

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name SHARADA KARUMANCHI	Social security number 751-99-7431
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	75,002.
2	Total tax	9,568.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	11,875.
4	Amount you want refunded to you	2,307.
5	Amount you owe	

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

9	7	4	3	1
---	---	---	---	---

 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

--	--	--	--	--

 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
---	---	---	---	---	---	---	---	---	---	---

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: SHARADA
Last name: KARUMANCHI
Your social security number: 751-99-7431
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): 3315 S CREEK DR SE #201
Apt. no.:
City, town, or post office: GRAND RAPIDS
State: MI
ZIP code: 49512
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 various income and deduction lines (1-15).

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	9,568.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	9,568.
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	9,568.
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	9,568.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	11,875.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	11,875.
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	11,875.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,307.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,307.
b	Routing number 0 2 1 2 0 0 3 3 9	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number 3 8 1 0 4 2 1 5 3 3 8 8		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

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	
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 SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
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.)
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 02/11/2021	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.

2020 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AMD)

Return is due April 15, 2021. Type or print in blue or black ink.

1. Filer's First Name SHARADA		M.I.	Last Name KARUMANCHI		2. Filer's Full Social Security No. (Example: 123-45-6789) 751 — 99 — 7431	
If a Joint Return, Spouse's First Name		M.I.	Last Name		3. Spouse's Full Social Security No. (Example: 123-45-6789) — —	
Home Address (Number, Street, or P.O. Box) 3315 S CREEK DR SE #201					4. School District Code (5 digits – see page 60) 41160	
City or Town GRAND RAPIDS			State MI	ZIP Code 49512		
5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse				6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.		
7. 2020 FILING STATUS. Check one. a. <input checked="" type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* * If you check box "c," complete line 3 and enter spouse's full name below: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				8. 2020 RESIDENCY STATUS. Check all that apply. a. <input checked="" type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident * * If you check box "b" or "c," you must complete and include Schedule NR.		

9. **EXEMPTIONS. NOTE:** If someone else can claim you as a dependent, check box 9e, enter 0 on line 9a and enter \$1,500 on line 9e (see instr.).

a. Number of exemptions (see instructions).....	9a.	1	x	\$4,750	9a.	4750	00
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled.....	9b.		x	\$2,800	9b.		00
c. Number of qualified disabled veterans.....	9c.		x	\$400	9c.		00
d. Number of Certificates of Stillbirth from MDHHS (see instructions).....	9d.		x	\$4,750	9d.		00
e. Claimed as dependent, see line 9 NOTE above.....	9e.	<input type="checkbox"/>			9e.		00
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15.....	9f.				9f.	4750	00

10. Adjusted Gross Income from your U.S. Forms 1040 or 1040NR (see instructions).....	10.	75002	00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.		00
12. Total. Add lines 10 and 11.....	12.	75002	00
13. Subtractions from Schedule 1, line 29. Include Schedule 1	13.		00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....	14.	75002	00
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19.....	15.	4750	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.	70252	00
17. Tax. Multiply line 16 by 4.25% (0.0425).....	17.	2986	00

NON-REFUNDABLE CREDITS

	AMOUNT	CREDIT
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a.	00
19. Michigan Historic Preservation Tax Credit carryforward (see instructions).....	19a.	00
20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0".....	20.	2986 00

Filer's Full Social Security Number

751 — 99 — 7431

21. Enter amount of Income Tax from line 20.....	21.	2986	00
22. Voluntary Contributions from Form 4642, line 6. Include Form 4642	22.		00
23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.	0	00
24. Total Tax Liability. Add lines 21, 22 and 23	24.	2986	00

REFUNDABLE CREDITS AND PAYMENTS

25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2	25.		00
26. Farmland Preservation Tax Credit. Include MI-1040CR-5	26.		00
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b.	27a.		00
	27b.		00
28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581	28.		00
29. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s)	29.	3188	00
30. Estimated tax, extension payments and 2019 credit forward	30.		00
31. 2020 AMENDED RETURNS ONLY. Taxpayers completing an original 2020 return should skip to line 32. Amended returns must include Schedule AMD (see instructions) .			
31a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 31a and enter this amount as a negative number on line 31c.			
31b. <input type="checkbox"/> If you paid with the original return, check box 31b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 31c. Do not include interest or penalty.	31c.		00
32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c	32.	3188	00

REFUND OR TAX DUE

33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions. Include interest <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> and penalty <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	33.		00
34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32	34.	202	00
35. Credit Forward. Amount of line 34 to be credited to your 2021 estimated tax for your 2021 tax return ...	35.		00
36. Subtract line 35 from line 34.....	36.	202	00

DIRECT DEPOSIT

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

a. Routing Transit Number	b. Account Number	c. Type of Account	
021200339	381042153388	1. <input checked="" type="checkbox"/> Checking	2. <input type="checkbox"/> Savings

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2019, enter dates below.
ENTER DATE OF DEATH ONLY. Example: 04-15-2020 (MM-DD-YYYY)

Filer	— —	Spouse	— —
-------	-----	--------	-----

Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN
P02082703

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature	Date
Spouse's Signature	Date

Preparer's Name (print or type)
SYAM PRIYA RAM SAGAR GUPTA TA
Preparer's Signature
SYAM PRIYA RAM SAGAR GUPTA TA
Preparer's Business Name, Address and Telephone Number
GLOBAL TAXES LLC
2530 PEBBLE CREEK LN
CUMMING GA 30041
678-965-9522

By checking this box, I authorize Treasury to discuss my return with my preparer.

Refund, credit, or zero returns. Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**
Pay amount on line 33 (see instructions). Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

2020 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2020, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 29). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name SHARADA	M.I.	Last Name KARUMANCHI	2. Filer's Full Social Security No. (Example: 123-45-6789) 751 — 99 — 7431
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

A		B	C	D		E	
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld	
X		26-1783175	LOGISOFT TECHNOL	75002	00	3188	00
					00		00
					00		00
					00		00
					00		00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....							00
4. SUBTOTAL. Enter total of Table 1, column E.						4.	3188 00

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

A		B	C	D	E		
Enter "X" for: Filer or Spouse		Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld		
					00	00	
					00	00	
					00	00	
					00	00	
					00	00	
Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....							00
5. SUBTOTAL. Enter total of Table 2, column E.						5.	00
6. TOTAL. Add lines 4 and 5. Enter here and carry to MI-1040, line 29.....						6.	3188 00

INDIVIDUAL RETURN DUE APRIL 30, 2019

Taxpayer's SSN 751-99-7431		Taxpayer's first name SHARADA		Initial	Last name KARUMANCHI	RESIDENCE STATUS	
Spouse's SSN		If joint return spouse's first name		Initial	Last name	<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident	
Mark (X) box if deceased <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse		Present home address (Number and street) 3315 S CREEK DR SE 201			Apt. no.		Part-year resident - dates of residency (mm/dd/yyyy) From _____ To _____
Enter date of death on page 2, right side of the signature area		Address line 2 (P.O. Box address for mailing use only)			FILING STATUS		
Mark box (X) below if form attached <input type="checkbox"/> Federal Form 1310		City, town or post office GRAND RAPIDS		State MI	Zip code 49512		<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly
Itemized deductions on your Federal tax return for 2020		Foreign country name		Foreign province/country		<input type="checkbox"/> Married filing separately. Enter spouse's SSN in Spouse's SSN box and Spouse's full name here.	
		Foreign postal code		Spouse's full name if married filing separately			

		ROUND ALL FIGURES TO NEAREST DOLLAR (Drop amounts under \$0.50 and increase amounts from \$.50 to \$0.99 to next dollar)		Column A Federal Return Data	Column B Exclusions/Adjustments	Column C Taxable Income	
SEND COPY OF PAGE 1 OF FEDERAL RETURN	1. Wages, salaries, tips, etc. (W-2 forms must be attached)	1	75002.00		0.00	75002.00	
	2. Taxable interest	2	.00		.00	.00	
	3. Ordinary dividends	3	.00		.00	.00	
	4. Taxable refunds, credits or offsets of state and local income taxes	4	.00		.00	NOT TAXABLE	
	5. Alimony received	5	.00		.00	.00	
	6. Business income or (loss) (Attach copy of federal Schedule C)	6	.00		.00	.00	
	7. Capital gain or (loss) (Attach copy of fed. Sch. D) 7a. <input type="checkbox"/> Mark if federal Sch. D not required	7	.00		.00	.00	
	8. Other gains or (losses) (Attach copy of federal Form 4797)	8	.00		.00	.00	
	9. Taxable IRA distributions (Attach copy of Form(s) 1099-R)	9	.00		.00	.00	
	10. Taxable pensions and annuities (Attach copy of Form(s) 1099-R)	10	.00		.00	.00	
SEND W-2 FORMS	11. Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach copy of federal Schedule E)	11	.00		.00	.00	
	12. Subchapter S corporation distributions (Att. copy of fed. Sch. K-1)	12	NOT APPLICABLE		.00	.00	
	13. Farm income or (loss) (Attach copy of federal Schedule F)	13	.00		.00	.00	
	14. Unemployment compensation	14	.00		.00	NOT TAXABLE	
	15. Social security benefits	15	.00		.00	NOT TAXABLE	
	16. Other income (Attach statement listing type and amount)	16	.00		.00	.00	
	17. Total additions (Add lines 2 through 16)	17	.00		.00	.00	
	18. Total income (Add lines 1 through 16)	18	75002.00		0.00	75002.00	
	19. Total deductions (Subtractions) (Total from page 2, Deductions schedule, line 7)	19				.00	
	20. Total income after deductions (Subtract line 19 from line 18)	20				75002.00	
ENCLOSE CHECK OR MONEY ORDER	21. Exemptions (Enter the total exemptions, from Form CF-1040, page 2, box 1h, on line 21a and multiply this number by the value of an exemption and enter on line 21b)	21a	1	21b		600.00	
	22. Total income subject to tax (Subtract line 21b from line 20)	22				74402.00	
	23. Tax at 0.150 (Multiply line 22 by resident or nonresident tax rate for city and enter tax on line 23b, or if using Schedule TC to compute tax, check box 23a and enter tax from Schedule TC, line 23d)	23a		23b		1116.00	
	24. Payments and credits 24a. GRAND RAPIDS tax withheld .00 24b. Other tax payments (est. extension, or fwd. partnership & tax option corp) .00 24c. Credit for tax paid to another city .00	24a	.00	24b	.00	24c	.00
	25. Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax 25a. Interest .00 25b. Penalty .00	25a	.00	25b	.00	Total interest & penalty 25c	.00
	26. PAYABLE TO: CITY OF GRAND RAPIDS, OR TO PAY WITH A DIRECT WITHDRAWAL (for cities accepting this type of payment) mark (X) pay tax due, line 31b, and complete lines 31c, d & e	TAX DUE		PAY WITH RETURN		26	1116.00
	27. Tax overpayment (Subtract lines 23b and 25c from line 24d; choose overpayment options on lines 28 - 30)	OVERPAYMENT				27	.00
	28. Amount of overpayment donated 28a. Donation 1 .00 28b. Donation 2 .00 28c. Donation 3 .00	28a	.00	28b	.00	28c	.00
	29. Amount of overpayment credited forward to 2021			Amount of credit to 2021 >>		29	.00
	30. Amount of overpayment refunded (Line 27 less lines 28d and 29) (For refund to be directly deposited to your bank account, mark refund box, line 31a, and complete line 31 c, d & e)			Refund amount >>		30	.00
31. (Mark (X) appropriate box 31a or 31b and complete lines 31c, 31d and 31e)	31a	<input type="checkbox"/>	31c	Routing number			
	31b	<input type="checkbox"/>	31d	Account number			
			31e	Account Type:	31e1. Checking	31e2. Savings	

Taxpayer's name SHARADA KARUMANCHI Taxpayer's SSN 751-99-7431

EXEMPTIONS SCHEDULE. Includes fields for date of birth (12/12/1992), marital status (1a. You), and dependent information (1d. List Dependents).

EXCLUDED WAGES AND TAX WITHHELD SCHEDULE. Table with columns: W-2 #, Col. A T or S, COLUMN B SOCIAL SECURITY NUMBER, COLUMN C EMPLOYER'S ID NUMBER, COLUMN D EXCLUDED WAGES, COLUMN E TAX WITHHELD, COLUMN F LOCALITY NAME.

DEDUCTIONS SCHEDULE. Table with columns: Line number, Description of deduction, and Amount. Includes IRA deduction, self-employed SEP, etc.

ADDRESS SCHEDULE. Table with columns: MARK T, S, B, Address, FROM MONTH/DAY, TO MONTH/DAY.

THIRD PARTY DESIGNEE. Includes fields for designee name, phone number, PIN, and preparer's signature and contact information.

CF-1040ES

GRAND RAPIDS
ESTIMATED INCOME TAX PAYMENT VOUCHER
FIRST QUARTER - PAYMENT DUE APRIL 30, 2021

2021 EST 01Q

Taxpayer Name: SHARADA KARUMANCHI

Social Security No: 751-99-7431

Due on or Before: 04/30/2021, for tax year 2021*

Payment: \$ 196

- Payment Method:
• Make payment by check or money order payable to "City of GRAND RAPIDS ." Write your social security number, daytime phone number, and "2021 CF-1040ES" on your payment. DO NOT SEND CASH.
• To pay by direct debit to your bank account, use form CF-1040ES-EFT.
• To pay by credit card see income tax website of the City of GRAND RAPIDS . Not all cities accept credit card or direct debit payments.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment:
GRAND RAPIDS INCOME TAX DEPT.
P.O. BOX 108
GRAND RAPIDS, MI 49501-0108

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Taxpayer Records:
Amount Paid:
Check Number:
Date Mailed:

Revised: 08/11/2015

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1040ES
REV 02/04/21 PRO

GRAND RAPIDS
FIRST QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER

2021 EST 01Q

Revised: 09/30/2017

Mail To: GRAND RAPIDS INCOME TAX DEPT.
P.O. BOX 108
GRAND RAPIDS, MI 49501-0108

NACTP # 1555
EFIN # 587278

ESTIMATED PAYMENT VOUCHER 1 Due Date: 04/30/2021

Form with fields for Taxpayer's first name, initial, last name; Taxpayer's SSN; Present home address; Payment voucher 2D barcode; City, town or post office; State; Zip code; Amount of estimated tax you are paying by check or money order; Round to nearest dollar.

GRR751997431062021EST0100000019600

CF-1040ES

GRAND RAPIDS
ESTIMATED INCOME TAX PAYMENT VOUCHER
SECOND QUARTER - PAYMENT DUE JUNE 30, 2021

2021 EST 02Q

Taxpayer Name: SHARADA KARUMANCHI

Social Security No: 751-99-7431

Due on or Before: 06/30/2021, for tax year 2021*

Payment: \$ 196

- Payment Method: • Make payment by check or money order payable to "City of GRAND RAPIDS ." Write your social security number, daytime phone number, and "2021 CF-1040ES" on your payment. DO NOT SEND CASH.
• To pay by direct debit to your bank account, use form CF-1040ES-EFT.
• To pay by credit card see income tax website of the City of GRAND RAPIDS . Not all cities accept credit card or direct debit payments.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment: GRAND RAPIDS INCOME TAX DEPT.
P.O. BOX 108
GRAND RAPIDS, MI 49501-0108

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Taxpayer Records: Amount Paid:
Check Number:
Date Mailed:

Revised: 08/11/2015

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1040ES

GRAND RAPIDS
SECOND QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER

2021 EST 02Q

REV 02/04/21 PRO

Revised: 09/30/2017

Mail To: GRAND RAPIDS INCOME TAX DEPT.

P.O. BOX 108

GRAND RAPIDS, MI 49501-0108

NACTP # 1555
EFIN # 587278

ESTIMATED PAYMENT VOUCHER 2 Due Date: 06/30/2021

Form with fields for Taxpayer's first name, initial, last name (SHARADA KARUMANCHI), Taxpayer's SSN (751-99-7431), Present home address (3315 S CREEK DR SE 201), City, town or post office (GRAND RAPIDS), State (MI), Zip code (49512), and Amount of estimated tax (196.00).

GRR751997431062021EST02Q0000019600

CF-1040ES

GRAND RAPIDS
ESTIMATED INCOME TAX PAYMENT VOUCHER
THIRD QUARTER - PAYMENT DUE SEPTEMBER 30, 2021

2021 EST 03Q

Taxpayer Name: SHARADA KARUMANCHI

Social Security No: 751-99-7431

Due on or Before: 09/30/2021, for tax year 2021*

Payment: \$ 196

- Payment Method:
• Make payment by check or money order payable to "City of GRAND RAPIDS ." Write your social security number, daytime phone number, and "2021 CF-1040ES" on your payment. DO NOT SEND CASH.
• To pay by direct debit to your bank account, use form CF-1040ES-EFT.
• To pay by credit card see income tax website of the City of GRAND RAPIDS . Not all cities accept credit card or direct debit payments.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment:
GRAND RAPIDS INCOME TAX DEPT.
P.O. BOX 108
GRAND RAPIDS, MI 49501-0108

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Taxpayer Records:
Amount Paid:
Check Number:
Date Mailed:

Revised: 08/11/2015

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1040ES
REV 02/04/21 PRO

GRAND RAPIDS
THIRD QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER
Mail To: GRAND RAPIDS INCOME TAX DEPT.
P.O. BOX 108
GRAND RAPIDS, MI 49501-0108

2021 EST 03Q
Revised: 09/30/2017

NACTP # 1555
EFIN # 587278

ESTIMATED PAYMENT VOUCHER 3 Due Date: 09/30/2021

Form with fields for Taxpayer's first name, initial, last name; Taxpayer's SSN; Present home address; Payment voucher 2D barcode; City, town or post office; State; Zip code; Amount of estimated tax you are paying by check or money order; Round to nearest dollar.

GRR751997431062021EST03Q0000019600

CF-1040ES

GRAND RAPIDS
ESTIMATED INCOME TAX PAYMENT VOUCHER
FOURTH QUARTER - PAYMENT DUE JANUARY 31, 2021

2021 EST 04Q

Taxpayer Name: SHARADA KARUMANCHI

Social Security No: 751-99-7431

Due on or Before: 01/31/2022, for tax year 2021*

Payment: \$ 196

- Payment Method:
• Make payment by check or money order payable to "City of GRAND RAPIDS ." Write your social security number, daytime phone number, and "2021 CF-1040ES" on your payment. DO NOT SEND CASH.
• To pay by direct debit to your bank account, use form CF-1040ES-EFT.
• To pay by credit card see income tax website of the City of GRAND RAPIDS . Not all cities accept credit card or direct debit payments.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment:
GRAND RAPIDS INCOME TAX DEPT.
P.O. BOX 108
GRAND RAPIDS, MI 49501-0108

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Taxpayer Records:
Amount Paid:
Check Number:
Date Mailed:

Revised: 08/11/2015

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1040ES
REV 02/04/21 PRO

GRAND RAPIDS
FOURTH QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER

2021 EST 04Q

Revised: 08/11/2015

Mail To: GRAND RAPIDS INCOME TAX DEPT.

P.O. BOX 108

GRAND RAPIDS, MI 49501-0108

NACTP # 1555

EFIN # 587278

ESTIMATED PAYMENT VOUCHER 4

Due Date: 01/31/2022

Form with fields for Taxpayer's first name, SSN, joint payment info, home address, 2D barcode, city/state/zip, and tax amount.

GRR751997431062021EST04Q0000019600

CF-1040PV

GRAND RAPIDS
INCOME TAX RETURN PAYMENT VOUCHER

2020 RET RPV

Taxpayer Name: SHARADA KARUMANCHI

Social Security No: 751-99-7431

Due on or Before: 4/30/2021, due date of 2020 return*

Payment: \$ 1116

Payment Method: Make payment by check or money order payable to "City of GRAND RAPIDS ." Include your social security number, daytime phone number, and "2020 CF-1040PV" on your check or money order. DO NOT SEND CASH. To pay by credit card or direct debit, see income tax website of the City of GRAND RAPIDS . Not all cities accept credit card or direct debit payments.

Paying with Return: This payment voucher is not used when including payment with your tax return. When paying with your return, place the payment on top of the return in the envelope. Do not attach the check to the return.

Address for Payment: GRAND RAPIDS INCOME TAX DEPT.
P.O. BOX 108
GRAND RAPIDS, MI 49501-0108

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Taxpayer Records: Amount Paid:
Check Number:
Date Mailed:

Revised: 09/03/2018

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1040PV

GRAND RAPIDS
INCOME TAX RETURN PAYMENT VOUCHER

2020 RET RPV

REV 02/04/21 PRO

Revised: 08/11/2015

Mail To: GRAND RAPIDS INCOME TAX DEPT.
P.O. BOX 108
GRAND RAPIDS, MI 49501-0108

NACTP # 1555
EFIN #

Table with taxpayer information, SSN, address, barcode, and payment amount.

GRR751997431062020RETRPV0000111600

Taxpayer's name SHARADA KARUMANCHI	Taxpayer's SSN 751-99-7431	2020 GRAND RAPIDS	
--	--------------------------------------	--------------------------	--

WAGES AND EXCLUDIBLE WAGES SCHEDULE - CF-1040, PAGE 1, LINE 1, COLUMN B **Attachment 2-1**
All W-2 forms must be attached to page 1 of the return 1555 REV 02/04/21 PRO Revised 06/15/2017

Use this form to provide details for all Forms W-2 and all other wage income reported on federal Forms 1040 (line 7), 1040A (line 7), or 1040EZ (line 1) such as: wages received as a household employee for which you did not receive a W-2; tips reported on federal Form 4137; taxable dependent care benefits; employer-provided adoption benefits; scholarship and fellowship grants not reported on Form W-2; disability pensions shown on Form 1099-R if the taxpayer has not reached the minimum retirement age set by the employer; corrective distributions from a retirement plan shown on Form 1099-R from excess salary deferrals and/or excess contributions (plus earnings); wages from Form 8919, line 6; and other wage items not included in a Form W-2.

Use this form to calculate excludible (nontaxable) wages included in total wages reported on your federal tax return (Forms 1040, line 7; 1040A, line 7; or 1040EZ, line 1). Excludible wages for each employer are also reported on Form CF-1040, page 2, Excluded Wages and Tax Withheld Schedule and the total amount of excludible wages is reported on Form CF-1040, page 1, line 1, col. B.

WAGES, ETC.	Employer (or source) 1	Employer (or source) 2	Employer (or source) 3
1. Employer's ID number (W-2, box b) or source's ID Number if available	26-1783175		
2. Employer's name (Form W-2, box c) or source's name	LOGISOFT TECHNOLOGIES INC		
3. SSN from Form W-2, box a	751-99-7431		
4. Enter T for taxpayer or S for spouse	T	<input type="checkbox"/>	<input type="checkbox"/>
5. Dates of employment during tax year	From 01/01/2020 To 12/31/2020	From <input type="checkbox"/> To <input type="checkbox"/>	From <input type="checkbox"/> To <input type="checkbox"/>
6. Mark (X) box if you work at multiple locations in and out of GRAND RAPIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Address of work station (Where you actually work, not address on Form W-2 unless you work there: include street number and street name, city, state and ZIP code; if line 6 is checked enter primary work location)	LOGISOFT TECHNOLOGIES SOUTH PLAINFIELD NJ 07080		
8. Wages, tips, other compensation (Form W-2, Box 1); report statutory employee wages as zero	75002		
9. Wages not included in Form W-2, box 1 (See instructions)			
10. Code for wage type reported on line 9			

NONRESIDENT WAGE ALLOCATION	Employer (or source) 1	Employer (or source) 2	Employer (or source) 3
For use by nonresidents or part-year residents who worked both in and outside of the city for the employer while a nonresident. Part-year residents working both in and outside while a nonresident must use the wage allocation to determine wages earned in city while a nonresident (use only wages and days worked while a nonresident for computations.) Nonresidents working all of their work time for an employer in the city should skip this Nonresident Wage Allocation section for that employer as all of their wages are taxable.			
11. Enter actual number of days or hours on job for employer during period (Do not include weekends you did not work)			
12. Vacation, holiday and sick days or hours included in line 11, only if work performed in and outside the city			
13. Actual number of days or hours worked (Line 11 less line 12)			
14. Enter actual number of days or hours worked in city			
15. Percentage of days or hours worked in city (Line 14 divided by line 13; default is 100%)	%	%	%
16. Wages earned in city (Total of lines 8 and 9 multiplied by line 15; part-year residents use only the portion of wages earned while a nonresident)			

EXCLUDIBLE WAGES	Employer (or source) 1	Employer (or source) 2	Employer (or source) 3
17. Enter nonresident excludible wages (Total of lines 8 & 9 less line 16)			
18. Enter resident excludible wages			
19. Enter reason excludible wages reported on lines 17 and/or 18 are not taxable by GRAND RAPIDS			
20. Total excludible wages (Line 17 plus line 18; Enter here and on CF-1040, page 2, Excluded Wages schedule)			
21. Total taxable wages (Line 8 plus line 9 less line 20)	75002		
22. Total wages (Add lines 8 and 9 for all employers and other sources; must equal amount reported on Form CF-1040, page 1, line 1, column A; Part-year residents must equal amount reported on Schedule TC, line 1, column A)		75002	
23. Total excludible wages from all employers and other sources (Add line 20 for all columns; enter here and also on Form CF-1040, page 1, line 1, column B; part-year residents enter here and on Schedule TC, line 1, column B)			
24. Total taxable wages from all employers and other sources (Line 22 less line 23); enter here and also on Form CF-1040, page 1, line 1, column C; part-year residents enter here and allocate on Schedule TC, line 1, between columns C and D)			75002

FAILURE TO ATTACH ALL FORMS W-2 OR PROPERLY COMPLETE AND ATTACH THIS SCHEDULE WILL DELAY PROCESSING OF RETURN.