

Identifying number (see instructions)
Your first name and middle initial: Vijay
Last name: Kunusoth
Identifying number: ***-**-6173
Present home address (number and street or rural route). If you have a P.O. box, see instructions. Apt. no.
Check if: [X] Individual
[] Estate or Trust
636 walter way, Apt E
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions.
Warsaw, IN 46580
Foreign country name Foreign province/state/county Foreign postal code

Filing Status
Check only one box.
1 [] Reserved
2 [X] Single nonresident alien
3 [] Reserved
4 [] Reserved
5 [] Married nonresident alien
6 [] Qualifying widow(er) (see instructions)
Child's name

Table with 5 columns: (1) First name, Last name, (2) Dependent's identifying number, (3) Dependent's relationship to you, (4) X if qualifies for (see instr.): Child tax credit, Credit for other dependents. Includes header for 7 Dependents.

Income Effectively Connected With U.S. Trade/Business
8 Wages, salaries, tips, etc. Attach Form(s) W-2
9a Taxable interest
9b Tax-exempt interest. Do not include on line 9a
10a Ordinary dividends
10b Qualified dividends (see instructions)
11 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)
12 Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement (see instructions)
13 Business income or (loss). Attach Schedule C (Form 1040 or 1040-SR)
14 Capital gain or (loss). Attach Schedule D (Form 1040 or 1040-SR) if required. If not required, check here
15 Other gains or (losses). Attach Form 4797
16a IRA distributions
16b Taxable amount (see instructions)
17a Pensions and annuities
17b Taxable amount (see instructions)
18 Rental real estate, royalties, partnerships, trusts, etc. Attach Schedule E (Form 1040 or 1040-SR)
19 Farm income or (loss). Attach Schedule F (Form 1040 or 1040-SR)
20 Unemployment compensation
21 Other income. List type and amount (see instructions)
22 Total income exempt by a treaty from page 5, Schedule OI, Item L (1)(e)
23 Combine the amounts in the far right column for lines 8 through 21. This is your total effectively connected income
Total: 41,487.
Total: 5.
Total: 41,492.

Adjusted Gross Income
24 Educator expenses (see instructions)
25 Health savings account deduction. Attach Form 8889
26 Moving expenses for members of the Armed Forces. Attach Form 3903
27 Deductible part of self-employment tax. Attach Schedule SE (Form 1040 or 1040-SR)
28 Self-employed SEP, SIMPLE, and qualified plans
29 Self-employed health insurance deduction (see instructions)
30 Penalty on early withdrawal of savings
31 Scholarship and fellowship grants excluded
32 IRA deduction (see instructions)
33 Student loan interest deduction (see instructions)
34 Add lines 24 through 33
35 Adjusted Gross Income. Subtract line 34 from line 23
Total: 2,493.
Total: 2,493.
Total: 38,999.

Tax and Credits
36 Reserved for future use
37 Itemized deductions from page 3, Schedule A, line 8. Standard Deduction Allowed Under U.S.-India Income Tax Treaty
38 Qualified business income deduction. Attach Form 8995 or Form 8995-A
39 Exemptions for estates and trusts only (see instructions)

Tax and Credits (continued)

40	Add lines 37 through 39	40	12,200.
41	Taxable income. Subtract line 40 from line 35. If zero or less, enter -0-	41	26,799.
42	Tax (see instructions). Check if any is from Form(s): a <input type="checkbox"/> 8814 b <input type="checkbox"/> 4972 c <input type="checkbox"/>	42	3,019.
43	Alternative minimum tax (see instructions). Attach Form 6251	43	
44	Excess advance premium tax credit repayment. Attach Form 8962	44	
45	Add lines 42, 43, and 44	45	3,019.
46	Foreign tax credit. Attach Form 1116 if required	46	
47	Credit for child and dependent care expenses. Attach Form 2441	47	
48	Retirement savings contributions credit. Attach Form 8880	48	
49	Child tax credit and credit for other dependents (see instructions)	49	
50	Residential energy credit. Attach Form 5695	50	
51	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	51	
52	Add lines 46 through 51. These are your total credits	52	0.
53	Subtract line 52 from line 45. If zero or less, enter -0-	53	3,019.

Other Taxes

54	Tax on income not effectively connected with a U.S. trade or business from page 4, Schedule NEC, line 15	54	0.
55	Self-employment tax. Attach Schedule SE (Form 1040 or 1040-SR)	55	
56	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	56	
57	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	57	
58	Transportation tax (see instructions)	58	
59a	Household employment taxes from Schedule H (Form 1040 or 1040-SR)	59a	
59b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	59b	
60	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Instructions; enter code(s)	60	
61	Total tax. Add lines 53 through 60	61	3,019.

Payments

62	Federal income tax withheld from:		
a	Form(s) W-2 and 1099	62a	5,685.
b	Form(s) 8805	62b	
c	Form(s) 8288-A	62c	
d	Form(s) 1042-S	62d	
63	2019 estimated tax payments and amount applied from 2018 return	63	
64	Additional child tax credit. Attach Schedule 8812	64	
65	Net premium tax credit. Attach Form 8962	65	
66	Amount paid with request for extension to file (see instructions)	66	
67	Excess social security and tier 1 RRTA tax withheld (see instructions)	67	
68	Credit for federal tax paid on fuels. Attach Form 4136	68	
69	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	69	
70	Credit for amount paid with Form 1040-C	70	
71	Add lines 62a through 70. These are your total payments	71	5,685.

Refund

Direct deposit? See instructions.

72	If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid	72	2,666.
73a	Amount of line 72 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	73a	2,666.
b	Routing number *****0358	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number *****6704		
e	If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here.		
74	Amount of line 72 you want applied to your 2020 estimated tax	74	

Amount You Owe

75	Amount you owe. Subtract line 71 from line 61. For details on how to pay, see instructions	75	0.
76	Estimated tax penalty (see instructions)	76	

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 in the United States If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Student IT Professional

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN

Nageswara Rao Gaddam **P*****7665**

Firm's name Firm's EIN

RICHYREFUNDS LLC ****--***4320**

Firm's address Phone no.

2200 MEADOWLAKE ROAD **(573) 321-3179**

CONWAY, AR 72032

Schedule A — Itemized Deductions (see instructions)

07

Taxes You Paid					
1	State and local income taxes				
a	State and local income taxes	1a	1,321.		
b	Enter the smaller of line 1a and \$10,000 (\$5,000 if box 5 is checked)			1b	1,321.
Gifts to U.S. Charities					
2	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	2			
3	Other than by cash or check. If you made any gift of \$250 or more, see instructions. Individuals must attach Form 8283 if line 3 is over \$500.	3			
Cautions: If you made a gift and received a benefit in return, see instructions.					
4	Carryover from prior year.	4			
5	Add lines 2 through 4			5	0.
Casualty and Theft Losses					
6	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions			6	0.
Other Itemized Deductions					
7	Other - from list in instructions. List type and amount ▶			7	0.
Total Itemized Deductions					
8	Add the amounts in the far right column for lines 1b through 7. Also, enter this amount on Form 1040-NR, line 37.			8	1,321.

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Schedule NEC — Tax on Income Not Effectively Connected With a U.S. Trade or Business (see instructions)

Nature of income		Enter amount of income under the appropriate rate of tax (see instructions)				
		(a) 10%	(b) 15%	(c) 30%	(d) Other (specify)	
					0.00 %	0.000%
1	Dividends and dividend equivalents:					
a	Dividends paid by U.S. corporations	1a				
b	Dividends paid by foreign corporations	1b				
c	Dividend equivalent payments received with respect to section 871(m) transactions	1c				
2	Interest:					
a	Mortgage	2a				
b	Paid by foreign corporations	2b				
c	Other	2c				
3	Industrial royalties (patents, trademarks, etc.)	3				
4	Motion picture or T.V. copyright royalties	4				
5	Other royalties (copyrights, recording, publishing, etc.)	5				
6	Real property income and natural resources royalties	6				
7	Pensions and annuities	7				
8	Social security benefits	8				
9	Capital gain from line 18 below	9				
10	Gambling - Residents of Canada only. Enter net income in column (c). If zero or less, enter -0- .					
a	Winnings _____					
b	Losses _____	10c				
11	Gambling winnings - Residents of countries other than Canada. Note: Losses not allowed	11				
12	Other (specify) ▶ _____	12				
13	Add lines 1a through 12 in columns (a) through (d)	13				
14	Multiply line 13 by rate of tax at top of each column	14				
15	Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 54 ▶					15

Capital Gains and Losses From Sales or Exchanges of Property

Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040 or 1040-SR). Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040 or 1040-SR) Form 4797, or both.	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e)	(g) GAIN If (d) is more than (e), subtract (e) from (d)
17	Add columns (f) and (g) of line 16					17	()
18	Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above (if a loss, enter -0-) ▶						18

Schedule OI — Other Information (see instructions)

Answer all questions

- A** Of what country or countries were you a citizen or national during the tax year? India
- B** In what country did you claim residence for tax purposes during the tax year? India
- C** Have you ever applied to be a green card holder (lawful permanent resident) of the United States? Yes No
- D** Were you ever:
 - 1. A U.S. citizen? Yes No
 - 2. A green card holder (lawful permanent resident) of the United States? Yes No
 If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.
- E** If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year. F1
- F** Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes No
If you answered "Yes," indicate the date and nature of the change. ▶ _____
- G** List all dates you entered and left the United States during 2019. See instructions.

Note: If you are a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, check the box for **Canada** or **Mexico** and skip to item H. Canada Mexico

Date entered United States mm/dd/yy	Date departed United States mm/dd/yy	Date entered United States mm/dd/yy	Date departed United States mm/dd/yy

- H** Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2017 365, 2018 365, and 2019 365
- I** Did you file a U.S. income tax return for any prior year? Yes No
If "Yes," give the latest year and form number you filed. ▶ 2018 1040NR
- J** Are you filing a return for a trust? Yes No
If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person? Yes No
- K** Did you receive total compensation of \$250,000 or more during the tax year? Yes No
If "Yes," did you use an alternative method to determine the source of this compensation? Yes No
- L** Income Exempt from Tax - If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.
 1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.

(a) Country	(b) Tax treaty article	(c) Number of months claimed in prior tax years	(d) Amount of exempt income in current tax year

- (e) Total.** Enter this amount on Form 1040-NR, line 22. Do not enter it on line 8 or line 12. ▶ _____
- 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes No
- 3. Are you claiming treaty benefits pursuant to a Competent Authority determination? Yes No
If "Yes," attach a copy of the Competent Authority determination letter to your return.

- M** Check the applicable box if:
 1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions. ▶
 2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions. ▶

**Indiana Part-Year or Full-Year Nonresident
Individual Income Tax Return 2019**

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

Due April 15, 2020

from to:

Your Social Security Number ***** ** 6173** Spouse's Social Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name Initial Last name Suffix

VIJAY

KUNUSOTH

If filing a joint return, spouse's first name Initial Last name Suffix

Present address (number and street or rural route)

636 WALTER WAY, APT E

Place "X" in box if you are married filing separately.

City State Zip/Postal code

WARSAW

IN

46580

Foreign country 2-character code (see instructions)

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40PNR) for the county where you lived and worked on January 1, 2019.

County where you lived County where you worked County where spouse lived County where spouse worked

Round all entries

- | | | | |
|---|--------------------------------------|----|-----------------|
| 1. Complete Schedule A first. Enter here the amount from Section 3, line 35B, and enclose Schedule A _____ | Indiana Income | 1 | 41492.00 |
| 2. Enter amount from Schedule B, line 6, and enclose Schedule B _____ | Indiana Add-Backs | 2 | .00 |
| 3. Add line 1 and line 2 _____ | | 3 | 41492.00 |
| 4. Enter amount from Schedule C, line 12, and enclose Schedule C _____ | Indiana Deductions | 4 | 3000.00 |
| 5. Subtract line 4 from line 3 _____ | | 5 | 38492.00 |
| 6. You must complete Schedule D. Enter amount from Schedule D, line 8, and enclose Schedule D _____ | Indiana Exemptions | 6 | 1000.00 |
| 7. Subtract line 6 from line 5 _____ | Indiana Adjusted Gross Income | 7 | 37492.00 |
| 8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323) (if answer is less than zero, leave blank) _____ | | 8 | 1211.00 |
| 9. County tax. Enter county tax due from Schedule CT-40PNR (if answer is less than zero, leave blank) _____ | | 9 | .00 |
| 10. Other taxes. Enter amount from Schedule E, line 5 (enclose sch.) _____ | | 10 | .00 |
| 11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back _____ | Indiana Taxes | 11 | 1211.00 |



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12. Enter credits from Schedule F, line 10 (enclose schedule)	12	1321.00	
13. Enter offset credits from Schedule G, line 8 (enclose schedule)	13	.00	
14. Add lines 12 and 13 _____	Indiana Credits	14	1321.00
15. Enter amount from line 11 _____	Indiana Taxes	15	1211.00
16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)		16	110.00
17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16		17	.00
18. Subtract line 17 from line 16 _____	Overpayment	18	110.00
19. Amount from line 18 to be applied to your 2020 estimated tax account (see instructions).			
Enter your county code	county tax to be applied __ \$	a	.00
Spouse's county code	county tax to be applied __ \$	b	.00
Indiana adjusted gross income tax to be applied _____	\$	c	.00
Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18)		19d	.00
20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A (enclose sch.)		20	.00
21. Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions	Your Refund	21	110.00
22. Direct Deposit (see instructions)			
a. Routing Number	* * * * * 0 3 5 8		
b. Account Number	* * * * * * * * 6 7 0 4		
c. Type:	<input checked="" type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Hoosier Works MC
d. Place an "X" in the box if refund will go to an account outside the United States			
23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions)		23	.00
24. Penalty if filed after due date (see instructions)		24	.00
25. Interest if filed after due date (see instructions)		25	.00
26. Amount Due: Add lines 23, 24 and 25 _____	Amount You Owe	26	.00
Do not send cash. Please make your check or money order payable to: Indiana Department of Revenue. Credit card payers must see instructions.			

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Sign and date this return after reading the Authorization statement on Schedule H. You must enclose Schedule H (both pages).

Your Signature	Date	Spouse's Signature	Date
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- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.



Name (s) shown on Form IT-40PNR

Your Social Security Number

VIJAY KUNUSOTH

*** ** 6173

Section 1: Income or (Loss) Enter in Column A the same income or loss you reported on your 2019 federal income tax return, Form 1040, Form 1040-SR, and Form 1040 Schedule 1 (except for line 19B and/or a net operating loss carryforward on line 20B; see instructions). Round all entries.

		Column A Income from Federal Return		Column B Income Taxed by Indiana
1. Your wages, salaries, tips, commissions, etc _____	1A	41487.00	1B	41487.00
2. Spouse's wages, salaries, tips, commissions, etc _____	2A	.00	2B	.00
3. Taxable interest income _____	3A	5.00	3B	5.00
4. Dividend income _____	4A	.00	4B	.00
5. Taxable refunds, credits, or offsets of state and local taxes from your federal return _____	5A	.00	5B	.00
6. Alimony received _____	6A	.00	6B	.00
7. Business income or loss from federal Schedule C or C-EZ _____	7A	.00	7B	.00
8. Capital gain or loss from sale or exchange of property from your federal return _____	8A	.00	8B	.00
9. Other gains or (losses) from Form 4797 _____	9A	.00	9B	.00
10. Total IRA distribution _____	10A	.00	10B	.00
11. Total pensions and annuities _____	11A	.00	11B	.00
12. Net rent or royalty income or loss reported on federal Schedule E _____	12A	.00	12B	.00
13. Income or loss from partnerships _____	13A	.00	13B	.00
14. Income or loss from trusts and estates _____	14A	.00	14B	.00
15. Income or loss from S corporations _____	15A	.00	15B	.00
16. Farm income or loss from federal Schedule F _____	16A	.00	16B	.00
17. Unemployment compensation _____	17A	.00	17B	.00
18. Taxable Social Security benefits _____	18A	.00	18B	.00
19. Indiana apportioned income from Schedule IT-40PNRA _____			19B	.00
20. Other income reported on your federal return _____	20A	.00	20B	.00
List source(s). (Do not include federal net operating loss in Column B. See instructions.)				
21. Subtotal: add lines 1 through 20 _____	21A	41492.00	21B	41492.00



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Proration Section See instructions.

21C. **Note:** Nonresident military personnel see special instructions and complete worksheet _____ 21C .00

21D. For all other individuals, divide the amount on line 21B by the amount on line 21A (see instructions if either line 21A and/or 21B are less than zero). Please round your answer to a decimal followed by three numbers. Example: $\$3,100 \div \$8,000 = .3875$, which rounds to .388 (do not enter a number greater than 1.00). Enter result here and on Schedule D, line 7 _____ 21D **1.000**

Section 2: Adjustments to Income Note: Enter in Column A only those deductions claimed on your 2019 federal income tax return, Form 1040, Form 1040-SR, and Form 1040 Schedule 1. Round all entries.

		Column A Federal Adjustments		Column B Indiana Adjustments
22. Educator expenses (see instructions) _____	22A	.00	22B	.00
23. Certain business expenses of reservists, performing artists, etc _____	23A	.00	23B	.00
24. Health savings account deduction _____	24A	.00	24B	.00
25. Moving expenses (see instructions) _____	25A	.00	25B	.00
26. Deductible part of self-employment tax _____	26A	.00	26B	.00
27. Self-employed, SEP, SIMPLE, and qualified plans _____	27A	.00	27B	.00
28. Self-employed health insurance deduction _____	28A	.00	28B	.00
29. Penalty on early withdrawal of savings _____	29A	.00	29B	.00
30. Alimony paid _____	30A	.00	30B	.00
31. IRA deduction _____	31A	.00	31B	.00
32. Student loan interest deduction (see instructions) _____	32A	2493.00	32B	.00
33. Other (see instructions) _____	33A	.00	33B	.00
34. Add lines 22 through 33 _____	34A	2493.00	34B	.00

Section 3: Totals

35. Subtract line 34 from line 21 of Section 1. Carry amount from line 35B to Form IT-40PNR, line 1 _____ 35A **38999.00** 35B **41492.00**



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Name(s) shown on Form IT-40PNR

Your Social Security Number

VIJAY KUNUSOTH

***** ** 6173**

1. Renter's deduction

Indiana address where rented if different from the one on the front page (enter below)

636 WALTER WAY, APT E, WARSAW, IN 46580

Amount of rent paid

Landlord's name and address (enter below)

\$ **3000.00**

Round all entries

Number of months rented **12** Enter the lesser of \$3,000 or amount of rent paid **1** **3000.00**

2. Homeowner's residential property tax deduction

Address where property tax was paid if different from front page (enter below)

Number of months lived there **0** Amount of property tax paid \$ **.00**

Enter the lesser of \$2,500 or the amount of Indiana property tax paid **2** **.00**

3. State tax refund reported on federal return **3** **.00**

4. Interest on U.S. government obligations **4** **.00**

5. Taxable Social Security benefits **5** **.00**

6. Taxable railroad retirement benefits **6** **.00**

7. Military service deduction: \$5,000 maximum for qualifying person **7** **.00**

8. Private school/homeschool deduction: \$1,000 per qualifying child (see instructions) **8** **.00**

9. Indiana net operating loss deduction **9** **.00**

10. Nontaxable portion of unemployment compensation (from Unemployment Comp. Worksheet) **10** **.00**

11. Other Deductions: See instructions (attach additional sheets if necessary)

a. Enter deduction name code no. **11a** **.00**

b. Enter deduction name code no. **11b** **.00**

c. Enter deduction name code no. **11c** **.00**

12. Add lines 1 through 11. Enter total here and on line 4 of Form IT-40PNR. **Total Deductions** **12** **3000.00**



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Name(s) shown on Form IT-40PNR

Your Social Security Number

VIJAY KUNUSOTH

*** ** 6173

Complete and enclose Schedule IN-DEP: Dependent Information and Additional
Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below.

Round all entries

1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000 _____ 1 1000.00
2. Enter the number of dependents listed on Schedule IN-DEP, Box 6 0 x \$1000 _____ 2 .00
You **MUST** enclose Schedule IN-DEP.
3. You may claim an additional exemption for each qualifying dependent child:
- who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom you are a legal guardian,
 - who was under the age of 19 by Dec. 31, 2019,
 - or a full-time student who was under the age of 24 by Dec. 31, 2019, and
 - who you are eligible to claim as a dependent on line 2 above.
- Enter the number of additional dependents listed on Schedule IN-DEP, Box 7. 0 x \$1500 _____ 3 .00
4. Place "X" in box(es) below if, by December 31, 2019
- You were age 65 or older and/or blind
Spouse was 65 or older and/or blind
- Total number of boxes with Xs 0 x \$1000 _____ 4 .00
5. If age 65 or older, enter amount from Schedule A, line 35A \$
If this amount is less than \$40,000, place "X" in box(es) below if:
- You were age 65 or older
Spouse was 65 or older
- Total number of boxes with Xs 0 x \$500 _____ 5 .00
6. Add lines 1, 2, 3, 4 and 5 _____ 6 1000.00
7. Enter the number from Schedule A, Proration Section, line 21D _____ 7 1.000
8. Multiply line 6 by line 7. Enter here and on Form IT-40PNR, line 6 _____ **Total Exemptions** 8 1000.00



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Name(s) shown on Form IT-40PNR

Your Social Security Number

VIJAY KUNUSOTH

***** ** 6173**

Round all entries

1. Indiana state tax withheld: enclose W-2s, 1099s, IN K-1s showing state tax withholding amounts_	1	1321.00
2. Indiana county tax withheld: enclose W-2s, 1099s, IN K-1s showing county tax withholding amts.	2	.00
3. Estimated tax paid for 2019: include any extension payment made with Form IT-9 _____	3	.00
4. Unified tax credit for the elderly _____	4	.00
5. Earned income credit: see instructions Enter earned income credit from Schedule IN-EIC, line A-3 _____ Box A		.00
Enter number from Schedule A, Proration Section, line 21D _____ Box B		1.000
Multiply Box A by Box B, enter total here _____	5	.00
6. Lake County residential income tax credit _____	6	.00
7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____	7	.00
8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) _____	8	.00
9. Headquarters relocation credit (refundable portion - see instructions) _____	9	.00
10. Add lines 1 through 8. Enter total here and on Form IT-40PNR, line 12 _____ Total Credits	10	1321.00

Schedule IN-DONATE

Important. The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

a. Enter fund name	code no.	1a	.00
b. Enter fund name	code no.	1b	.00
c. Enter fund name	code no.	1c	.00
2. Add lines 1a through 1c. Enter total here and on Form IT-40/IT-40PNR, line 17 Total Donations		2	.00



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Name(s) shown on Form IT-40PNR

Your Social Security Number

VIJAY KUNUSOTH

*** ** 6173

Section 1: Residency Information

List all state(s) and dates of your (and your spouse's, if filing jointly) residency during 2019. Enter 2-letter state name (e.g. "IL" for Illinois) or the letters "OC" if you were a resident of a foreign country (see instructions).

Example						Did you file a tax return with the state/country? Place "X" in appropriate box.		
State of Residence	Date From (MM/DD)			Date To (MM/DD)			Yes	No
IL	01	01	2019	06	01	2019	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IN	06	02	2019	12	31	2019	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Your information

	(a) State of Residence	(b) Date From (MM/DD)	(c) Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.	
1A		2019	2019	Yes	No
1B		2019	2019	Yes	No
1C		2019	2019	Yes	No
1D		2019	2019	Yes	No

Spouse's information if married filing jointly

	(a) State of Residence	(b) Date From (MM/DD)	(c) Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.	
2A		2019	2019	Yes	No
2B		2019	2019	Yes	No
2C		2019	2019	Yes	No
2D		2019	2019	Yes	No

Turn over to complete Section 2



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Section 2: Additional Information

1. Federal filing information

Are you filing a federal income tax return for 2019? Place "X" in appropriate box. Yes No

2. Extension of time to file

a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.

b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

3. Farm / Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.

Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

4. Date of death

If any individual listed at the top of the IT-40PNR died *during* 2019, enter date of death (MM/DD).

Taxpayer's date of death

2019

Spouse's date of death

2019

Authorization Sign Form IT-40PNR after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

5. Your daytime

telephone number **5106746443**

Your email
address

I authorize the Department to discuss my return with my personal representative.

Yes No If yes, complete the information below.

Paid Preparer: Firm's Name (or yours if self-employed)

RICHYREFUNDS LLC

Personal Representative's Name (please print)

IN-OPT on file with paid preparer if not filing electronically

Telephone number

PTIN **P****7665**

Address

Address **2200 MEADOWLAKE ROAD**

City

City **CONWAY**

State

Zip Code

State **AR** Zip Code **72032**

Preparer's signature _____



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