<b>36</b>	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	<b>36</b>	

**Amount You Owe**

For details on how to pay, see instructions.

<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	<b>37</b>	
<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation <b>EMPLOYEE</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/13/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 30-1017196

• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instructions.

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
DIVYA VALLALA

**Your social security number**  
878-24-7839

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-5,350.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-5,350.

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶ _____		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees deduction. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . .	<b>22</b>	

**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

**2020**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment  
Sequence No. **13**

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

DIVYA VALLALA

878-24-7839

**Part I** **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

**A** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No

**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	CHILKA NAGAR, UPPAL HYDERABAD TELANGANA IN 500039				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	3		<b>A</b> 365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>		<input type="checkbox"/>
<b>C</b>			<b>C</b>		<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

Income:		Properties:	A	B	C
<b>3</b>	Rents received . . . . .	<b>3</b>	500 .		
<b>4</b>	Royalties received . . . . .	<b>4</b>			

**Expenses:**

<b>5</b>	Advertising . . . . .	<b>5</b>	50 .		
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>	200 .		
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>	100 .		
<b>8</b>	Commissions. . . . .	<b>8</b>			
<b>9</b>	Insurance . . . . .	<b>9</b>			
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>			
<b>11</b>	Management fees . . . . .	<b>11</b>			
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>			
<b>13</b>	Other interest. . . . .	<b>13</b>	5,500 .		
<b>14</b>	Repairs. . . . .	<b>14</b>			
<b>15</b>	Supplies . . . . .	<b>15</b>			
<b>16</b>	Taxes . . . . .	<b>16</b>			
<b>17</b>	Utilities. . . . .	<b>17</b>			
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>			
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>			
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	5,850 .		

**21** Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198** . . . . . **21** -5,350 .

**22** Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) . . . . . **22** ( -5,350 . ) ( ) ( )

<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>	500 .	
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>		
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>		
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>		
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>	5,850 .	

**24** **Income.** Add positive amounts shown on line 21. **Do not** include any losses . . . . . **24**

**25** **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . . **25** ( 5,350 . )

**26** **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . **26** -5,350 .

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

**2020 Form OR-40-N**

Page 1 of 5, 150-101-048  
(Rev. 08-25-20 ver. 01)

Oregon Department of Revenue



00542001011555

Office use only	

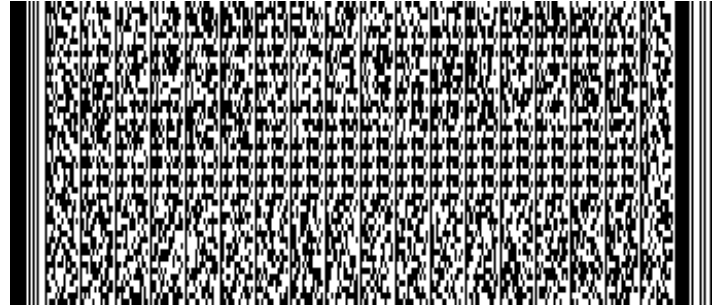
**Oregon Individual Income Tax Return for Nonresidents**

Submit original form—do not submit photocopy

Fiscal year ending:

Space for 2-D barcode—do not write in box below

- Amended return. If amending for an NOL, tax year the NOL was generated:
- Calculated using "as if" federal return.
- Short-year tax election.  Federal disaster relief.
- Extension filed.  Federal Form 8886.
- Form OR-24.  Military.  Employment exception.



First name <b>DIVYA</b>	Initial	Last name <b>VALLALA</b>	<input type="checkbox"/> Deceased	Social Security no. (SSN) <b>878-24-7839</b>	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
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Spouse's first name	Initial	Spouse's last name	<input type="checkbox"/> Deceased	Spouse's SSN	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
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Current mailing address <b>3120 NE JOHN OLSEN AVE APT 3304</b>			Date of birth (mm/dd/yyyy) <b>08/29/1992</b>	Spouse's date of birth	
City <b>HILLSBORO</b>	State <b>OR</b>	ZIP code <b>97124</b>	Country <b>USA</b>	Phone <b>(623) 223-4819</b>	

**Filing status** (check only **one** box)

- Single.
- Married filing jointly.
- Married filing separately (enter spouse's information **above**).
- Head of household (with qualifying dependent).
- Qualifying widow(er) with dependent child.

**Exemptions**

6a. Credits for yourself:  Regular  Severely disabled .... 6a. **Total 1**

Check box if someone else can claim you as a dependent.

6b. Credits for spouse:  Regular  Severely disabled .... 6b.

Check box if someone else can claim your spouse as a dependent.

**Dependents.** List your dependents in order from youngest to oldest. If more than four, check this box  and include Schedule OR-ADD-DEP with your return.

First name	Last name	Code*	Dependent's SSN	Dependent's date of birth (mm/dd/yyyy)	Check if child with qualifying disability
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

\*Dependent relationship code (see instructions).

6c. Total number of dependents ..... 6c.  
 6d. Total number of dependent children with a qualifying disability (see instructions) ..... 6d.  
 6e. Total exemptions. Add 6a through 6d ..... **Total. 6e.**

**2020 Form OR-40-N**

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(Rev. 08-25-20 ver. 01)

Oregon Department of Revenue



00542001021555

Name <b>DIVYA VALLALA</b>	SSN <b>878-24-7839</b>
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**Note: Reprint page 1 if you make changes to this page.**

<b>Income</b>	<b>Federal column (F)</b>		<b>Oregon column (S)</b>	
7. Wages, salaries, and other pay for work from federal Form 1040 or 1040-SR, line 1. <b>Include all Forms W-2</b> .....	7F.	71,635.00	7S.	71,635.00
8. Interest income from Form 1040 or 1040-SR, line 2b.....	8F.		8S.	
9. Dividend income from Form 1040 or 1040-SR, line 3b.....	9F.		9S.	
10. State and local income tax refunds from federal Schedule 1, line 1.....	10F.		10S.	
11. Alimony received from federal Schedule 1, line 2a.....	11F.		11S.	
12. Business income or loss from federal Schedule 1, line 3.....	12F.		12S.	
13. Capital gain or loss from Form 1040 or 1040-SR, line 7.....	13F.		13S.	
14. Other gains or losses from federal Schedule 1, line 4.....	14F.		14S.	
15. IRA distributions from Form 1040 or 1040-SR, line 4b.....	15F.		15S.	
16. Pensions and annuities from Form 1040 or 1040-SR, line 5b.....	16F.		16S.	
17. Schedule E income or loss from federal Schedule 1, line 5.....	17F.	-5,350.00	17S.	0.00
18. Farm income or loss from federal Schedule 1, line 6.....	18F.		18S.	
19. Social Security benefits from Form 1040 or 1040-SR, line 6b; and unemployment and other income from federal Schedule 1, lines 7 and 8.....	19F.		19S.	
20. Total income. Add lines 7 through 19.....	20F.	66,285.00	20S.	71,635.00

**Adjustments**

21. IRA or SEP and SIMPLE contributions, from federal Schedule 1, lines 15 and 19.....	21F.		21S.	
22. Education deductions from federal Schedule 1, lines 10, 20, and 21.....	22F.		22S.	
23. Moving expenses from federal Schedule 1, line 13.....	23F.		23S.	
24. Deduction for self-employment tax from federal Schedule 1, line 14.....	24F.		24S.	
25. Self-employed health insurance deduction from federal Schedule 1, line 16.....	25F.		25S.	
26. Alimony paid from federal Schedule 1, line 18a.....	26F.		26S.	
27. Total adjustments from Schedule OR-ASC-NP, section 1.....	27F.	280.00	27S.	
28. Total adjustments. Add lines 21 through 27.....	28F.	280.00	28S.	
29. Income after adjustments. Line 20 minus line 28.....	29F.	66,005.00	29S.	71,635.00

**Additions**

30. Total additions from Schedule OR-ASC-NP, section 2.....	30F.		30S.	
31. Income after additions. Add lines 29 and 30.....	31F.	66,005.00	31S.	71,635.00

**Subtractions**

32. Social Security and tier 1 Railroad Retirement Board benefits included on line 19F.....	32F.			
33. Total subtractions from Schedule OR-ASC-NP, section 3.....	33F.		33S.	
34. Income after subtractions. Line 31 minus lines 32 and 33.....	34F.	66,005.00	34S.	71,635.00
35. <b>Oregon percentage</b> (see instructions; not more than 100.0%).....	35.	100.0 %		

2020 Form OR-40-N

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Oregon Department of Revenue



00542001031555

Name: DIVYA VALLALA SSN: 878-24-7839

Note: Reprint page 1 if you make changes to this page.

Deductions and modifications

Table with 2 columns: Line number and Amount. Rows include 36. Amount from line 34S (71,635.00), 37. Oregon itemized deductions (0.00), 38. Standard deduction (2,315.00), 39. Enter the larger of line 37 or 38 (2,315.00), 40. 2020 federal tax liability (5,788.00), 41. Total modifications from Schedule OR-ASC-NP (0.00), 42. Deductions and modifications multiplied by the Oregon percentage (8,103.00), 43. Charitable art donation, 44. Total deductions and modifications (8,103.00), 45. Oregon taxable income (63,532.00).

Oregon tax

Table with 2 columns: Line number and Amount. Rows include 46. Tax (5,306.00) with sub-rows 46a, 46b, 46c, 47. Interest on certain installment sales, 48. Total tax before credits (5,306.00).

Standard and carryforward credits

Table with 2 columns: Line number and Amount. Rows include 49. Exemption credit (210.00), 50. Total standard credits from Schedule OR-ASC-NP, section 5, 51. Total standard credits (210.00), 52. Tax minus standard credits (5,096.00), 53. Total carryforward credits claimed this year from Schedule OR-ASC-NP, section 6, 54. Tax after standard and carryforward credits (5,096.00).

Payments and refundable credits

Table with 2 columns: Line number and Amount. Rows include 55. Oregon income tax withheld (5,385.00), 56. Amount applied from your prior year's tax refund, 57. Estimated tax payments for 2020, 58. Tax payments from a pass-through entity, 59. Earned income credit, 60. Reserved, 61. Total refundable credits from Schedule OR-ASC-NP, section 7, 62. Total payments and refundable credits (5,385.00).



2020 Form OR-40-N

Page 4 of 5, 150-101-048  
(Rev. 08-25-20 ver. 01)

Oregon Department of Revenue



00542001041555

Name <b>DIVYA VALLALA</b>	SSN <b>878-24-7839</b>
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Note: Reprint page 1 if you make changes to this page.

Tax to pay or refund

- 63. **Overpayment of tax.** If line 54 is **less** than line 62, you overpaid. Line 62 minus line 54..... 63. 289.00
  - 64. **Net tax.** If line 54 is **more** than line 62, you have tax to pay. Line 54 minus line 62..... 64.
  - 65. Penalty and interest for filing or paying late (see instructions)..... 65.
  - 66. Interest on underpayment of estimated tax. **Include Form OR-10**..... 66.
- Exception number from Form OR-10, line 1: 66a. Check box if you annualized: 66b.
- 67. Total penalty and interest due. Add lines 65 and 66 ..... 67.
  - 68. **Net tax including penalty and interest.** Line 64 plus line 67..... **This is the amount you owe.** 68.
  - 69. **Overpayment less penalty and interest.** Line 63 minus line 67 ..... **This is your refund.** 69. 289.00
  - 70. Estimated tax. Fill in the portion of line 69 you want applied to your open estimated tax account..... 70.
  - 71. Charitable checkoff donations from Schedule OR-DONATE, line 30..... 71.
  - 72. Oregon 529 college savings plan deposits from Schedule OR-529 (see instructions) ..... 72.
  - 73. Total. Add lines 70 through 72. The total can't be more than your refund on line 69..... 73.
  - 74. **Net refund.** Line 69 minus line 73..... **This is your net refund.** 74. 289.00

Direct deposit

75. For direct deposit of your refund, see instructions. Check the box if the final deposit destination is outside the United States:

Type of account:  Checking or  Savings

Routing number: 121000358

Account number: 325045520411

Reserved

2020 Form OR-40-N

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(Rev. 08-25-20 ver. 01)

Oregon Department of Revenue



00542001051555

Name	SSN
DIVYA VALLALA	878-24-7839

Note: Reprint page 1 if you make changes to this page.

Sign here. Under penalty of false swearing, I declare that the information in this return is true, correct, and complete.

Your signature	Date		
X			
Spouse's signature (if filing jointly, both must sign)	Date		
X			
Signature of preparer other than taxpayer	Preparer phone	Preparer license number, if professionally prepared	
XSYAM PRIYA RAM SAG	(678) 965-9522		
Preparer address	City	State	ZIP code
2530 PEBBLE CREEK LN	CUMMING	GA	30041

Signing this return does not grant your preparer the right to represent you or make decisions on your behalf. For more information, see the instructions for the Tax Information Authorization and Power of Attorney for Representation form on our website.

Important: Include a copy of your federal Form 1040, 1040-SR, 1040-X, 1040-NR, or 1040-NR-EZ. Without this information, we may adjust your return.

Make your payment (if you have an amount due on line 68)

- Online payments: Visit our website at www.oregon.gov/dor.
- Mailing your payment: Make your check or money order payable to the Oregon Department of Revenue. Write "2020 Oregon Form OR-40-N" and the last four digits of your SSN or ITIN on your check or money order. Include your payment with this return. Don't use the Form OR-40-V payment voucher if you're mailing your payment with your return.

Send in your return

- Non-2-D barcode. If the 2-D barcode area on the front of this return is blank:
  - Mail tax-due returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940.
  - Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14700, Salem OR 97309-0930.
- 2-D barcode. If the 2-D barcode area on the front of this return is filled in:
  - Mail tax-due returns to: Oregon Department of Revenue, PO Box 14720, Salem OR 97309-0463.
  - Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14710, Salem OR 97309-0460.

Amended statement. Complete this section only if you're amending your 2020 return or filing with a new SSN.

If filing an amended return, use this space to explain what you're changing. Include the return line numbers and the reason for each change. If your filing status has changed, explain why. Include all supporting forms and schedules when you file your amended return, even if you haven't changed anything on them.

If filing with a new SSN, enter your former identification number.

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# 2020 Schedule OR-ASC-NP

Page 1 of 2, 150-101-064  
(Rev. 08-17-20 ver. 01)

Oregon Department of Revenue



15632001011555

Office use only

## Oregon Adjustments for Form OR-40-N and Form OR-40-P Filers

*Submit original form—do not submit photocopy.*

First name <b>DIVYA</b>	Initial	Last name <b>VALLALA</b>	Social Security number (SSN) <b>878-24-7839</b>
Spouse's first name	Initial	Spouse's last name	Spouse's SSN

Use Schedule OR-ASC-NP to claim any of the following items that aren't included on Form OR-40-N or Form OR-40-P:

- Adjustments.
- Additions.
- Subtractions.
- Modifications.
- Standard credits.
- Carryforward credits.
- Refundable credits.

Identify the code you're claiming and enter the information requested in the corresponding section. Enter the total from each section on the line indicated for Form OR-40-N or OR-40-P.

For more information, refer to the instructions, Publication OR-CODES, or Publication OR-17..

### Section 1: Adjustments (codes 001–099)

Code	Amount in <i>federal</i> column	Amount in <i>Oregon</i> column
1a. 007	1b. 280.00	1c.
1d.	1e.	1f.
1g.	1h.	1i.
1j.	1k.	1l.
1m.	1n.	1o.
<b>Total</b>	280.00	<b>Total</b>

Enter totals on Form OR-40-N or OR-40-P, lines 27F and 27S.

### Section 2: Additions (codes 100–199)

Code	Amount in <i>federal</i> column	Amount in <i>Oregon</i> column
2a.	2b.	2c.
2d.	2e.	2f.
2g.	2h.	2i.
2j.	2k.	2l.
2m.	2n.	2o.
<b>Total</b>		<b>Total</b>

Enter totals on Form OR-40-N or OR-40-P, lines 30F and 30S.

### Section 3: Subtractions (codes 300–399)

Code	Amount in <i>federal</i> column	Amount in <i>Oregon</i> column
3a.	3b.	3c.
3d.	3e.	3f.
3g.	3h.	3i.
3j.	3k.	3l.
3m.	3n.	3o.
<b>Total</b>		<b>Total</b>

Enter totals on Form OR-40-N or OR-40-P, lines 33F and 33S.

— You must include this schedule with your Oregon income tax return —

# 2020 Schedule OR-ASC-NP

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(Rev. 08-17-20 ver. 01)

Oregon Department of Revenue



15632001021555

Name <b>DIVYA VALLALA</b>	SSN <b>878-24-7839</b>
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## Section 4: Modifications (codes 600–699)

Code	Amount
4a.	4b.
4c.	4d.
4e.	4f.
4g.	4h.
4i.	4j.

Enter total  
on Form OR-40-N or  
OR-40-P, line 41

## Section 5: Standard credits (codes 800–834)

Code	Amount	State abbreviation (if claiming code 802 or 815)
5a.	5b.	5c. <input type="text"/>
5d.	5e.	5f. <input type="text"/>
5g.	5h.	5i. <input type="text"/>
5j.	5k.	5l. <input type="text"/>
5m.	5n.	5o. <input type="text"/>

Enter total  
on Form OR-40-N, line 50;  
or OR-40-P, line 49

## Section 6: Carryforward credits (codes 835–889)

Code	Amount from prior year	Amount awarded this year	Total used this year
6a.	6b.	6c.	6d.
6e.	6f.	6g.	6h.
6i.	6j.	6k.	6l.
6m.	6n.	6o.	6p.
6q.	6r.	6s.	6t.

Enter total  
on Form OR-40-N, line 53; or  
OR-40-P, line 52

## Section 7: Refundable credits (codes 890–899)

Code	Amount
7a.	7b.
7c.	7d.
7e.	7f.

Enter total  
on Form OR-40-N, line  
61; or OR-40-P, line 60

Filing Status [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: DIVYA
Last name: VALLALA
Your social security number: 878-24-7839
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): 3120 NE JOHN OLSEN AVE
Apt. no.: 3304
City, town, or post office: Hillsboro
State: OR
ZIP code: 97124
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [ ] You [ ] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent
[ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1956 [ ] Are blind Spouse: [ ] Was born before January 2, 1956 [ ] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (Child tax credit, Credit for other dependents). Includes 'Dependents (see instructions):' and 'If more than four dependents, see instructions and check here'.

Main tax calculation table with 15 rows. Includes sections for 'Attach Sch. B if required' and 'Standard Deduction for-' with bullet points for filing status options. Rows include: 1 Wages, salaries, tips, etc. Attach Form(s) W-2; 2a Tax-exempt interest; 3a Qualified dividends; 4a IRA distributions; 5a Pensions and annuities; 6a Social security benefits; 7 Capital gain or (loss); 8 Other income from Schedule 1, line 9; 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income; 10 Adjustments to income; 11 Subtract line 10c from line 9. This is your adjusted gross income; 12 Standard deduction or itemized deductions; 13 Qualified business income deduction; 14 Add lines 12 and 13; 15 Taxable income.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	7,588.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	7,588.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	7,588.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	7,588.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	9,552.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	9,552.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) <b>NO</b>	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,800.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	1,800.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	11,352.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	3,764.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,764.
b	Routing number 1 2 1 0 0 0 3 5 8		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 3 2 5 0 4 5 5 2 0 4 1 1		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	
<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions  Yes. Complete below.  No

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation <b>EMPLOYEE</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/13/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
Firm's EIN				30-1017196

• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instructions.

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
DIVYA VALLALA

**Your social security number**  
878-24-7839

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-5,350.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-5,350.

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶ _____		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees deduction. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . .	<b>22</b>	