Form **8879**
(Rev. January 2021)
Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to *www.irs.gov/Form8879* for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
CHARAN KUMAR MULLAKURU	037-17-0610
Spouse's name	Spouse's social security number
KUMARI SEKAMOORI	895-90-5778

Part I **Tax Return Information — Tax Year Ending December 31,** 2020 (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	211,720.
2	Total tax	2	30,820.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	19,505.
4	Amount you want refunded to you	4	
5	Amount you owe	5	11,459.

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 (ERO firm name) to enter or generate my PIN 7 0 6 1 0 (Enter five digits, but don't enter all zeros) 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 ▶ M.Charan Kumar Date ▶ 05/09/2021

Spouse's PIN: check one box only

☒ I authorize GLOBAL TAXES LLC (ERO firm name) to enter or generate my PIN 0 5 7 7 8 (Enter five digits, but don't enter all zeros) 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 ▶ S. Kumari Date ▶ 05/09/2021

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
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

IF you live in . . .	THEN use this address to send in your payment . . .
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, Ohio, Oregon, North Dakota, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V** 2020

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service (99)

2020

Form 1040-V Payment Voucher

- ► Use this voucher when making a payment with Form 1040.
- ► Do not staple this voucher or your payment to Form 1040.
- ► Make your check or money order payable to the 'United States Treasury.'
- ► Write your social security number (SSN) on your check or money order.

Enter the amount of your payment . . . . ►	11,459.

REV 04/20/21 PRO 1555

CHARAN KUMAR MULLAKURU
KUMARI SEKAMOORI
18338 GREENSTONE WAY
LAKEVILLE MN 55044

INTERNAL REVENUE SERVICE
P.O. BOX 931000
LOUISVILLE, KY 40293-1000

037170610 ZV MULL 30 0 202012 610

Form **1040** Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return 2020

OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.
☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

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	Last name	Your social security number
CHARAN KUMAR	MULLAKURU	037-17-0610
If joint return, spouse's first name and middle initial	**Last name**	**Spouse's social security number**
KUMARI	SEKAMOORI	895-90-5778

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.
18338 GREENSTONE WAY	

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
LAKEVILLE	MN	55044

Foreign country name	Foreign province/state/county	Foreign postal code

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ 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

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ ☐

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✔ if qualifies for (see instructions): Child tax credit	Credit for other dependents
AVIRA	MULLAKURU	716-60-9748	Daughter	☒	☐
				☐	☐
				☐	☐
				☐	☐

Attach Sch. B if required.

1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	210,012.
2a	Tax-exempt interest	2a		2b b Taxable interest	8.
3a	Qualified dividends	3a		3b b Ordinary dividends	
4a	IRA distributions	4a		4b b Taxable amount	
5a	Pensions and annuities	5a		5b b Taxable amount	
6a	Social security benefits	6a		6b b Taxable amount	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐			7	
8	Other income from Schedule 1, line 9			8	2,000.
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** ▶			9	212,020.
10	Adjustments to income:				
a	From Schedule 1, line 22	10a			
b	Charitable contributions if you take the standard deduction. See instructions	10b	300.		
c	Add lines 10a and 10b. These are your **total adjustments to income** ▶			10c	300.
11	Subtract line 10c from line 9. This is your **adjusted gross income** ▶			11	211,720.
12	**Standard deduction or itemized deductions** (from Schedule A)			12	24,800.
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A			13	
14	Add lines 12 and 13			14	24,800.
15	**Taxable income.** Subtract line 14 from line 11. If zero or less, enter -0-			15	186,920.

Standard Deduction for—
- Single or Married filing separately, $12,400
- Married filing jointly or Qualifying widow(er), $24,800
- Head of household, $18,650
- If you checked any box under *Standard Deduction,* see instructions.

16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐			16	33,020.
17	Amount from Schedule 2, line 3			17	
18	Add lines 16 and 17			18	33,020.
19	Child tax credit or credit for other dependents			19	2,000.
20	Amount from Schedule 3, line 7			20	200.
21	Add lines 19 and 20			21	2,200.
22	Subtract line 21 from line 18. If zero or less, enter -0-			22	30,820.
23	Other taxes, including self-employment tax, from Schedule 2, line 10			23	0.
24	Add lines 22 and 23. This is your **total tax** ▶			24	30,820.
25	Federal income tax withheld from:				
a	Form(s) W-2	25a	19,503.		
b	Form(s) 1099	25b	2.		
c	Other forms (see instructions)	25c			
d	Add lines 25a through 25c			25d	19,505.
26	2020 estimated tax payments and amount applied from 2019 return			26	
27	Earned income credit (EIC) No	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			
31	Amount from Schedule 3, line 13	31			
32	Add lines 27 through 31. These are your **total other payments and refundable credits** ▶			32	
33	Add lines 25d, 26, and 32. These are your **total payments** ▶			33	19,505.

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**			34	
35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐			35a	
▶ b	Routing number XXXXXXXXX ▶ c Type: ☐ Checking ☐ Savings				
▶ d	Account number XXXXXXXXXXXXXXXXX				
36	Amount of line 34 you want **applied to your 2021 estimated tax** ▶	36			

Direct deposit? See instructions.

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the **amount you owe now** ▶			37	11,459.
	Note: 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	144.		

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.

Joint return? See instructions. Keep a copy for your records.

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

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	05/10/2021	P02082703	☐ Self-employed
Firm's name ▶ GLOBAL TAXES LLC			Phone no. (678)965-9522	
Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041			Firm's EIN ▶ 30-1017196	

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* 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: CHARAN KUMAR MULLAKURU & KUMARI SEKAMOORI

Your social security number: 037-17-0610

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ Nonemployee compensation from 1099-NEC 2,000.	8	2,000.
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	2,000.

Part II Adjustments to Income

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

SCHEDULE 3 (Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074
2020
Attachment Sequence No. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
CHARAN KUMAR MULLAKURU & KUMARI SEKAMOORI	037-17-0610

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	200.
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	6	
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	7	200.

Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962			8	
9	Amount paid with request for extension to file (see instructions)			9	
10	Excess social security and tier 1 RRTA tax withheld			10	
11	Credit for federal tax on fuels. Attach Form 4136			11	
12	Other payments or refundable credits:				
a	Form 2439	12a			
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b			
c	Health coverage tax credit from Form 8885	12c			
d	Other:	12d			
e	Deferral for certain Schedule H or SE filers (see instructions)	12e			
f	Add lines 12a through 12e			12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31			13	

Form **2441**

Department of the Treasury
Internal Revenue Service (99)

Child and Dependent Care Expenses

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

▶ Go to *www.irs.gov/Form2441* for instructions and the latest information.

OMB No. 1545-0074

2020

Attachment Sequence No. **21**

Name(s) shown on return	Your social security number
CHARAN KUMAR MULLAKURU & KUMARI SEKAMOORI	037-17-0610

You cannot claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box. ☐

Part I **Persons or Organizations Who Provided the Care—**You **must** complete this part.
(If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
RUKMANI VISWANATHAN	1181 KITTIWAKE CIR Saint Paul MN 55123	46-3832656	3,000.

Did you receive **dependent care benefits?** — **No** ▶ Complete only Part II below. **Yes** ▶ Complete Part III on the back next.

Caution: If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule 2 (Form 1040), line 7a.

Part II **Credit for Child and Dependent Care Expenses**

2 Information about your **qualifying person(s).** If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name — First	Last	(b) Qualifying person's social security number	**(c) Qualified expenses** you incurred and paid in 2020 for the person listed in column (a)
AVIRA	MULLAKURU	716-60-9748	1,000.

3	Add the amounts in column (c) of line 2. **Don't** enter more than $3,000 for one qualifying person or $6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3	1,000.
4	Enter your **earned income.** See instructions	4	100,607.
5	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4	5	109,405.
6	Enter the **smallest** of line 3, 4, or 5	6	1,000.
7	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 — 7: 211,720.		
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7.	8	X .20

If line 7 is:

Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
$0	15,000	.35	$29,000	31,000	.27
15,000	17,000	.34	31,000	33,000	.26
17,000	19,000	.33	33,000	35,000	.25
19,000	21,000	.32	35,000	37,000	.24
21,000	23,000	.31	37,000	39,000	.23
23,000	25,000	.30	39,000	41,000	.22
25,000	27,000	.29	41,000	43,000	.21
27,000	29,000	.28	43,000	No limit	.20

9	Multiply line 6 by the decimal amount on line 8. If you paid 2019 expenses in 2020, see the instructions	9	200.
10	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions — 10: 33,020.		
11	**Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Schedule 3 (Form 1040), line 2	11	200.

Part III Dependent Care Benefits

12	Enter the total amount of **dependent care benefits** you received in 2020. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. **Don't** include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership		12	2,000.
13	Enter the amount, if any, you carried over from 2019 and used in 2020 during the grace period. See instructions		13	
14	Enter the amount, if any, you forfeited or carried forward to 2021. See instructions		14	( )
15	Combine lines 12 through 14. See instructions		15	2,000.
16	Enter the total amount of **qualified expenses** incurred in 2020 for the care of the **qualifying person(s)**	16 3,000.		
17	Enter the **smaller** of line 15 or 16	17 2,000.		
18	Enter your **earned income.** See instructions	18 100,607.		
19	Enter the amount shown below that applies to you. • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18.	19 109,405.		
20	Enter the **smallest** of line 17, 18, or 19	20 2,000.		
21	Enter $5,000 ($2,500 if married filing separately **and** you were required to enter your spouse's earned income on line 19)	21 5,000.		
22	Is any amount on line 12 from your sole proprietorship or partnership? ☒ **No.** Enter -0-. ☐ **Yes.** Enter the amount here		22	0.
23	Subtract line 22 from line 15	23 2,000.		
24	**Deductible benefits.** Enter the **smallest** of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions		24	0.
25	**Excluded benefits.** If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-		25	2,000.
26	**Taxable benefits.** Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 1a. On the dotted line next to Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 1a, enter "DCB"		26	0.

To claim the child and dependent care credit, complete lines 27 through 31 below.

27	Enter $3,000 ($6,000 if two or more qualifying persons)	27	3,000.
28	Add lines 24 and 25	28	2,000.
29	Subtract line 28 from line 27. If zero or less, **stop.** You can't take the credit. **Exception.** If you paid 2019 expenses in 2020, see the instructions for line 9	29	1,000.
30	Complete line 2 on the front of this form. **Don't** include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here	30	1,000.
31	Enter the **smaller** of line 29 or 30. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 11	31	1,000.

Form **8889**

Department of the Treasury
Internal Revenue Service

Health Savings Accounts (HSAs)

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to *www.irs.gov/Form8889* for instructions and the latest information.

OMB No. 1545-0074
2020
Attachment Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: CHARAN KUMAR MULLAKURU

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 037-17-0610

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I **HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions . . . ▶ ☐ Self-only ☒ Family				
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. **Do not** include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions			2	0.
3	If you were under age 55 at the end of 2020 and, on the first day of **every** month during 2020, you were, or were considered, an eligible individual with the **same** coverage, enter $3,550 ($7,100 for family coverage). **All others,** see the instructions for the amount to enter			3	7,100.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs			4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-			5	7,100.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter			6	7,100.
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions			7	
8	Add lines 6 and 7			8	7,100.
9	Employer contributions made to your HSAs for 2020	9	1,417.		
10	Qualified HSA funding distributions	10			
11	Add lines 9 and 10			11	1,417.
12	Subtract line 11 from line 8. If zero or less, enter -0-			12	5,683.
13	**HSA deduction.** Enter the **smaller** of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12			13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.				

Part II **HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
c	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	**Taxable HSA distributions.** Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	16	
17a	If any of the distributions included on line 16 meet any of the **Exceptions to the Additional 20% Tax** (see instructions), check here ▶ ☐		
b	**Additional 20% tax** (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b	

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	**Total income.** Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20	
21	**Additional tax.** Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box	21	

Form **8889**

Department of the Treasury
Internal Revenue Service

Health Savings Accounts (HSAs)

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to *www.irs.gov/Form8889* for instructions and the latest information.

OMB No. 1545-0074
2020
Attachment Sequence No. 52

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶
KUMARI SEKAMOORI	895-90-5778

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction.
See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions . . . ▶ ☐ Self-only ☐ Family		
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. **Do not** include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2020 and, on the first day of **every** month during 2020, you were, or were considered, an eligible individual with the **same** coverage, enter $3,550 ($7,100 for family coverage). **All others,** see the instructions for the amount to enter	3	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs	4	
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6	
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7	0.
8	Add lines 6 and 7	8	0.
9	Employer contributions made to your HSAs for 2020 . . . 9		
10	Qualified HSA funding distributions . . . 10		
11	Add lines 9 and 10	11	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	0.
13	**HSA deduction.** Enter the **smaller** of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		

Part II HSA Distributions.
If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a	475.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
c	Subtract line 14b from line 14a	14c	475.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	475.
16	**Taxable HSA distributions.** Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	16	0.
17a	If any of the distributions included on line 16 meet any of the **Exceptions to the Additional 20% Tax** (see instructions), check here . . . ▶ ☐		
b	**Additional 20% tax** (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b	

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.
See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	**Total income.** Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20	
21	**Additional tax.** Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box	21	

Form **8867**

Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

► **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**
► **Go to *www.irs.gov/Form8867* for instructions and the latest information.**

OMB No. 1545-0074

2020

Attachment Sequence No. **70**

Taxpayer name(s) shown on return: CHARAN KUMAR MULLAKURU & KUMARI SEKAMOORI

Taxpayer identification number: 037-17-0610

Enter preparer's name and PTIN: SYAM PRIYA RAM SAGAR GUPTA TALLAM — P02082703

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V for the benefit(s) claimed (check all that apply).

☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

		Yes	No	N/A
1	Did you complete the return based on information for tax year 2020 provided by the taxpayer or reasonably obtained by you?	☒	☐	
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	☒	☐	☐
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	☒	☐	
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If **"Yes,"** answer questions 4a and 4b. If **"No,"** go to question 5.)	☐	☒	
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?	☐	☐	
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	☐	☐	
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	☒	☐	
	List those documents provided by the taxpayer, if any, that you relied on:			
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	☒	☐	
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?	☒	☐	☐
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			
a	Did you complete the required recertification Form 8862?	☐	☐	☐
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	☐	☐	☐

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

		Yes	No	N/A
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? **(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)**	☐	☐	
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	☐	☐	
c	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	☐	☐	☐

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

		Yes	No	N/A
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	☒	☐	
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	☐	☐	☐
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	☒	☐	☐

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

		Yes	No
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	☐	☐

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

		Yes	No
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	☐	☐

Part VI Eligibility Certification

► **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);

B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;

C. Submit Form 8867 in the manner required; **and**

D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention.*

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

► **If you have not complied with all due diligence requirements, you may have to pay a $540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

		Yes	No
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	☒	☐

DEPARTMENT OF REVENUE

Income Tax Return Payment

Pay by Check

- Make your check payable to “Minnesota Revenue.”
- Print the last four digits of your Social Security number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

Note: Your payment may be delayed if your voucher information is missing or incorrect. When printing the voucher, set your printer to “Actual size” (not “Shrink oversized pages”).

Scan Line

The scan line is the most important part of the voucher. When submitting your voucher make sure the scan line:

- Is printed with 66 digits – characters, symbols, or masking are unacceptable.
- Is not cut off or missing.

Pay Electronically

- Pay electronically from your bank account. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box or call our automated system at 1-800-570-3329. We do not charge for this service.
- Pay by credit card or debit card. Go to www.paystatetax.com/mn or call 1-855-947-2966. Value Payment Systems processes these payments and charges you a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to **www.revenue.state.mn.us** and type **ACH Credit** into the Search box.

REV 04/16/21 PRO

Cut carefully along this line to detach.
Your check authorizes us to make a one-time electronic fund transfer from your account.

1031

DEPARTMENT OF REVENUE

Income Tax Return Payment

CHARAN KUMAR MULLAKURU
KUMARI SEKAMOORI
18338 GREENSTONE WAY
LAKEVILLE MN 55044

Preparer Tax Identification Number: P02082703

Social Security Number (required): 037170610

Spouse’s Social Security Number: 895905778

Tax-Year End: 123120

Make check payable to:
Minnesota Revenue
P.O. Box 64054, St. Paul, MN 55164-0054

Amount of Check: 1652 00

001020000000000000000012312030000371706106300089590577840000001031

DEPARTMENT OF REVENUE

* 2 0 1 1 1 1 *

2020 Form M1, Individual Income Tax

CHARAN KUMAR	MULLAKURU	037170610	10301985
Your First Name and Initial	Your Last Name	Your Social Security Number (SSN)	Your Date of Birth
KUMARI	SEKAMOORI	895905778	07231988
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number	Spouse's Date of Birth
18338 GREENSTONE WAY	LAKEVILLE	MN 55044	Check if Address is: ☐ New ☐ Foreign
Current Home Address	City	State ZIP Code	

2020 Federal Filing Status (place an X in one box):

☐ (1) Single ☒ (2) Married Filing Jointly ☐ (3) Married Filing Separately ☐ (4) Head of Household ☐ (5) Qualifying Widow(er)

Spouse Name ____________

Spouse SSN ____________

Dependents (see instructions):

AVIRA	MULLAKURU	716609748	DAUGHTER
Dependent 1 First Name	Dependent 1 Last Name	Dependent 1 SSN	Dependent 1 Relationship to You
Dependent 2 First Name	Dependent 2 Last Name	Dependent 2 SSN	Dependent 2 Relationship to You
Dependent 3 First Name	Dependent 3 Last Name	Dependent 3 SSN	Dependent 3 Relationship to You

State Elections Campaign Fund

To grant $5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

Your Code ________ Spouse's Code ________

Political Party Code Numbers:

Republican—11	Independence—13	Green—15	Legal Marijuana Now—17
Democratic/Farmer-Labor—12	Grassroots/Legalize Cannabis—14	Libertarian—16	General Campaign Fund—99

From Your Federal Return *(see instructions)*

A. Wages, salaries, tips, etc.	B. IRA, pensions, and annuities	C. Unemployment	D. Federal taxable income
210012	0	0	186920

1	**Federal adjusted gross income** *(from line 11 of federal Form 1040 and 1040-SR)*	1 ■	211720
2	Additions to Minnesota income from line 17 of Schedule M1M *(see instructions; enclose Schedule M1M)*	2 ■	300
3	Add lines 1 and 2	3	212020
4	**Itemized deductions** *(from Schedule M1SA)* or your **standard deduction** *(see instructions)*	4 ■	24375
5	Exemptions *(determine from instructions)*	5 ■	4300
6	State income tax refund from line 1 of federal Schedule 1	6 ■	
7	Other subtractions from Minnesota income from line 47 of Schedule M1M *(see instructions; enclose Schedule M1M)*	7 ■	
8	Total subtractions. Add lines 4 through 7	8	28675
9	**Minnesota taxable income**. Subtract line 8 from line 3. If zero or less, leave blank.	9	183345
10	**Tax** from the table in the Form M1 instructions	10	12177
11	Alternative minimum tax *(enclose Schedule M1MT)*	11 ■	

* 2 0 1 1 2 1 *

12	Add lines 10 and 11	12	12177
13	**Full-year residents:** Enter the amount from line 12 on line 13. Skip lines 13a and 13b. **Part-year residents and nonresidents:** From Schedule M1NR, enter the amount from line 32 on line 13, from line 28 on line 13a, and from line 29 on line 13b *(enclose Schedule M1NR)*	13	12177
	13a ■ 0 13b ■ 0		
14	Other taxes, such as recapture amounts and the tax on lump-sum distributions *(check appropriate boxes)* ☐ (a) Schedule M1HOME ☐ (b) Schedule M1529 ☐ (c) Schedule M1LS	14 ■	
15	Tax before credits. Add lines 13 and 14	15	12177
16	Amount from line 17 of Schedule M1C, *Nonrefundable Credits (enclose Schedule M1C)*	16 ■	416
17	Subtract line 16 from line 15 *(if result is zero or less, leave blank)*	17	11761
18	Nongame Wildlife Fund contribution *(see instructions)* This will reduce your refund or increase the amount you owe	18 ■	
19	Add lines 17 and 18	19	11761
20	**Minnesota income tax withheld.** Complete and enclose Schedule M1W to report Minnesota withholding from Forms W-2, 1099, and W-2G *(do not send)*	20 ■	10118
21	Minnesota estimated tax and extension payments made for 2020	21 ■	
22	Amount from line 9 of Schedule M1REF, *Refundable Credits (see instructions; enclose Schedule M1REF)*	22 ■	
23	Total payments. Add lines 20 through 22	23	10118
24	**REFUND**. If line 23 is more than line 19, subtract line 19 from line 23 *(see instructions)*. For direct deposit, complete line 25	24 ■	
25	Direct deposit of your refund *(you must use an account not associated with a foreign bank)*: ☐ Checking ☐ Savings Routing Number Account Number		
26	**AMOUNT YOU OWE**. If line 19 is more than line 23, subtract line 23 from line 19 *(see instructions)*	26 ■	1652
27	Penalty amount from Schedule M15 *(see instructions)*. Also subtract this amount from line 24 or add it to line 26 *(enclose Schedule M15)*	27 ■	9
	IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 28 and 29.		
28	Amount from line 24 you want sent to you	28 ■	
29	Amount from line 24 you want applied to your 2021 estimated tax	29 ■	

Taxpayer: *I declare that this return is correct and complete to the best of my knowledge and belief.*

Your Signature	Spouse's Signature (If Filing Jointly)	Date (MM/DD/YYYY)
6122296987	CHARAN.IT11@GMAIL.COM	
Daytime Phone	Email Address	
SYAM PRIYA RAM SAGAR GUPTA TALLAM	05102021	P02082703
Paid Preparer's Signature	Date (MM/DD/YYYY)	PTIN or VITA/TCE # (required)
6789659522	SYAM@GTAXFILE.COM	
Preparer's Daytime Phone	Preparer's Email Address	

☐ I do not want my paid preparer to file my return electronically.

☐ I authorize the Minnesota Department of Revenue to discuss this return with my paid preparer or the third-party designee indicated on my federal return.

Include a copy of your 2020 federal return and schedules.

Mail to: Minnesota Individual Income Tax, St. Paul, MN 55145-0010

DEPARTMENT OF REVENUE

* 2 0 1 5 5 1 *

2020 Schedule M1M, Income Additions and Subtractions

Complete this schedule to determine line 2 and line 7 of Form M1.

CHARAN KUMAR	MULLAKURU	037170610
Your First Name and Initial	Your Last Name	Your Social Security Number

Additions to Income

1	Interest from municipal bonds of another state or its governmental units included on line 2a of federal Form 1040	1 ■	
2	Federally tax-exempt dividends from mutual funds investing in bonds of another state or its governmental units included on line 2a of federal Form 1040	2 ■	
3	Federal bonus depreciation addition *(determine from worksheet in the instructions)*	3 ■	
4	Section 179 Addition *(see instructions)*	4 ■	
5	State taxes passed through to you *(see instructions)*	5 ■	
6	Expenses deducted on your federal return attributable to income not taxed by Minnesota *(other than interest or mutual fund dividends from U.S. bonds)*	6 ■	
7	Foreign-derived intangible income deduction under section *(see instructions)*	7 ■	
8	Suspended loss from bonus depreciation *(see instructions and worksheets)*	8 ■	
9	Capital gain portion of a lump-sum distribution *(from line 6 of federal Form 4972; enclose Form 4972)*	9 ■	
10	Net operating loss carryover adjustment *(see instructions)*	10 ■	
11	Addition from line 7 of Schedule M1HOME *(enclose Schedule M1HOME)*	11 ■	
12	Accelerated recognition of nonresident installment sales *(enclose Schedule M1AR)*	12 ■	
13	Distributions from higher education savings accounts used for K-12 tuition *(see instructions)*	13 ■	
14	This line intentionally left blank	14 ■	
15	This line intentionally left blank	15 ■	
16	Addition from line 32 of Schedule M1NC	16 ■	300
17	Add lines 1 through 16. Enter the total here and on line 2 of Form M1	17	300

Subtractions from Income

18	Net interest or mutual fund dividends from U.S. bonds *(see instructions)*	18 ■	
19	Education expenses you paid for your qualifying children in grades K–12 *(see instructions)* Enter the name and grade of each child on the line below:	19 ■	
20	If you are not filing Schedule M1SA, and your charitable contributions were more than $500, see instructions	20 ■	
21	Federal bonus depreciation subtraction *(see instructions and worksheet)*	21 ■	
22	Section 179 Expensing Subtraction *(see instructions)*	22 ■	

* 2 0 1 5 2 1 *

23	Subtraction for persons age 65 or older, or permanently and totally disabled *(enclose Schedule M1R)*	23 ■	
24	Railroad Retirement Board benefits *(see instructions)*	24 ■	
25	If you are a resident of Michigan or North Dakota filing Form M1 only to receive a refund of all Minnesota tax withheld, enter the amount from line 1 of Form M1. If the amount is zero or less, enter 0	25 ■	
	• Place an X in one box to indicate the reciprocity state of which you were a resident during 2020 ☐ Michigan ☐ North Dakota		
26	Subtraction of reservation income for American Indians *(see instructions)*	26 ■	
27	Federal active duty military pay received for services performed while a Minnesota resident, to the extent the income is federally taxable. If you received a military pension, see line 32	27 ■	
28	**Minnesota National Guard members and reservists:** See instructions	28 ■	
29	**Residents of another state:** Enter your federal active service military pay, to the extent the income is federally taxable. If you received a military pension, see line 32.	29 ■	
30	Organ Donor Subtraction *(see instructions)*	30 ■	
31	Disallowed section 280E expenses of medical cannabis manufacturers *(see instructions)*	31 ■	
32	Subtraction for military pensions or other military retirement pay *(see instructions)*	32 ■	
33	Gain from the sale of farm property *(see instructions)*	33 ■	
34	Post-service education awards received for service in an AmeriCorps National Service program	34 ■	
35	Net operating loss carryover adjustment *(see instructions)*	35 ■	
36	Prior addback of reacquisition of indebtedness income *(see instructions)*	36 ■	
37	Subtraction for railroad maintenance expenses	37 ■	
38	Subtraction for contributions to a qualified education savings plan *(enclose Schedule M1529)*	38 ■	
39	Social Security benefit subtraction *(determine from worksheet in instructions)*	39 ■	
40	Subtraction for interest earned from a designated first-time homebuyer savings account *(enclose Schedule M1HOME)*	40 ■	
41	Subtraction for discharge of indebtedness of educational loans *(see instructions)*	41 ■	
42	Income from prior-year partnership sale (see instructions) *(see instructions)*.	42 ■	
43	Deferred foreign income recognized under section 965 of the Internal Revenue Code	43 ■	
44	Global intangible low-taxed income included in gross income under section 951A of the Internal Revenue Code.	44 ■	
45	Subtraction from line 32 of Schedule M1NC. Enter as a positive number.	45 ■	
46	This line intentionally left blank	46 ■	
47	Add lines 18-46. Enter the total here and on line 7 of Form M1	47	

You must include this schedule with your Form M1.

DEPARTMENT OF REVENUE

* 2 0 1 6 6 1 *

2020 Schedule M1C, Nonrefundable Credits

Complete this schedule to determine line 16 of Form M1. Include this schedule when filing your return.

CHARAN KUMAR	MULLAKURU	037170610
Your First Name and Initial	Your Last Name	Your Social Security Number

1	Marriage Credit for joint return when both spouses have taxable earned income or taxable retirement income *(enclose Schedule M1MA)*	1 ■	416
2	Credit for long-term care insurance premiums paid *(enclose Schedule M1LTI)*	2 ■	
3	Credit for taxes paid to another state *(enclose Schedule(s) M1CR and M1RCR)*	3 ■	
4	Credit for Past Military Service *(see instructions)*	4 ■	
5	Employer Transit Pass Credit *(enclose Schedule ETP)*	5 ■	
6	SEED Capital Investment Credit *(see instructions; enclose certification)*	6 ■	
7	Education Savings Account Contribution Credit *(enclose Schedule M1529)*	7 ■	
8	Credit for Attaining Master's Degree in Teacher's Licensure Field *(enclose Schedule M1CMD)*	8 ■	
9	Student Loan Credit *(enclose Schedule M1SLC)*	9 ■	
10	Beginning Farmer Management Credit Enter the certificate number from the certificate you received from the Rural Finance Authority: BF 20 - ______	10 ■	
11	Tax Credit for Owners of Agricultural Assets Enter the certificate number from the certificate you received from the Rural Finance Authority: AO 20 - ______ AO 20 - ______ AO 20 - ______	11 ■	
12	Credit for increasing research activities *(enclose Schedule KPI, KS, or KF)*	12 ■	
13	Carryforward of prior year Beginning Farmer Management Credits *(see instructions)* BF ___ - ______ BF ___ - ______	13 ■	
14	Carryforward of prior year Owners of Agricultural Assets Credits *(see instructions)* AO ___ - ______ AO ___ - ______	14 ■	
15	Carryforward of prior year Credit for Increasing Research Activities List the years the credits were reported to you on Schedule KPI, KS, or KF: ______	15 ■	
16	Alternative Minimum Tax Credit *(enclose Schedule M1MTC)*	16 ■	0
17	Add lines 1 through 16. Enter total here and on line 16 of Form M1.	17	416

You must include this schedule with your Form M1.

DEPARTMENT OF REVENUE

* 2 0 1 3 8 1 *

2020 Schedule M1MA, Marriage Credit

CHARAN KUMAR	MULLAKURU	037170610
Your First Name and Initial	Your Last Name	Your Social Security Number
KUMARI	SEKAMOORI	895905778
Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number

Part 1

			A — Taxpayer	B — Spouse
1	Wages, salaries, tips, etc. *(see instructions)*	1	100607	109405
2	Self-employment income *(from line 3 of federal Schedule SE, less the self-employment tax deduction from line 13 of federal Schedule SE)*	2		
3	Taxable pension income *(see instructions)*	3		
4	Taxable Social Security income *(from line 6b of federal Form 1040 or 1040-SR)*	4		
5	Add lines 1 through 4 for each column	5	100607	109405

6 Amount from line 5, Column A or B, whichever is less (If less than $25,000, **STOP HERE.** You do not qualify) . . . 6 100607

7 Joint taxable income from line 9 of Form M1. (If less than $40,000, **STOP HERE**. You do not qualify) . . . 7 183345

8 **If line 6 is less than $103,000**, determine the amount of your credit using lines 6 and 7 and the table in the instructions.
— **Full-year residents:** Enter the result here and on line 1 of Schedule M1C . . . 8 416
— **Part-year residents and nonresidents**: Skip ahead to **Part 3**

If line 6 is $103,000 or more, continue to Part 2

Part 2 — If Line 6 is $103,000 or More

9	Enter the amount from line 6	9	
10	Value of one-half of the standard deduction for Married Filing Jointly	10	12,400
11	Subtract line 10 from line 9	11	
12	Using the tax schedule for **single persons** in the M1 instructions, compute the tax for the amount on line 11	12	
13	Amount from line 7	13	
14	Amount from line 11	14	
15	Subtract line 14 from line 13 (If zero or less, **STOP HERE**. You do not qualify)	15	
16	Using the tax schedule for **single persons** in the Form M1 instructions, compute the tax for the amount on line 15	16	
17	Tax from line 10 of Form M1	17	
18	Add lines 12 and 16	18	
19	Subtract line 18 from line 17. If the result is more than $1,533, enter $1,533. If result is zero or less, you do not qualify. **Full-year residents:** Enter the result here and on line 1 of Schedule M1C. **Part-year residents and nonresidents:** Continue to **Part 3.**	19	

Part 3 — Part-Year Residents and Nonresidents

20	**Part-year residents and nonresidents:** Enter the percentage from line 30 of Schedule M1NR	20	
21	Multiply line 8 or line 19, whichever is applicable, by line 20. Enter the result here and on line 1 of Schedule M1C	21	

Include this schedule when you file Form M1. Keep a copy for your records.

DEPARTMENT OF REVENUE

* 2 0 1 3 1 1 *

2020 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

CHARAN KUMAR	MULLAKURU	037170610
Your First Name and Initial	**Last Name**	**Your Social Security Number**
KUMARI	SEKAMOORI	895905778
If a Joint Return, Spouse's First Name and Initial	**Spouse's Last Name**	**Spouse's Social Security Number**

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF that shows Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

A If the Form W-2 is for: • you, enter 1 • spouse, enter 2	**B—Box 13** If Retirement Plan box is checked, mark an X below.	**C—Box 15** Employer's seven-digit Minnesota Tax ID Number	**D—Box 16** State wages, tips, etc. *(round to nearest whole dollar)*	**E—Box 17** Minnesota tax withheld *(round to nearest whole dollar)*
a1 1	b1 ☐	c1 MN 1219613	d1 5292	e1 153
a2 1	b2 ☒	c2 MN 4033184	d2 95315	e2 4944
a3 2	b3 ☐	c3 MN 1219613	d3 109405	e3 5021
a4	b4 ☐	c4 MN	d4	e4
a5	b5 ☐	c5 MN	d5	e5

Subtotal for additional Forms W-2 *(from line 5 on page 2)* . . . . ______

Total Minnesota tax withheld on all Forms W-2 *(add amounts in line 1, column E)* . . . . **1** ■ 10118

2 Minnesota tax withheld on Forms 1099, W-2G, and 1042-S. If you have more than four forms, complete line 6 on the back.

A If the Form 1099, W-2G, or 1042-S is for: • you, enter 1 • spouse, enter 2	**B** Payer's seven-digit Minnesota Tax ID Number *(if unknown, contact the payer)*	**C** Income amount *(see the table on the back for amounts to include)*	**D** Minnesota tax withheld *(round to nearest whole dollar)*
a1	b1 MN	c1	d1
a2	b2 MN	c2	d2
a3	b3 MN	c3	d3
a4	b4 MN	c4	d4

Subtotal for additional 1099, W-2G, and 1042-S *(from line 6 on page 2)* . . . . ______

Total Minnesota tax withheld on all 1099, W-2G, and 1042-S *(add amounts in line 2, column D)* . . . . **2** ■ ______

3 **Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries** *(from line 7 on page 2)* . . . . **3** ■ ______

4 **Total.** Add the Minnesota tax withheld on lines 1, 2, and 3.
Enter the total here and on line 20 of Form M1 . . . . **4** ■ 10118

Include this schedule with your Form M1.
If required, include Schedules KPI, KS, and KF.

DEPARTMENT OF REVENUE

* 2 0 1 1 5 1 *

2020 Schedule M15, Underpayment of Estimated Income Tax

For Individuals (Form M1)

CHARAN KUMAR	MULLAKURU	037170610
Your First Name and Initial	Last Name	Social Security Number

Required Annual Payment

1	Minnesota income tax for **2020** *(from line 17 of Form M1)*	1	11761
2	Minnesota withholding and credits for **2020** *(add lines 20 and 22 of Form M1)*	2	10118
3	Subtract line 2 from line 1. If less than $500, **STOP HERE**; you do not owe an underpayment penalty	3	1643
4	Multiply line 1 by 90% (.90). **Farmers and commercial fishermen:** Multiply line 1 by 66.7% (.667)	4	10585
5	Required payments based on 2018 or 2019 tax amounts *(see instructions)*	5	
6	**Required annual payment.** Amount from line 4 or line 5, whichever is less	6	10585

- If line 6 is less than or equal to line 2, stop here; you do not owe an underpayment penalty.
- If line 6 is more than line 2, continue with line 7 or line 13, depending on which method you use.

Optional Short Method *(see instructions to determine which method to use)*

7	Quarterly estimated tax payments you made for 2020	7	0
8	Add line 2 and line 7	8	10118
9	Total underpayment for the year. Subtract line 8 from line 6 *(if result is zero or less, **STOP HERE**; you do not owe an underpayment penalty)*	9	467
10	Multiply line 9 by 2% (.02)	10	9

11
- If the amount on line 9 will be paid on or after April 15, 2021, enter 0.
- If the amount was paid before April 15, 2021, use the following computation and enter the result on line 11:

Amount on line 9 ________ x Number of days paid before 4/15/21 ________ x .000137 .... 11 — 0

12 **Penalty.** Subtract line 11 from line 10. Enter result here and on line 27 of Form M1 .... 12 — 9

Regular Method

		A April 15, 2020	B June 15, 2020	C Sept. 15, 2020	D Jan. 15, 2021
13	Enter 25% (.25) of line 6 in each column OR use the annualized income installment worksheet on the back of this form. If you use the worksheet or are a farmer or fisherman, see instructions				
14	**Credits.** See instructions				
15	**Overpayment.** If line 14 is more than line 13, subtract line 13 from line 14. Enter the result here and add it to line 14 in the next column. Overpayments in any quarter following an underpayment must first be applied to making up previous underpayments				
16	**Underpayment.** If line 14 is less than line 13, subtract line 14 from line 13. Enter the result here and go to line 17 below				
17	Enter the date of payment or April 15, 2021, whichever is earlier *(see instructions)*				
18	Number of days between the payment due date and the date on line 17				
19	Divide line 18 by 365. The result is a decimal	.	.	.	.
20	Multiply line 19 by 5% (.05). Enter as a decimal	.	.	.	.
21	Multiply line 20 by line 16				

22 **Penalty.** Add columns A-D on line 21. Enter result here and on line 27 of Form M1 .... 22 ________

You must include this schedule with your Form M1.

DEPARTMENT OF REVENUE

* 2 0 1 3 4 1 *

2020 Schedule M1NC, Federal Adjustments

Minnesota has not adopted the federal law changes enacted after December 31, 2018, that affect federal adjusted gross income for tax year 2020. This schedule allows for any necessary adjustments required to file a state tax return.

Your First Name and Initial	Last Name	Social Security Number
CHARAN KUMAR	MULLAKURU	037170610

Read the instructions before you complete this schedule.

Enter amounts as a positive or negative. Round amounts to the nearest whole dollar.

Adjustments to federal adjusted gross income (FAGI)

1	Home mortgage debt cancelled in 2020 and excluded from federal income	1 ■	
2	Tuition and fees deduction from line 21 of federal Schedule 1	2 ■	
3	Distributions from higher education savings accounts used for apprenticeship programs or student loan payments	3 ■	
4	Distributions from IRAs and defined contribution plans related to Coronavirus to be repaid over extended time	4 ■	
5	Certain retirement account withdrawals excluded from income	5 ■	
6	Charitable contribution deduction for filers who claim the federal standard deduction	6 ■	300
7	Unemployment compensation excluded from income	7 ■	
8	This line intentionally left blank	8 ■	
9	Paycheck Protection Program loan forgiveness	9 ■	
10	Exclusion for certain employer payments of student loans	10 ■	
11	Employee Retention Credit under the CARES Act	11 ■	
12	Employee Retention Credit for employers affected by qualified disasters	12 ■	
13	NOL carryovers and suspension of 80% Limit	13 ■	
14	Modification of excess loss limitation or excess business loss	14 ■	
15	Subpart F Income Adjustment	15 ■	
16	Modification of business interest limitation	16 ■	
17	Qualified Improvement Property technical fix	17 ■	
18	Employer credit for paid medical leave and Employer payroll credit for required paid family leave	18 ■	
19	TCDTR basis and depreciation provisions	19 ■	
20	Credit provisions impacting basis and depreciation	20 ■	
21	Credit provisions impacting business expenses	21 ■	
22	Other adjustments to federal adjusted gross income	22 ■	
23	TCDTR20 basis and depreciation provisions	23 ■	

* 2 0 1 4 1 1 *

24	Loans, grants, and loan repayment assistance under the CARES Act excluded from income (see instructions)	24	
25	Temporary Allowance of Full Deduction for Business Meals (see instructions)	25	
26	This line intentionally left blank	26	
27	This line intentionally left blank	27	
28	This line intentionally left blank	28	
29	This line intentionally left blank	29	
30	This line intentionally left blank	30	
31	If you have an amount on lines 1 through 30, and an adjustment to income subject to a rule involving adjusted gross income such as an IRA deduction, Social Security income, rental real estate loss, or student loan interest, see instructions	31	
32	Add lines 1-31. If the result is positive, enter it on Form M1M, line 16. If the amount is negative, enter it as a positive number on Form M1M, line 45	32	300
33	Line 1 of Form M1	33	211720
34	**Minnesota adjusted gross income.** Add lines 32 and 33, then **see instructions**	34	212020

You must include this schedule when you file Form M1.