

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: MANIDEEP
Last name: MADUGULA
Your social security number: 701-49-9415
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
419 LAKE VISTA CIR
Apt. no.: E
Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.
City, town, or post office. If you have a foreign address, also complete spaces below.
COCKEYSVILLE MD ZIP code 21030
Foreign country name: Foreign province/state/county: Foreign postal code:
[ ] You [ ] Spouse

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

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

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

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

Main tax calculation table with columns for line numbers and amounts. Includes sections for Attach Sch. B if required, Standard Deduction for, and Taxable income calculation.

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

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	3,934.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	3,934.
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 7	<b>20</b>	1,875.
<b>21</b>	Add lines 19 and 20	<b>21</b>	1,875.
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	2,059.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	2,059.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	4,614.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	4,614.
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>	
<b>27</b>	Earned income credit (EIC) <b>NO</b>	<b>27</b>	
<b>28</b>	Additional child tax credit. Attach Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 13	<b>31</b>	
<b>32</b>	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	4,614.

**Refund**

<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	2,555.
<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	2,555.
<b>b</b>	Routing number 051000017	<b>c</b>	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number 435043827190		
<b>36</b>	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	<b>36</b>	

**Amount You Owe**

For details on how to pay, see instructions.

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

**Third Party Designee**

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

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

**Sign Here**

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

Your signature	Date	Your occupation <b>VALIDATION ENGINEER</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (703) 380-8561 Email address MANIDEEP718@GMAIL.COM

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 07/02/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 30-1017196

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

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

OMB No. 1545-0074

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
MANIDEEP MADUGULA

Your social security number  
701-49-9415

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-5,540.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-5,540.

**Part II Adjustments to Income**

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

**SCHEDULE 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](http://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  
MANIDEEP MADUGULA

Your social security number  
701-49-9415

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	
<b>2</b>	Credit for child and dependent care expenses. Attach Form 2441 . . . . .	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 . . . . .	<b>3</b>	
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	
<b>5</b>	Residential energy credits. Attach Form 5695 . . . . .	<b>5</b>	
<b>6</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input checked="" type="checkbox"/> 8936 . . . . .	<b>6</b>	1,875.
<b>7</b>	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	<b>7</b>	1,875.

**Part II Other Payments and Refundable Credits**

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

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

REV 05/29/21 PRO

Schedule 3 (Form 1040) 2020

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

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2020**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

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

Name(s) shown on return

Your social security number

MANIDEEP MADUGULA

701-49-9415

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

- A** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	7-523 TIPPALA BAZAR MANAGALAGIRI GUNTUR, ANDHRA PRADESH IN 522503				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>
<b>A</b>	3		365	0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

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

<b>Income:</b>		<b>Properties:</b>		<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b>	Rents received . . . . .	<b>3</b>		350.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>		150.		
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		120.		
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>		5,500.		
<b>14</b>	Repairs. . . . .	<b>14</b>		120.		
<b>15</b>	Supplies . . . . .	<b>15</b>				
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>				
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		5,890.		
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b>		-5,540.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>		( -5,540. )	( )	( )
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>			350.	
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>			5,890.	
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>		( 5,540. )		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>				-5,540.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

**Qualified Plug-in Electric Drive Motor Vehicle Credit**  
**(Including Qualified Two-Wheeled Plug-in Electric Vehicles)**

▶ **Attach to your tax return.**

▶ **Go to [www.irs.gov/Form8936](http://www.irs.gov/Form8936) for instructions and the latest information.**

Name(s) shown on return

MANIDEEP MADUGULA

Identifying number

701-49-9415

**Note:**

- Use this form to claim the credit for certain plug-in electric vehicles.
- Claim the credit for certain alternative motor vehicles on Form 8910.

**Part I Tentative Credit**

Use a separate column for each vehicle. If you need more columns, use additional Forms 8936 and include the totals on lines 12 and 19.

		(a) Vehicle 1 2020	(b) Vehicle 2
<b>1</b> Year, make, and model of vehicle . . . . .	<b>1</b>	TESLA Model 3	
<b>2</b> Vehicle identification number (see instructions) . . . . .	<b>2</b>	5YJ3E1EB2MF849620	
<b>3</b> Enter date vehicle was placed in service (MM/DD/YYYY)	<b>3</b>	11/01/2020	
<b>4a</b> If the vehicle is a two-wheeled vehicle, enter the cost of the vehicle. If the vehicle has at least four wheels, see instructions . . . . .	<b>4a</b>	7,500.	
<b>b</b> Phase-out percentage (see instructions) . . . . .	<b>4b</b>	25.00 %	%
<b>c</b> Tentative credit. Multiply line 4a by line 4b . . . . .	<b>4c</b>	1,875.	

**Next:** If you did NOT use your vehicle for business or investment purposes and did not have a credit from a partnership or S corporation, skip Part II and go to Part III. All others, go to Part II.

**Part II Credit for Business/Investment Use Part of Vehicle**

<b>5</b> Business/investment use percentage (see instructions)	<b>5</b>	%	%
<b>6</b> Multiply line 4c by line 5. If the vehicle has at least four wheels, leave lines 7 through 10 blank and go to line 11	<b>6</b>		
<b>7</b> Section 179 expense deduction (see instructions) . . . . .	<b>7</b>		
<b>8</b> Subtract line 7 from line 6 . . . . .	<b>8</b>		
<b>9</b> Multiply line 8 by 10% (0.10) . . . . .	<b>9</b>		
<b>10</b> Maximum credit per vehicle . . . . .	<b>10</b>	2,500	2,500
<b>11</b> For vehicles with four or more wheels, enter the amount from line 6. If the vehicle is a two-wheeled vehicle, enter the smaller of line 9 or line 10 . . . . .	<b>11</b>		
<b>12</b> Add columns (a) and (b) on line 11 . . . . .	<b>12</b>		
<b>13</b> Qualified plug-in electric drive motor vehicle credit from partnerships and S corporations (see instructions) . . . . .	<b>13</b>		
<b>14</b> <b>Business/investment use part of credit.</b> Add lines 12 and 13. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1y . . . . .	<b>14</b>		

**Note:** Complete Part III to figure any credit for the personal use part of the vehicle.

**Part III Credit for Personal Use Part of Vehicle**

	(a) Vehicle 1	(b) Vehicle 2
<b>15</b> If you skipped Part II, enter the amount from line 4c. If you completed Part II, subtract line 6 from line 4c. If the vehicle has at least four wheels, leave lines 16 and 17 blank and go to line 18 . . . . .	1,875.	
<b>16</b> Multiply line 15 by 10% (0.10) . . . . .		
<b>17</b> Maximum credit per vehicle. If you skipped Part II, enter \$2,500. If you completed Part II, subtract line 11 from line 10 . . . . .		
<b>18</b> For vehicles with four or more wheels, enter the amount from line 15. If the vehicle is a two-wheeled vehicle, enter the smaller of line 16 or line 17 . . . . .	1,875.	
<b>19</b> Add columns (a) and (b) on line 18 . . . . .		1,875.
<b>20</b> Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18 . . . . .		3,934.
<b>21</b> Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions) . . . . .		
<b>22</b> Subtract line 21 from line 20 . . . . .		3,934.
<b>23</b> <b>Personal use part of credit.</b> Enter the <b>smaller</b> of line 19 or line 22 here and on Schedule 3 (Form 1040), line 6. Check box <b>c</b> on that line and enter "8936" in the space next to that box. If line 22 is smaller than line 19, see instructions . . . . .		1,875.



201010013

Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions.

Print Using Blue or Black Ink Only.

MANIDEEP First Name MI MADUGULA Last Name 701499415 SSN/Taxpayer Identification Number
Spouse's First Name MI Spouse's Last Name SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

- 1. Amount of overpayment to be applied to 2021 estimated tax
2. Amount of overpayment to be refunded to you REFUND 117
3. Total amount due (Pay in full by April 15, 2021. See instructions.)

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described above agree with the amounts shown on the corresponding lines of my 2020 Maryland electronic income tax return.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC ERO firm name to enter or generate my PIN 99415 Enter five digits. Do not enter all zeros. as my signature on my tax year 2020 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return. 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 ERO firm name to enter or generate my PIN Enter five digits. Do not enter all zeros. as my signature on my tax year 2020 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return. 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

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. 58727861989 Do not enter all zeros.

I certify this numeric entry is my PIN, which is my signature for the tax year 2020 electronically filed income tax return for the taxpayer(s). I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-file Providers.

ERO's signature Date 07022021

DO NOT MAIL





205020013

\$

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2020, ENDING \_\_\_\_\_

701499415

Your Social Security Number

Spouse's Social Security Number

MANIDEEP

Your First Name

MI

Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit www.ssa.gov.

MADUGULA

Your Last Name

Spouse's First Name

MI

Spouse's Last Name

419 LAKE VISTA CIR

Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

E

COCKEYSVILLE

MD

21030

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

City or Town

State

ZIP Code + 4

REQUIRED: Maryland Physical address of taxing area as of December 31, 2020 or last day of the taxable year for fiscal year taxpayers. See Instruction 6. Part-year residents see Instruction 26.

0300

4 Digit Political Subdivision Code (See Instruction 6)

BALTIMORE COUNTY

Maryland Political Subdivision (See Instruction 6)

419 LAKE VISTA CIR

Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box)

E

Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)

COCKEYSVILLE

City

MD

State

21030

ZIP Code + 4

BALTIMORE COUNTY

Maryland County

FILING STATUS

CHECK ONE BOX

See Instruction 1 if you are required to file.

- 1. [X] Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2. [ ] Married filing joint return or spouse had no income
3. [ ] Married filing separately, Spouse SSN
4. [ ] Head of household
5. [ ] Qualifying widow(er) with dependent child
6. [ ] Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

PART-YEAR RESIDENT

See Instruction 26.

Dates of Maryland Residence (MM DD YYYY) FROM TO

Other state of residence:

If you began or ended legal residence in Maryland in 2020 place a P in the box.

MILITARY: If you or your spouse has non-Maryland military income, place an M in the box.

Enter Military Income amount here:

EXEMPTIONS

See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form to receive the applicable exemption amount.

- A. [X] Yourself [ ] Spouse . . . . Enter number checked [1] See Instruction 10 A. \$ 3200
B. [ ] 65 or over [ ] 65 or over
[ ] Blind [ ] Blind . . . . . Enter number checked [ ] X \$1,000 . . . . . B. \$
C. [ ] Enter number from line 3 of Dependent Form 502B . . . . . [ ] See Instruction 10 C. \$
D. Enter Total Exemptions (Add A, B and C.) . . . . . [1] Total Amount . . . . D. \$ 3200

Print Using Blue or Black Ink Only

Place your W-2 wage and tax statements and ATTACH HERE with one staple. Do not attach check or money order to Form 502. Attach check or money order to Form PV.



205020113

NAME MANIDEEP MADUGULA

SSN 701499415

**MARYLAND  
HEALTH CARE  
COVERAGE**

See Instruction 3.

Check here  If you do not have health care coverage      DOB (mm/dd/yyyy) ▶ \_\_\_\_\_

Check here  If your spouse does not have health care coverage      DOB (mm/dd/yyyy) ▶ \_\_\_\_\_

Check here  I authorize the Comptroller of Maryland to share information from this tax return with the Maryland Health Benefit Exchange for the purpose of determining pre-eligibility for no-cost or low-cost health care coverage.

E-mail address ▶ \_\_\_\_\_

**INCOME**

See Instruction 11.

**1.** Adjusted gross income from your federal return . . . . . ▶ 1. 46828

**1a.** Wages, salaries and/or tips . . . . . ▶ 1a. 52368

**1b.** Earned income . . . . . ▶ 1b. \_\_\_\_\_

**1c.** Capital Gain or (loss) . . . . . ▶ 1c. \_\_\_\_\_

**1d.** Taxable Pensions, IRAs, Annuities (**Attach Form 502R.**) ▶ 1d. \_\_\_\_\_

**1e.** Place a "Y" in this box if the amount of your investment income is more than \$3,650. . . . . ▶

**ADDITIONS  
TO MARYLAND  
INCOME**

See Instruction 12.

**2.** Tax-exempt interest on state and local obligations (bonds) other than Maryland . . . . . ▶ 2. \_\_\_\_\_

**3.** State retirement pickup. . . . . ▶ 3. \_\_\_\_\_

**4.** Lump sum distributions (from worksheet in Instruction 12.) . . . . . ▶ 4. \_\_\_\_\_

**5.** Other additions (Enter code letter(s) from Instruction 12.) ▶ \_\_\_\_\_

**6.** Total additions (Add lines 2 through 5 plus line 3 of Form 502LU.) . . . . . ▶ 6. \_\_\_\_\_

**7.** Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) . . . . . ▶ 7. 46828

**SUBTRACTIONS  
FROM  
MARYLAND  
INCOME**

See Instruction 13.

**8.** Taxable refunds, credits or offsets of state and local income taxes included in line 1 . . . . . ▶ 8. \_\_\_\_\_

**9.** Child and dependent care expenses . . . . . ▶ 9. \_\_\_\_\_

**10a.** Pension exclusion from worksheet (13A) . . . . . Yourself ▶  Spouse ▶  ▶ 10a. \_\_\_\_\_

**10b.** Pension exclusion from worksheet (13E) . . . . . Yourself ▶  Spouse ▶  ▶ 10b. \_\_\_\_\_

**11.** Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 . . . . . ▶ 11. \_\_\_\_\_

**12.** Income received during period of nonresidence (See Instruction 26.) . . . . . ▶ 12. \_\_\_\_\_

**13.** Subtractions from attached Form 502SU . . . . . ▶ 13. \_\_\_\_\_

**14.** Two-income subtraction from worksheet in Instruction 13. . . . . ▶ 14. \_\_\_\_\_

**15.** Total subtractions (Add lines 8 through 14 plus line 7 of Form 502LU.) . . . . . ▶ 15. 0

**16.** Maryland adjusted gross income (Subtract line 15 from line 7.) . . . . . ▶ 16. 46828

**DEDUCTION  
METHOD**

See Instruction 16.

**All taxpayers must select one method and check the appropriate box.**

▶  **STANDARD DEDUCTION METHOD** (Enter amount on line 17.)

▶  **ITEMIZED DEDUCTION METHOD** (Complete lines 17a and 17b.)

**17a.** Total federal itemized deductions (from line 17, federal Schedule A) . . . . . ▶ 17a. \_\_\_\_\_

**17b.** State and local income taxes (See Instruction 14.) . . . . . ▶ 17b. \_\_\_\_\_

Subtract line 17b from line 17a and enter amount on line 17.

**17.** Deduction amount (Part-year residents see Instruction 26 (l and m).) . . . . . ▶ 17. 2300

**MARYLAND  
TAX  
COMPUTATION**

**18.** Net income (Subtract line 17 from line 16.) . . . . . ▶ 18. 44528

**19.** Exemption amount from Exemptions area (See Instruction 10.) . . . . . ▶ 19. 3200

**20.** Taxable net income (Subtract line 19 from line 18.) . . . . . ▶ 20. 41328

**21.** Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) . . . . . ▶ 21. 1910

**22.** Earned income credit (EIC)(See Instruction 18.) . . . . . ▶ 22. \_\_\_\_\_

Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.

**23.** Poverty level credit (See Instruction 18.) . . . . . ▶ 23. \_\_\_\_\_

**24.** Other income tax credits for individuals from Part AA, line 13 of Form 502CR (**Attach Form 502CR.**) ▶ 24. 733

**25.** Business tax credits . . . . . **You must file this form electronically to claim business tax credits on Form 500CR.**

**26.** Total credits (Add lines 22 through 25.) . . . . . ▶ 26. 733

**27.** Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0. . . . . ▶ 27. 1177



205020213

NAME MANIDEEP MADUGULA

SSN 701499415

<b>LOCAL TAX COMPUTATION</b>	28. Local tax (See Instruction 19 for tax rates and worksheet.) <b>Multiply line 20 by your local tax rate .0 0320</b> or use the Local Tax Worksheet . . . . . 28. <u>1322</u>
	29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) . . . . . 29. _____
	30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) . . . . . 30. _____
	31. Local tax credit from Part BB, line 1 of Form 502CR. ( <b>Attach Form 502CR.</b> ) . . . . . 31. <u>0</u>
	32. Total credits (Add lines 29 through 31.) . . . . . 32. <u>0</u>
	33. <b>Local tax</b> after credits (Subtract line 32 from line 28.) If less than 0, enter 0 . . . . . 33. <u>1322</u>
	34. Total Maryland and local tax (Add lines 27 and 33.) . . . . . 34. <u>2499</u>
<b>CONTRIBUTIONS</b> See Instruction 20.	35. Contribution to Chesapeake Bay and Endangered Species Fund . . . . . ▶ 35. _____
	36. Contribution to Developmental Disabilities Services and Support Fund . . . . . ▶ 36. _____
	37. Contribution to Maryland Cancer Fund. . . . . ▶ 37. _____
	38. Contribution to Fair Campaign Financing Fund . . . . . ▶ 38. _____
	39. <b>Total Maryland income tax, local income tax and contributions</b> (Add lines 34 through 38.) . 39. <u>2499</u>
	40. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.) . . . . . ▶ 40. <u>2616</u>
	41. 2020 estimated tax payments, amount applied from 2019 return, payment made with an extension request, and <b>Form MW506NRS</b> . . . . . ▶ 41. _____
	42. Refundable earned income credit (from worksheet in Instruction 21) . . . . . ▶ 42. _____
	43. Refundable income tax credits from Part CC, line 8 of Form 502CR ( <b>Attach Form 502CR.</b> See Instruction 21.) . . . . . 43. _____
	44. Total payments and credits (Add lines 40 through 43.) . . . . . 44. <u>2616</u>
	45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.) . . . . . ▶ 45. _____
	46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) . . . . . ▶ 46. <u>117</u>
<b>REFUND</b>	47. <b>Amount of overpayment TO BE APPLIED TO 2021 ESTIMATED TAX.</b> . . . . . ▶ 47. _____
	48. Amount of overpayment <b>TO BE REFUNDED TO YOU</b> (Subtract line 47 from line 46.) See line 51 . . . . . <b>REFUND</b> ▶ 48. <u>117</u>
<b>AMOUNT DUE</b>	49. Check here <input type="checkbox"/> if you are attaching Form 502UP. Enter interest charges from line 18 of Form 502UP _____ or for late filing _____ . . . . . ▶ 49. _____
	50. <b>TOTAL AMOUNT DUE</b> (Add lines 45 and 49.) <b>IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV.</b> . . . . . 50. _____



205020313

NAME MANIDEEP MADUGULA SSN 701499415

**DIRECT DEPOSIT OF REFUND** (See Instruction 22.) Be sure the account information is correct. **For Splitting Direct Deposit**, use Form 588. To comply with banking and **NACHA (National Automated Clearing House Association)** rules, if this refund will go to an account outside of the United States, place "Y" in this box  or if you authorize the State of Maryland to direct deposit your refund, check this box  and complete the following information clearly and legibly.

**51a.** Type of account:  Checking  Savings **51b.** Routing Number (9-digits)  051000017

**51c.** Account Number  435043827190

**51d.** Name(s) as it appears on the bank account \_\_\_\_\_

7033808561  \_\_\_\_\_  \_\_\_\_\_  
Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per line)

Check here  if you authorize your preparer to discuss this return with us. Check here  if you authorize your paid preparer not to file electronically. Check here  if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 24.)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

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

GLOBAL TAXES LLC  
Printed name of the Preparer / or Firm's name

SYAM PRIYA RAM SAGAR GUPTA TALLAM  
Signature of preparer other than taxpayer **(Required by Law)**

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

2530 PEBBLE CREEK LN  
Street address of preparer or Firm's address

CUMMING GA 30041  
City, State, ZIP Code + 4

6789659522  P02082703  
Telephone number of preparer Preparer's PTIN **(Required by Law)**

**For returns filed without payments, mail your completed return to:**

Comptroller of Maryland  
Revenue Administration Division  
110 Carroll Street  
Annapolis, MD 21411-0001

**For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 502. Place Form PV with attached check/money order on TOP of Form 502 and mail to:**

Comptroller of Maryland  
Payment Processing  
PO Box 8888  
Annapolis, MD 21401-8888



20502C013

701499415

Your Social Security Number



Spouse's Social Security Number

MANIDEEP

Your First Name

MI

MADUGULA

Your Last Name

Spouse's First Name

MI

Spouse's Last Name

Read Instructions for Form 502CR. Note: You must complete and submit pages 1 through 4 of this form to receive credit for the items listed.

PART A - TAX CREDITS FOR INCOME TAXES PAID TO OTHER STATES AND LOCALITIES

If you were a part-year resident, do not claim a credit for tax paid on nonresident income you included on line 12 of the Form 502.

If you are claiming a credit for taxes paid to multiple states and/or localities, see instructions.

- 1. Enter your taxable net income from line 20, Form 502 (or line 10, Form 504). 41328
2. Taxable net income in other state. Write on this line only the net income which is taxable in both the other state and Maryland. 15939
3. Revised taxable net income (Subtract line 2 from line 1.) If less than zero, enter zero. 25389
4. Enter the Maryland tax from line 21, Form 502 (or line 11, Form 504). This is the Maryland tax based on your total income for the year. 1910
5. Tax on amount on line 3. Compute the Maryland tax that would be due on the revised taxable net income by using the Maryland Tax Table or Computation Worksheet contained in the instructions for Forms 502 or 504. Do not include the local income tax. 1153
6. Tentative State tax credit (Subtract line 5 from line 4.) If less than zero, enter zero. 757
7. Enter the Local tax from line 28, Form 502 (or line 18, Form 504). This is the Local tax based on your total income for the year. 1322
8. Local tax on amount on line 3. Compute the Local tax that would be due on the revised taxable net income by multiplying line 3 by your Local tax rate .0320. 812
9. Tentative Local tax credit (Subtract line 8 from line 7.) If less than zero, enter zero. 510
10. Tentative Total tax credit (Add line 6 and line 9.) 1267
11. Total state and local tax shown on tax return(s) filed with the state of (Enter 2-letter state code, code must be entered for credit to be allowed) KS Enter the amount of your 2020 income tax liability (after deducting any credits for personal exemptions) to the other state and locality in the other state (where applicable). Do not enter state or locality tax withheld from your W-2 forms. It is important that a copy of the tax return that was filed with the other state and/or locality be attached to your Maryland return. 733
12. Credit for income tax paid to other state and/or locality. Your credit for taxes paid to another state and/or locality is the smaller of the tax actually paid (line 11) or the reduction in Maryland tax resulting from the exclusion of income in the other state and/or locality (line 10). Write the lesser of line 11 or line 10. 733
State and Local Credits Allowed
13. State Credit for Income Tax Paid to other state (Lesser of line 6 or line 12). Enter on line 1, Part AA. 733
14. Local Credit for Income Tax Paid to other state (Subtract line 13 from line 12.) Enter on line 1, Part BB. 0

Print Using Blue or Black Ink Only



20502C113

NAME MANIDEEP MADUGULA SSN 701499415

PART B - CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES

- 1. Enter your federal adjusted gross income from line 1 of Form 502 or line 17, column 1 of Form 505 or Form 515.
2. Enter your federal Child and Dependent Care Credit from federal Form 2441
3. Enter the decimal amount from the chart in the instructions that applies to the amount on line 1
4. Multiply line 2 by line 3. Enter here and on Part AA, line 2

PART C - QUALITY TEACHER INCENTIVE CREDIT

- 1. Enter the Maryland public school system or a State or local correctional facility or qualified juvenile facility in which you are employed and teach
2. Enter amount of tuition paid to: Name of Institution(s)
3. Enter amount of tuition reimbursement
4. Subtract line 3 from line 2
5. Maximum credit. 1500.00
6. Enter the lesser of line 4 or line 5 here.
7. Total (Add amounts from line 6, for Taxpayers A and B) Enter here and on Part AA, line 3

PART D - CREDIT FOR AQUACULTURE OYSTER FLOATS

- 1. Enter the amount paid to purchase an aquaculture oyster float(s) Enter here and on Part AA, line 4. This credit is limited. See Instructions.

PART E - LONG-TERM CARE INSURANCE CREDIT: (THIS IS A ONE-TIME CREDIT.)

Answer the questions and see instructions below before completing Columns A through E for each person for whom you paid long-term care insurance premiums.

- Question 1 - Did the insured individual have long-term care insurance prior to July 1, 2000?
Question 2 - Is the credit being claimed for the insured individual in this year by any other taxpayer?
Question 3 - Has credit been claimed by anyone for the insured individual in any other tax year?
Question 4 - Is the insured individual for whom the credit is being claimed a nonresident of Maryland?

If you answered YES to any of the above questions, that insured person does NOT qualify for the credit.

Complete Columns A through D only for insured individuals who qualify for credit. Enter in Column E the lesser of the amount of premium paid for each insured person or:
• \$430 for those insured who are 40 or less, as of 12/31/20
• \$500 for those insured who are over age 40, as of 12/31/20.

Add the amounts in Column E and enter the total on line 5 (total) and on Part AA, line 5.

Table with 6 columns: Column A (Name of Qualifying Insured Individual), Column B (Age), Column C (Social Security No. of Insured), Column D (Relationship to Taxpayer), Column E (Amount of Premium Paid), and Column F (Credit Amount). Includes a TOTAL row at the bottom.

PART F - CREDIT FOR PRESERVATION AND CONSERVATION EASEMENTS

PTE members may not use the Form 502CR to claim this credit.

- 1. Enter the portion of the total current-year conveyance amount, and any carryover from prior year(s), attributable to each taxpayer
2. Enter the amount of any payment received for the easement by each taxpayer during 2020.
3. Subtract line 2 from line 1
4. Enter the amount from line 21 of Form 502; line 32c of Form 505; line 33 of Form 515; line 13 of Form 504 or \$5,000, whichever is less. See instructions
5. Enter the lesser of line 3 or 4 here. (If you itemize deductions, see Instruction 14.)
6. Total (Add amounts from line 5 for Taxpayers A and B) Enter here and on Part AA, line 6
7. Excess credit carryover. Subtract line 6 from the sum of lines 3A and 3B.



NAME MANIDEEP MADUGULA SSN 701499415

PART G - VENISON DONATION - FEED THE HUNGRY ORGANIZATIONS TAX CREDIT

- 1. Enter the amount up to \$50 per deer of qualified expenses to butcher and process an antlerless deer for human consumption. Enter here and on Part AA, line 7. This credit is limited. See Instructions. Number of antlerless deer donated 1.

PART H - COMMUNITY INVESTMENT TAX CREDIT \*\* must attach required certification

This credit is limited to individual taxpayers who have elected not to claim this credit on Form 500CR. If you have an Excess Carryover on Form 500CR attributable to any credit other than the Community Investment Tax Credit (CITC), you are not eligible to claim the CITC on Form 502CR. You must use Form 500CR. Also, PTE members may not elect to use Form 502CR to claim the CITC.

- 1. Enter the amount of Excess CITC Carryover from 2019. 1.
2. Amount of approved contributions. 2.
3. Enter 50% of line 2. 3.
4. Enter the amount from line 3 or \$250,000, whichever is less. 4.
5. Add line 1 and line 4. Enter the result here and on Part AA, line 8. 5.

PART I - ENDOW MARYLAND TAX CREDIT \*\*must attach required certification

This credit is limited to individual taxpayers who have elected not to claim this credit on Form 500CR.

- 1. Enter the amount of Excess Endow Maryland Tax Credit Carryover from 2019. 1.
2. Amount of approved donation to a qualified permanent endowment fund. 2.
3. Enter 25% of line 2. 3.
4. Enter the amount from line 3 or \$50,000, whichever is less. 4.
5. Add line 1 and line 4. Enter the result here and on Part AA, line 9. 5.

Note: Line 2 of Part I requires an addition to income. See Instruction 12.

PART J - PRECEPTORS IN AREAS WITH HEALTH CARE WORKFORCE SHORTAGES TAX CREDIT \*\* must attach required certification

- 1. Physician Preceptorship Tax Credit: Enter amount certified by Maryland Department of Health (See Instructions). 1.
2. Nurse Practitioner Preceptorship Tax Credit: Enter amount certified by Maryland Department of Health (See Instructions). 2.
3. Add line 1 and line 2. Enter the result here and on Part AA, line 10. 3.

PART K - INDEPENDENT LIVING TAX CREDIT \*\* must attach required certification

- 1. Credit (certified by the Maryland Department of Housing and Community Development) Enter here and on Part AA, line 11. 1.

PART L - ENDOWMENTS OF MARYLAND HISTORICALLY BLACK COLLEGES AND UNIVERSITIES TAX CREDIT \*\* must attach required certification

- 1. Credit (certified by the Maryland Comptroller Office). Enter here and on Part AA line 12. 1.

PART AA - INCOME TAX CREDIT SUMMARY

- 1. Enter the amount from Part A, line 13 (If more than one state, see Instructions.) 1. 733
2. Enter the amount from Part B, line 4. 2.
3. Enter the amount from Part C, line 7. 3.
4. Enter the amount from Part D, line 1. 4.
5. Enter the amount from Part E, line 5. 5.
6. Enter the amount from Part F, line 6. 6.
7. Enter the amount from Part G, line 1. 7.
8. Enter the amount from Part H, line 5. 8.
9. Enter the amount from Part I, line 5. 9.
10. Enter the amount from Part J, line 3. 10.
11. Enter the amount from Part K, line 1. 11.
12. Enter the amount from Part L, line 1. 12.
13. Total (Add lines 1 through 12.) Enter this amount on line 24 of Form 502; line 14 of Form 504; line 34 of Form 505 or line 35 of Form 515. 13. 733



20502C313

NAME MANIDEEP MADUGULA SSN 701499415

**PART BB – LOCAL INCOME TAX CREDIT SUMMARY**

1. Enter the amount from Part A, line 14 (If more than one state, see Instructions.) . . . . . 1. 0 . \_\_\_\_  
Enter this amount on line 31 of Form 502; line 19 of Form 504.

**PART CC- REFUNDABLE INCOME TAX CREDITS**

1. Student Loan Debt Relief Tax Credit (See Instructions.). Enter the amount and attach certification. . . . . ▶ 1. \_\_\_\_\_ . \_\_\_\_  
2. Heritage Structure Rehabilitation Tax Credit (See Instructions for Form 502S). Attach certification(s).. . . . ▶ 2. \_\_\_\_\_ . \_\_\_\_  
3. Refundable Business Income Tax Credit (See Instructions for Form 500CR.)

**You must file your return electronically to  
claim a business income tax credit.**

4. IRC Section 1341 Repayment Credit. (See Instructions and Administrative Release 40.) Attach documentation ▶ 4. \_\_\_\_\_ . \_\_\_\_  
5. Flow-through Nonresident PTE tax (See Instructions for required attachments.) . . . . . ▶ 5. \_\_\_\_\_ . \_\_\_\_  
6. Refundable credit for Child and Dependent Care Expenses. (See Instructions.). . . . . ▶ 6. \_\_\_\_\_ . \_\_\_\_  
6.1. Refundable credit for Child with disability (see worksheet 21C Instructions) . . . . . ▶ 6.1. \_\_\_\_\_ . \_\_\_\_  
7. PTE Tax paid on members' distributive or pro rata shares of income . . . . . ▶ 7. \_\_\_\_\_ . \_\_\_\_  
8. Total. (Add lines 1 through 7.) Enter this amount on line 43 of Form 502, line 46 of Form 505  
or line 51 of Form 515. . . . . 8. \_\_\_\_\_ . \_\_\_\_





MANIDEEP MADUGULA 7033808561 MADU 701499415

419 LAKE VISTA CIR APT E  
COCKEYSVILLE MD 21030

Name or address has changed? Taxpayer or (spouse if filing joint) died during this tax year Taxpayer was engaged in commercial farming/fishing in 2020

Amended Return: Amended affects Kansas only Amended Federal tax return Adjustment by the IRS

Filing Status:  Single Married Filing Joint (Even if only one had income) Married Filing Separate Head of Household (Do not check if filing joint return)

Residency Status: Resident  NonResident (Complete Sch S, Part B) MD State of Legal Residence

Part-Year Resident (Complete Sch S, Part B) From To

Exemptions: 1 Enter the total exemptions for you, your spouse (if applicable), and each person you claim as a dependent. If filing status above is Head of Household, add one exemption. 1 Total Kansas exemptions

In the following spaces, provide the requested information for all persons you claimed as dependents. **DO NOT include you or your spouse.** If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

Dependent Name - First, Middle and Last Date of Birth - MMDDYYYY Relationship SSN

**Food Sales Tax Credit:** You must have been a Kansas resident for ALL of 2020. Complete this section to determine your qualifications and credit. If you did not mark A, B, and C, **STOP HERE;** you do not qualify for this credit.

- A. Had a dependent child who lived with you all year and was under the age of 18 all of 2020?
  - B. Were you (or spouse) 55 years of age or older all of 2020 (born prior to January 1, 1965)?
  - C. Were you (or spouse) totally and permanently disabled or blind all of 2020, regardless of age?
  - D. If you answered YES to A, B, or C, enter your FAGI from line 1 of this return. If it is more than \$30,615 **STOP HERE,** you do not qualify for this credit.
  - E. Number of exemptions claimed
  - F. Number of dependents that are 18 years of age or older (born on or before January 1, 2003)
  - G. Total qualifying exemptions (subtract line F from line E)
  - H. Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form.
- 0 0



MANIDEEP

MADUGULA

MADU

701499415

1. Federal adjusted gross income	46828	23. Estimated tax paid	0
2. Modifications	0	24. Amount paid with Kansas extension	0
3. Kansas adjusted gross income	46828	25. Refundable portion of earned income tax credit	0
4. Standard or itemized deductions	3000	26. Refundable portion of tax credits	0
5. Exemption allowance	2250	27. Payments remitted with original return	0
6. Total deductions	5250	28. Overpayment from original return	0
7. Taxable income	41578	29. Total refundable credits	814
8. Tax	1912	30. Underpayment	0
9. Nonresident percentage	38.336	31. Interest	0
10. Nonresident tax	733	32. Penalty	0
11. KS tax on lump sum distributions	0	33. Estimated tax penalty	0
12. TOTAL INCOME TAX	733	34. AMOUNT YOU OWE	0
13. Credit for taxes paid to other states	0	35. Overpayment	81
14. Credit for child and dependent care expenses	0	36. CREDIT FORWARD	0
15. Other credits	0	37. Chickadee Checkoff	0
16. Subtotal	733	38. Senior Citizens Meals On Wheels Contribution Program	0
17. Earned Income Credit	0	39. Breast Cancer Research Fund	0
18. Food Sales Tax Credit	0	40. Military Emergency Relief Fund	0
19. Tax balance after credits	733	41. Kansas Hometown Heroes Fund	0
20. Use Tax Due (Out-of-State and Internet Purchases)	0	42. Kansas Creative Arts Industry Fund	0
21. Total Tax Balance	733	43. Local School District Contribution Fund. School District Number	0
22. KS income tax withheld from W-2, 1099 or K-19	814	44. REFUND	81

I authorize the Director of Taxation or the Director's designee to discuss my K-40 and any enclosures with my preparer.  
I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Taxpayer Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_ Preparer Signature SYAM PRIYA RAM SAGAR GUPTA Preparer PTIN, EIN or SSN \_\_\_\_\_  
 Spouse Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_ Preparer Phone Number 6789659522 P02082703

**IMPORTANT:** 1) Form K-40 is a 2 PAGE FORM - BOTH PAGES REQUIRED. WHEN FILING; 2) Make sure your NAME, 1st 4-letters last name, and SSN are printed at the top of page 2 of 2; 3) Refunds are not issued for any unsigned returns. Signature(s) are required; 4) DO NOT USE RED or SHADES of RED INK on tax returns filed with Kansas

MANIDEEP

MADUGULA

MADU

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**PART A - MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME**  
**ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME:**

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A1. State and municipal bond interest not specifically exempt from KS income tax (reduced by related expenses)

**A2. Contributions to all KPERs (Kansas Public Employee's Retirement Systems)**

A3. Kansas Expensing Recapture (enclose applicable schedules)

A4. Low income student scholarship contribution (enclose Schedule K-70)

A5. Other additions to FAGI (enclose list)

A6. Total additions to FAGI (add lines A1 through A5)

**SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME:**

A7. Social Security benefits

A8. KPERs lump sum distributions exempt from income tax

A9. Interest on U.S. Government obligations (reduced by related expenses)

A10. State or local income tax refund (if included in line 1 of Form K-40)

A11. Retirement benefits specifically exempt from Kansas Income Tax

A12. Military compensation of a nonresident servicemember (Non-Residents only)

A13. Contributions to Learning Quest or other states' qualified tuition program

A14. Armed forces recruitment, sign-up, or retention bonus

A15. Contributions to an ABLE savings account

A16. Other subtractions from FAGI (enclose list)

A17. Total subtractions from FAGI (add lines A7 through A16)

**NET MODIFICATIONS:**

A18. Net modifications to FAGI (subtract line A17 from line A6). Enter total here and on line 2, Form K-40.

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**PART B - PART-YEAR RESIDENT/NONRESIDENT ALLOCATION**

INCOME:	Total From Federal Return:	Amount From Kansas Sources:
B1. Wages, salaries, tips, etc	52368	17952
B2. Interest and dividend income		
B3. Pensions, IRA distributions and annuities		
<b>Additional Income:</b> <b>(Lines B4 - B12)</b>		
B4. Refunds of state and local income taxes		
B5. Alimony received		
B6. Business income or loss		
B7. Capital gain or loss		
B8. Other gains or losses		
B9. Rental real estate, royalties, partnerships, S corps, trusts, estates, REMICS, etc	-5540	0
B10. Farm income or loss		
B11. Unemployment compensation, taxable social security benefits and other income		
B12. Total income from Kansas sources (Add lines B1 through B11)		17952

ADJUSTMENTS AND MODIFICATIONS TO KANSAS SOURCE INCOME: Total From Federal Return:	Amount From Kansas Sources:
B13. IRA Retirement Deductions	
B14. Penalty on early withdrawal of savings	
B15. Alimony paid	
B16. Moving expenses for members of the armed forces	
B17. Other federal adjustments	
B18. Total federal adjustments to Kansas source income (Add lines B13 through B17)	
B19. Kansas source income after federal adjustments (Subtract line B18 from line B12)	17952
B20. Net modifications from Part A that are applicable to Kansas source income	
B21. Modified Kansas source income (Line B19 plus or minus line B20)	17952
B22. Kansas adjusted gross income (From line 3, Form K-40)	46828
B23. Nonresident allocation percentage (Divide line B21 by line B22 and round to the fourth decimal place: not to exceed 100.0000). Enter result here and on line 9 of Form K-40.	38.336

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**PART C - KANSAS ITEMIZED DEDUCTIONS**

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C1. Medical and dental expenses from line 4 of federal Schedule A

C2. Real estate taxes from line 5b of federal Schedule A.

C3. Personal property taxes from line 5c of federal Schedule A.

C4. Qualified residence interest you paid and reported on federal Schedule A.

C5. Gifts to charity from line 14 of federal Schedule A.

C6. Kansas itemized deductions (add lines C1 through C5). Enter result here and line 4 of Form K-40.