

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 GUNASEKHAR KARNATHAM | Social security number 325-69-8654 |
| Spouse's name PRIYANKA BATCHU | Spouse's social security number 120-79-1329 |

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

Enter whole dollars only on lines 1 through 5.

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

| | | |
|---|---|----------|
| 1 Adjusted gross income | 1 | 122,484. |
| 2 Total tax | 2 | 10,569. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 13,255. |
| 4 Amount you want refunded to you | 4 | 2,686. |
| 5 Amount you owe | 5 | |

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

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

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 9 | 8 | 6 | 5 | 4 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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 ▶ gunasekhar karnatham Date ▶ 12Feb2021

Spouse's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 9 | 1 | 3 | 2 | 9 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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 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 GUNASEKHAR | | Last name KARNATHAM | | Your social security number 325-69-8654 | |
| If joint return, spouse's first name and middle initial PRIYANKA | | Last name BATCHU | | Spouse's social security number 120-79-1329 | |
| Home address (number and street). If you have a P.O. box, see instructions. 1236 S 13th AVE UNIT B | | | | Apt. no. | |
| City, town, or post office. If you have a foreign address, also complete spaces below. PHOENIX | | | State AZ | ZIP code 85007 | |
| 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 No

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

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

| Dependents (see instructions): | | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions): | |
|--------------------------------|-----------|----------------------------|-------------------------|--|-------------------------------------|
| (1) First name | Last name | | | Child tax credit | Credit for other dependents |
| BHAGYA SRI | KARNATHAM | 940-95-4642 | Daughter | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| DHANVIN SAI | KARNATHAM | 884-40-5693 | Son | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|--|------------|---------------------------------------|-----------|----------|
| 1 Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 | | 128,384. |
| 2a Tax-exempt interest | 2a | b Taxable interest | 2b | |
| 3a Qualified dividends | 3a | b Ordinary dividends | 3b | |
| 4a IRA distributions | 4a | b Taxable amount | 4b | |
| 5a Pensions and annuities | 5a | b Taxable amount | 5b | |
| 6a Social security benefits | 6a | b Taxable amount | 6b | |
| 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | | | 7 | |
| 8 Other income from Schedule 1, line 9 | | | 8 | -5,600. |
| 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | | | 9 | 122,784. |
| 10 Adjustments to income: | | | | |
| a From Schedule 1, line 22 | 10a | | | |
| b Charitable contributions if you take the standard deduction. See instructions | 10b | 300. | | |
| c Add lines 10a and 10b. These are your total adjustments to income ▶ | 10c | | 300. | |
| 11 Subtract line 10c from line 9. This is your adjusted gross income ▶ | 11 | | | 122,484. |
| 12 Standard deduction or itemized deductions (from Schedule A) | 12 | | | 24,800. |
| 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A | 13 | | | |
| 14 Add lines 12 and 13 | 14 | | | 24,800. |
| 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | 15 | | | 97,684. |

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

Attach Sch. B if required.

Standard Deduction for—

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

| | | | |
|-----------|--|------------|---------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 13,069. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 13,069. |
| 19 | Child tax credit or credit for other dependents | 19 | 2,500. |
| 20 | Amount from Schedule 3, line 7 | 20 | |
| 21 | Add lines 19 and 20 | 21 | 2,500. |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 10,569. |
| 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 | 10,569. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 13,255. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 13,255. |
| 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 | 13,255. |

Refund

| | | | |
|------------|---|------------|---|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 2,686. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 2,686. |
| b | Routing number 072000326 | c | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
| d | Account number 163236350 | | |
| 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 | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| _____ | _____ | FUNCTIONAL SAFTEYENGINEER | _____ |
| 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.) |
| _____ | _____ | HOME MAKER | _____ |
| Phone no. | Email address | | |

Paid Preparer Use Only

| | | | | |
|-----------------------------------|---------------------------------------|------------|-----------|--|
| Preparer's name | Preparer's signature | Date | PTIN | Check if: |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA RAM SAGAR GUPTA TALLAM | 02/13/2021 | P02082703 | <input type="checkbox"/> Self-employed |
| Firm's name | Firm's address | | | Phone no. |
| GLOBAL TAXES LLC | 2530 Pebble Creek Ln Cumming GA 30041 | | | (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 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
GUNASEKHAR KARNATHAM & PRIYANKA BATCHU

Your social security number
325-69-8654

Part I Additional Income

| | | | |
|-----------|---|-----------|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | |
| 2a | Alimony received | 2a | |
| b | Date of original divorce or separation agreement (see instructions) ▶ _____ | | |
| 3 | Business income or (loss). Attach Schedule C | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | -5,600. |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income. List type and amount ▶ _____ | 8 | |
| 9 | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 9 | -5,600. |

Part II Adjustments to Income

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

SCHEDULE 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 for instructions and the latest information.

Name(s) shown on return

Your social security number

GUNASEKHAR KARNATHAM & PRIYANKA BATCHU

325-69-8654

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**

| | | | | | |
|-----------|--|--|-------------------------|--------------------------|--------------------------|
| 1a | Physical address of each property (street, city, state, ZIP code) | | | | |
| A | PATNOOL STREET, TIRUPATHI CHITTOOR DISTRICT ANDHRA PRADESH IN 517501 | | | | |
| B | | | | | |
| C | | | | | |
| 1b | Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
| A | 3 | | A 365 | 0 | <input type="checkbox"/> |
| B | | | B | | <input type="checkbox"/> |
| C | | | C | | <input type="checkbox"/> |

Type of Property:

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

| Income: | | Properties: | | A | B | C |
|------------------|---|--------------------|---|----------|----------|----------|
| 3 | Rents received | 3 | | 400. | | |
| 4 | Royalties received | 4 | | | | |
| Expenses: | | | | | | |
| 5 | Advertising | 5 | | 100. | | |
| 6 | Auto and travel (see instructions) | 6 | | 200. | | |
| 7 | Cleaning and maintenance | 7 | | 200. | | |
| 8 | Commissions. | 8 | | | | |
| 9 | Insurance | 9 | | | | |
| 10 | Legal and other professional fees | 10 | | | | |
| 11 | Management fees | 11 | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | |
| 13 | Other interest. | 13 | | 5,000. | | |
| 14 | Repairs. | 14 | | 300. | | |
| 15 | Supplies | 15 | | 200. | | |
| 16 | Taxes | 16 | | | | |
| 17 | Utilities. | 17 | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | |
| 19 | Other (list) ▶ | 19 | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 6,000. | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 | | -5,600. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (| -5,600.) | (|) |
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | | 400. | | |
| b | Total of all amounts reported on line 4 for all royalty properties | 23b | | | | |
| c | Total of all amounts reported on line 12 for all properties | 23c | | | | |
| d | Total of all amounts reported on line 18 for all properties | 23d | | | | |
| e | Total of all amounts reported on line 20 for all properties | 23e | | 6,000. | | |
| 24 | Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | (| 5,600.) | | |
| 26 | Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | 26 | | -5,600. | | |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

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

2020
Attachment
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
GUNASEKHAR KARNATHAM

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **325-69-8654**

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

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

| | | | |
|-----------|--|------------------------------------|--|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions ▶ | <input type="checkbox"/> Self-only | <input checked="" type="checkbox"/> Family |
| 2 | HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions | 2 | 0. |
| 3 | If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others , see the instructions for the amount to enter | 3 | 7,100. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs | 4 | 0. |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 7,100. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter | 6 | 7,100. |
| 7 | If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions | 7 | |
| 8 | Add lines 6 and 7 | 8 | 7,100. |
| 9 | Employer contributions made to your HSAs for 2020 | 9 | 1,900. |
| 10 | Qualified HSA funding distributions | 10 | |
| 11 | Add lines 9 and 10 | 11 | 1,900. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | 5,200. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | 13 | 0. |

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

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

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

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

Paid Preparer's Due Diligence Checklist

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

2020

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **70**

| | |
|---|--|
| Taxpayer name(s) shown on return GUNASEKHAR KARNATHAM & PRIYANKA BATCHU | Taxpayer identification number 325-69-8654 |
| Enter preparer's name and PTIN SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703 | |

Part I Due Diligence Requirements

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

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

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

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

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

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

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

| | Yes | No |
|--|--------------------------|--------------------------|
| 13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? | <input type="checkbox"/> | <input type="checkbox"/> |

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

| | Yes | No |
|--|--------------------------|--------------------------|
| 14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? | <input type="checkbox"/> | <input type="checkbox"/> |

Part VI Eligibility Certification

- ▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
 - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
 - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - C. Submit Form 8867 in the manner required; **and**
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

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

| | | |
|---|-------------------------------------|--------------------------|
| 15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? | Yes | No |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.
▶ Attach to Form 1040, 1040-SR, or 1041.
▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

2020
Attachment
Sequence No. **858**

Name(s) shown on return

GUNASEKHAR KARNATHAM & PRIYANKA BATCHU

Identifying number

325-69-8654

Part I 2020 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

| | | | | |
|--|-----------|------------|--|---------|
| 1a Activities with net income (enter the amount from Worksheet 1, column (a)) | 1a | 0. | | |
| b Activities with net loss (enter the amount from Worksheet 1, column (b)) | 1b | (5,600.) | | |
| c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)) | 1c | () | | |
| d Combine lines 1a, 1b, and 1c | 1d | | | -5,600. |

Commercial Revitalization Deductions From Rental Real Estate Activities

| | | | | |
|---|-----------|-----|--|--|
| 2a Commercial revitalization deductions from Worksheet 2, column (a) | 2a | () | | |
| b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b) | 2b | () | | |
| c Add lines 2a and 2b | 2c | () | | |

All Other Passive Activities

| | | | | |
|--|-----------|-----|--|--|
| 3a Activities with net income (enter the amount from Worksheet 3, column (a)) | 3a | () | | |
| b Activities with net loss (enter the amount from Worksheet 3, column (b)) | 3b | () | | |
| c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) | 3c | () | | |
| d Combine lines 3a, 3b, and 3c | 3d | | | |

| | | | | |
|--|----------|--|--|---------|
| 4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used | 4 | | | -5,600. |
|--|----------|--|--|---------|

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

| | | | | |
|--|-----------|----------|--|--|
| 5 Enter the smaller of the loss on line 1d or the loss on line 4 | 5 | 5,600. | | |
| 6 Enter \$150,000. If married filing separately, see instructions | 6 | 150,000. | | |
| 7 Enter modified adjusted gross income, but not less than zero. See instructions | 7 | 128,084. | | |
| Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. | | | | |
| 8 Subtract line 7 from line 6 | 8 | 21,916. | | |
| 9 Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions | 9 | 10,958. | | |
| 10 Enter the smaller of line 5 or line 9 | 10 | 5,600. | | |

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

| | | | | |
|--|-----------|--|--|--|
| 11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions | 11 | | | |
| 12 Enter the loss from line 4 | 12 | | | |
| 13 Reduce line 12 by the amount on line 10 | 13 | | | |
| 14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13 | 14 | | | |

Part IV Total Losses Allowed

| | | | | |
|--|-----------|--------|--|--|
| 15 Add the income, if any, on lines 1a and 3a and enter the total | 15 | 0. | | |
| 16 Total losses allowed from all passive activities for 2020. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return | 16 | 5,600. | | |

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (see instructions)

| Name of activity | Current year | | Prior years | Overall gain or loss | |
|--|--------------------------|------------------------|------------------------------|----------------------|----------|
| | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain | (e) Loss |
| PATNOOL STREET, TIRUPATHI | 0. | 5,600. | | | 5,600. |
| | | | | | |
| | | | | | |
| Total. Enter on Form 8582, lines 1a, 1b, and 1c | 0. | 5,600. | | | |

Worksheet 2—For Form 8582, Lines 2a and 2b (see instructions)

| Name of activity | (a) Current year deductions (line 2a) | (b) Prior year unallowed deductions (line 2b) | (c) Overall loss |
|---|---------------------------------------|---|------------------|
| | | | |
| | | | |
| Total. Enter on Form 8582, lines 2a and 2b | | | |

Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c (see instructions)

| Name of activity | Current year | | Prior years | Overall gain or loss | |
|--|--------------------------|------------------------|------------------------------|----------------------|----------|
| | (a) Net income (line 3a) | (b) Net loss (line 3b) | (c) Unallowed loss (line 3c) | (d) Gain | (e) Loss |
| | | | | | |
| | | | | | |
| Total. Enter on Form 8582, lines 3a, 3b, and 3c | | | | | |

Worksheet 4—Use This Worksheet if an Amount Is Shown on Form 8582, Line 10 or 14. See instructions.

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Special allowance | (d) Subtract column (c) from column (a) |
|---------------------------|---|----------|------------|-----------------------|---|
| PATNOOL STREET, TIRUPATHI | E Ln 22 | 5,600. | 1.00000000 | 5,600. | 0. |
| | | | | | |
| | | | | | |
| Total | | 5,600. | 1.00 | 5,600. | 0. |

Worksheet 5—Allocation of Unallowed Losses (see instructions)

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Unallowed loss |
|------------------|---|----------|-----------|--------------------|
| | | | | |
| | | | | |
| Total | | | 1.00 | |

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 GUNASEKHAR | M.I. | Last Name KARNATHAM | 2. Filer's Full Social Security No. (Example: 123-45-6789) 325 — 69 — 8654 |
| If a Joint Return, Spouse's First Name PRIYANKA | M.I. | Last Name BATCHU | 3. Spouse's Full Social Security No. (Example: 123-45-6789) 120 — 79 — 1329 |
| Home Address (Number, Street, or P.O. Box) 1236 S 13TH AVE UNIT B | | | 4. School District Code (5 digits – see page 60) 81010 |
| City or Town PHOENIX | | State AZ | ZIP Code 85007 |

| | |
|---|---|
| 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 type="checkbox"/> Single b. <input checked="" 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. | 4 | x \$4,750 | 9a. | 19000 | 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. | 19000 | 00 |

| | | | |
|---|-----|---------------|-----------|
| 10. Adjusted Gross Income from your U.S. Forms 1040 or 1040NR (see instructions)..... | 10. | 122484 | 00 |
| 11. Additions from Schedule 1, line 9. Include Schedule 1 | 11. | | 00 |
| 12. Total. Add lines 10 and 11..... | 12. | 122484 | 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. | 122484 | 00 |
| 15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19..... | 15. | 19000 | 00 |
| 16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"..... | 16. | 103484 | 00 |
| 17. Tax. Multiply line 16 by 4.25% (0.0425)..... | 17. | 4398 | 00 |

NON-REFUNDABLE CREDITS

| | | AMOUNT | | CREDIT | | |
|--|------|------------|-----------|--------|-------------|-----------|
| 18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions)..... | 18a. | 327 | 00 | 18b. | 327 | 00 |
| 19. Michigan Historic Preservation Tax Credit carryforward (see instructions)..... | 19a. | | 00 | 19b. | | 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. | | | 20. | 4071 | 00 |

Filer's Full Social Security Number

325 — 69 — 8654

| | | | |
|--|-----|------|----|
| 21. Enter amount of Income Tax from line 20..... | 21. | 4071 | 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. | 4071 | 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. | 4318 | 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. | 4318 | 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"/> YOU OWE | 33. | | 00 |
| 34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32..... | 34. | 247 | 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..... REFUND | 36. | 247 | 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 | |
| | 072000326 | 163236350 | 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) | | Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge. | |
| Filer | — — | Spouse | — — |
| | | 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. | | Preparer's Name (print or type) SYAM PRIYA RAM SAGAR GUPTA TA | |
| Filer's Signature | Date | Preparer's Signature SYAM PRIYA RAM SAGAR GUPTA TA | |
| Spouse's Signature | Date | Preparer's Business Name, Address and Telephone Number GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 678-965-9522 | |
| <input type="checkbox"/> 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 GUNASEKHAR | M.I. | Last Name KARNATHAM | 2. Filer's Full Social Security No. (Example: 123-45-6789) 325 — 69 — 8654 |
| If a Joint Return, Spouse's First Name PRIYANKA | M.I. | Last Name BATCHU | 3. Spouse's Full Social Security No. (Example: 123-45-6789) 120 — 79 — 1329 |

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 | | 38-3388409 | CONTINENTAL AUTO | 111172 | 00 | 4318 | 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. | 4318 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. | 4318 00 |

| | |
|---|---------------------------------------|
| Name as Shown on Return GUNASEKHAR KARNATHAM & PRIYANKA BATCHU | Social Security Number 325-69-8654 |
|---|---------------------------------------|

- **QuickZoom** to another copy of this worksheet ➔
- **Part-year residents:** You can claim this credit only when your income from another state was earned while you were a Michigan resident.
- Jurisdiction code ▶ AZ
Jurisdiction name Arizona

| | | | |
|----------|--|----------|-----------------|
| 1 | Income earned in another state or locality subject to Michigan tax | 1 | <u>13,709.</u> |
| 2 | Enter the amount from Form MI-1040, line 14. | 2 | <u>122,484.</u> |
| 3 | Divide line 1 by line 2 | 3 | <u>0.1119</u> |
| 4 | Enter the amount from Form MI-1040, line 17. | 4 | <u>4,398.</u> |
| 5 | Multiply line 4 by line 3 | 5 | <u>492.</u> |
| 6 | Enter the amount of tax imposed by another state or locality | 6 | <u>327.</u> |
| 7 | Credit. Enter line 6 or the smaller of line 5 or line 6 | 7 | <u>327.</u> |

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
GUNASEKHAR KARNATHAM & PRIYANKA BATCHU

Your social security number
325-69-8654

Part I Additional Income

| | | | |
|-----------|---|-----------|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | |
| 2a | Alimony received | 2a | |
| b | Date of original divorce or separation agreement (see instructions) ▶ _____ | | |
| 3 | Business income or (loss). Attach Schedule C | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | -5,600. |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income. List type and amount ▶ _____ _____ | 8 | |
| 9 | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 9 | -5,600. |

Part II Adjustments to Income

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

SCHEDULE 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 for instructions and the latest information.**

Name(s) shown on return

Your social security number

GUNASEKHAR KARNATHAM & PRIYANKA BATCHU

325-69-8654

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**

| | | | | | |
|-----------|--|--|-------------------------|--------------------------|--------------------------|
| 1a | Physical address of each property (street, city, state, ZIP code) | | | | |
| A | PATNOOL STREET, TIRUPATHI CHITTOOR DISTRICT ANDHRA PRADESH IN 517501 | | | | |
| B | | | | | |
| C | | | | | |
| 1b | Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
| A | 3 | | A 365 | 0 | <input type="checkbox"/> |
| B | | | B | | <input type="checkbox"/> |
| C | | | C | | <input type="checkbox"/> |

Type of Property:

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

| Income: | | Properties: | | A | B | C |
|------------------|---|--------------------|---|------------|----------|----------|
| 3 | Rents received | 3 | | 400 . | | |
| 4 | Royalties received | 4 | | | | |
| Expenses: | | | | | | |
| 5 | Advertising | 5 | | 100 . | | |
| 6 | Auto and travel (see instructions) | 6 | | 200 . | | |
| 7 | Cleaning and maintenance | 7 | | 200 . | | |
| 8 | Commissions. | 8 | | | | |
| 9 | Insurance | 9 | | | | |
| 10 | Legal and other professional fees | 10 | | | | |
| 11 | Management fees | 11 | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | |
| 13 | Other interest. | 13 | | 5,000 . | | |
| 14 | Repairs. | 14 | | 300 . | | |
| 15 | Supplies | 15 | | 200 . | | |
| 16 | Taxes | 16 | | | | |
| 17 | Utilities. | 17 | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | |
| 19 | Other (list) ▶ | 19 | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 6,000 . | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 | | -5,600 . | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (| -5,600 .) | (|) |
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | | 400 . | | |
| b | Total of all amounts reported on line 4 for all royalty properties | 23b | | | | |
| c | Total of all amounts reported on line 12 for all properties | 23c | | | | |
| d | Total of all amounts reported on line 18 for all properties | 23d | | | | |
| e | Total of all amounts reported on line 20 for all properties | 23e | | 6,000 . | | |
| 24 | Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | (| 5,600 .) | | |
| 26 | Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | 26 | | -5,600 . | | |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

| | | | |
|---|------------------------|---------------------------|--|
| Your First Name and Initial GUNASEKHAR | Last Name KARNATHAM | Enter your SSN(s). | Your Social Security Number* 325 69 8654 |
| Your Spouse's First Name and Initial (if filed joint) PRIYANKA | Last Name BATCHU | | Spouse's Social Security No.* 120 79 1329 |

**Do Not Truncate*

PART 1 – PURPOSE

- To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.
- To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

PART 2 – TAX RETURN INFORMATION

| | | |
|--|--------|----|
| 1 Arizona Adjusted Gross Income | 17,212 | 00 |
| 2 Balance Of Tax | 327 | 00 |
| 3 Arizona Income Tax Withheld ... | 878 | 00 |
| Check box 4 or box 5: | | |
| <input checked="" type="checkbox"/> REFUND: Enter the amount of refund..... | 551 | 00 |
| <input type="checkbox"/> AMOUNT YOU OWE: Enter the amount owed..... | | 00 |

PART 3 – FINANCIAL INSTITUTION INFORMATION

Must be present when requesting direct debit or deposit.

Foreign Account Deposit/Debit: See instructions below.

TYPE OF ACCOUNT ROUTING NUMBER

Checking Savings 072000326

ACCOUNT NUMBER

163236350

DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT

\$.00

Box 4 Checkbox – Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

Box 5 Checkbox – Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, **you must mail a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.**

PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- 6a I consent that my refund be directly deposited as designated in the electronic portion of my 2020 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- 6b I do not want direct deposit of my refund or I am not receiving a refund.
- 6c I authorize the Arizona Department of Revenue (ADOR) 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 Arizona taxes owed on this return. 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.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 15, 2021, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

I authorize GLOBAL TAXES LLC
(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2020. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

| | | |
|--------------------------------|----------------------------|-------|
| PLEASE SIGN HERE | → _____ | _____ |
| | YOUR PEN AND INK SIGNATURE | DATE |
| → _____ | _____ | |
| SPOUSE'S PEN AND INK SIGNATURE | DATE | |

DO NOT STAPLE ANY ITEMS TO THE RETURN. Place any required federal and AZ schedules or other documents after Form 140NR.

Arizona Form 140NR

Nonresident Personal Income Tax Return

FOR CALENDAR YEAR 2020

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 2,0,2,0 AND ENDING 66F

1 GUNASEKHAR Last Name KARNATHAM Your Social Security Number 325 69 8654
1 PRIYANKA Last Name BATCHU Spouse's Social Security No. 120 79 1329
2 1236 S 13th AVE UNIT B Apt. No. Daytime Phone (with area code) 94 (248) 295-1114
3 PHOENIX AZ 85007 Last Names Used in Last Four Prior Year(s) (if different) 97

4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment
5 Head of household: Enter name of qualifying child or dependent on next line:
6 Married filing separate return: Enter spouse's name and Social Security Number above.
7 Single
Enter the number claimed. Do not put a check mark.
8 Age 65 or over (you and/or spouse) 81P PM If completing lines 8 and 9, also complete lines 47 and 48. For lines 10a and 10b, complete line 59.
9 Blind (you and/or spouse) 80R RCVD
10a Dependents: Under age of 17. 10b Dependents: Age 17 and over.

11-13 Residency Status (check one): 11 Nonresident 12 Nonresident Active Military 13 Composite Return (see instructions - page 26)

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2020, (e) Dependent Age included in, (f) if you did not claim this person on your federal return due to educational credits. Rows include BHAGYA SRI and DHANVIN SAI.

Table with 3 columns: Description, 2020 FEDERAL Amount from Federal Return, 2020 ARIZONA Source Amount Only. Rows include Wages, salaries, tips, etc (15), Interest (16), Dividends (17), Arizona income tax refunds (18), Business income or (loss) from federal Schedule C (19), Gains or (losses) from federal Schedule D (20), Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E... (21), Other income reported on your federal return (22), Total income: Add lines 15 through 22 (23), Other federal adjustments: Include your own schedule (24), Federal adjusted gross income: Subtract line 24 from line 23 in the FEDERAL column (25), Arizona gross income: Subtract line 24 from line 23 in the ARIZONA column (26), Arizona income ratio: Divide line 26 by line 25, and enter the result (not over 1.000) (27), Total depreciation included in Arizona gross income (28), Partnership Income adjustment (29), Net capital (loss) derived from the exchange of legal tender: See instructions (30).

31 Other Additions to Income. See instructions...
32 Subtotal: Add lines 26, 28, 29, 30, and 31
33 AZ sourced gain/loss
34 Short-term gain/loss
35 Long-term gain/loss
36 Net long-term gain
37 Multiply line 36 by 25% (.25)
38 Net capital gain from qualified small business
39 Net capital gain from exchange of legal tender
40 Recalculated Arizona depreciation
41 Partnership Income. See instructions...
42 Subtract lines 37 through 41 from line 32.

Your Name (as shown on page 1) **GUNASEKHAR KARNATHAM & PRIYANKA BATCHU** Your Social Security Number **325-69-8654**

| | | | | | |
|---------------------------------------|---|---|-----|--------|-------|
| Subtractions - cont. from page 1 | 43 | Interest on U.S. obligations such as U.S. savings bonds and treasury bills..... | 43 | | 00 |
| | 44 | Agricultural crops contributed to Arizona charitable organizations..... | 44 | | 00 |
| | 45 | Other Subtractions from Income. See instructions for completing the schedule on page 5..... | 45 | | 00 |
| | 46 | Subtract lines 43 through 45 from line 42..... | 46 | 17,212 | 00 |
| Exemptions | 47 | Age 65 or over: Multiply the number in box 8 by \$2,100..... | 47 | | 00 |
| | 48 | Blind: Multiply the number in box 9 by \$1,500..... | 48 | | 00 |
| | 49 | Other Exemptions. See instructions..... 49E <input type="text"/> Multiply the number in box 49E by \$2,300..... | 49 | | 00 |
| | 50 | Add lines 47, 48, and 49. Enter the total..... | 50 | | 00 |
| | 51 | Multiply line 50 by the Arizona ratio on line 27..... | 51 | | 00 |
| Balance of Tax | 52 | Arizona adjusted gross income: Subtract line 51 from line 46. If less than zero, enter "0"..... | 52 | 17,212 | 00 |
| | 53 | Deductions: Check box and enter amount. See instructions..... 53I <input type="checkbox"/> ITEMIZED 53S <input checked="" type="checkbox"/> STANDARD | 53 | 3,472 | 00 |
| | 54 | If you checked box 53S and claim charitable deductions, check 54C <input checked="" type="checkbox"/> Complete page 3. See instructions..... | 54 | | 31 00 |
| | 55 | Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"..... | 55 | 13,709 | 00 |
| | 56 | Compute the tax using amount from line 55 and Tax Table X or Y..... | 56 | 355 | 00 |
| | 57 | Tax from recapture of credits from Arizona Form 301, Part 2, line 31..... | 57 | | 00 |
| | 58 | Subtotal of tax: Add lines 56 and 57 and enter the total..... | 58 | 355 | 00 |
| | 59 | Dependent Tax Credit. See instructions..... | 59 | 28 | 00 |
| | 60 | Nonrefundable credits from Arizona Form 301, Part 2, line 61..... | 60 | | 00 |
| | 61 | Balance of tax: Subtract lines 59 and 60 from line 58. If the sum of lines 59 and 60 is more than line 58, enter "0"..... | 61 | 327 | 00 |
| Total Payments and Refundable Credits | 62 | 2020 AZ income tax withheld..... | 62 | 878 | 00 |
| | 63 | 2020 AZ estimated tax payments.. 63a <input type="text"/> 00 Claim of Right 63b <input type="text"/> 00 Add 63a and 63b.. | 63c | | 00 |
| | 64 | 2020 AZ extension payment (Form 204)..... | 64 | | 00 |
| | 65 | Other refundable credits: Check the box(es) and enter the total amount..... 651 <input type="checkbox"/> 308-I 652 <input type="checkbox"/> 349 | 65 | | 00 |
| 66 | Total payments and refundable credits: Add lines 62 through 65 and enter the total..... | 66 | 878 | 00 | |
| Tax Due or Overpayment | 67 | TAX DUE: If line 61 is larger than line 66, subtract line 66 from line 61, and enter amount of tax due. Skip lines 68, 69 and 70..... | 67 | | 00 |
| | 68 | OVERPAYMENT: If line 66 is larger than line 61, subtract line 61 from line 66, and enter amount of overpayment..... | 68 | 551 | 00 |
| | 69 | Amount of line 68 to be applied to 2021 estimated tax..... | 69 | | 00 |
| | 70 | Balance of overpayment: Subtract line 69 from line 68..... | 70 | 551 | 00 |
| Voluntary Gifts | 71 - 81 | Voluntary Gifts to: | | | |
| | | Solutions Teams Assigned to Schools..... | 71 | | 00 |
| | | Arizona Wildlife..... | 72 | | 00 |
| | | Child Abuse Prevention..... | 73 | | 00 |
| | | Domestic Violence Services..... | 74 | | 00 |
| | | Political Gift..... | 75 | | 00 |
| | | Neighbors Helping Neighbors..... | 76 | | 00 |
| | | Special Olympics..... | 77 | | 00 |
| | Veterans' Donations Fund..... | 78 | | 00 | |
| | I Didn't Pay Enough Fund..... | 79 | | 00 | |
| | Sustainable State Parks and Road Fund..... | 80 | | 00 | |
| | Spay/Neuter of Animals..... | 81 | | 00 | |
| 82 | Political Party (if amount is entered on line 75 - check only one): 821 <input type="checkbox"/> Democratic 822 <input type="checkbox"/> Libertarian 823 <input type="checkbox"/> Republican | | | | |
| Penalty | 83 | Estimated payment penalty..... | 83 | | 00 |
| | 84 | 841 <input type="checkbox"/> Annualized/Other 842 <input type="checkbox"/> Farmer or Fisherman 843 <input type="checkbox"/> Form 221 included | | | |
| | 85 | Add lines 71 through 81 and 83; enter the total..... | 85 | | 00 |
| Refund or Amount Owed | 86 | REFUND: Subtract line 85 from line 70. If less than zero, enter amount owed on line 87..... | 86 | 551 | 00 |
| | | Direct Deposit of Refund: Check box 86A if your deposit will be ultimately placed in a foreign account ; see instructions. 86A <input type="checkbox"/> | | | |
| | | <input checked="" type="checkbox"/> C Checking or <input type="checkbox"/> S Savings ROUTING NUMBER: 072000326 ACCOUNT NUMBER: 163236350 | | | |
| 87 | AMOUNT OWED: Add lines 67 and 85. Make check payable to Arizona Department of Revenue; write your SSN on payment... | 87 | | 00 | |

Under penalties of perjury, I declare that I have read this return and any documents with it, 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.

PLEASE SIGN HERE

YOUR SIGNATURE _____ DATE _____ OCCUPATION **FUNCTIONAL SAFTEYENGINEER**

SPOUSE'S SIGNATURE _____ DATE _____ SPOUSE'S OCCUPATION **HOME MAKER**

SYAM PRIYA RAM SAGAR GUPTA TALLAM **02132021** **GLOBAL TAXES LLC**
PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

2530 Pebble Creek Ln **30-1017196**
PAID PREPARER'S STREET ADDRESS PAID PREPARER'S TIN

Cumming GA 30041 **(678)965-9522**
PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PHONE NUMBER

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

2020 Form 140NR - Standard Deduction Increase for Charitable Contributions

You must complete this worksheet if you are taking an increased standard deduction for charitable contributions. Include the completed worksheet with your tax return, when filed. If you do not include the completed worksheet, your standard deduction will not be increased.

Taxpayers electing to take the Standard Deduction may *increase* the standard deduction amount by 25% (.25) of the total amount of the taxpayer's charitable deductions that would have been allowed if the taxpayer elected to claim itemized deductions on the Arizona tax return.

Charitable contributions (lines 1C, 2C, and 3C) are those gifts allowed on federal Form 1040 Schedule A (Gifts to Charity) that you would have claimed had you elected to take itemized deductions on your federal return.

NOTE 1: As a nonresident filing Form 140NR, you are required to apportion your allowable increased standard deduction based on your Arizona income ratio computed on page 1, line 27.

NOTE 2: If you did not itemize deductions on your federal return and reported the allowable deduction (not to exceed \$300) for qualifying charitable contributions on your federal return, you **must** reduce the total 2020 contributions by the amount for which you took the allowable deduction on your federal return. Enter the amount of your federal deduction on line 5C.

NOTE 3: You **must** reduce your contribution amount by the total 2020 contributions for which you are claiming an Arizona tax credit on Form 321 (line 20) and/or Form 352 (line 20) for the current tax year (2020) or claimed on your return for the prior tax year (2019). The prior tax year amounts can be found on line 10 of your 2019 Forms 321 and 352. Enter this amount on line 6C.

NOTE 4: If you itemized deductions on your federal return (1040 Schedule A) and were required to adjust the amount of your allowable contributions on your federal 1040 Schedule A for the amount claimed as a tax credit on your Arizona income tax return, include the amount of the federal contribution adjustment to line 1C and enter the amount of the Arizona tax credit on line 6C.

Complete the worksheet to determine your allowable increased standard deduction for charitable contributions.

| | | | | |
|------------|---|------------|-------|----|
| 1C | 2020 Gifts by cash or check..... | 1C | 1,170 | 00 |
| 2C | 2020 Other than by cash or check..... | 2C | | 00 |
| 3C | Carryover from prior year..... | 3C | | 00 |
| 4C | Add lines 1C through 3C and enter the total..... | 4C | 1,170 | 00 |
| 5C | If you did not itemize deductions on your federal return (1040 Schedule A) and took a deduction for charitable contributions on your federal return, enter the amount of charitable contribution deduction reported on your federal return. (See Note 2)..... | 5C | 300 | 00 |
| 6C | Total charitable contributions made in 2020 for which you are claiming a credit under Arizona law for the current (2020) or prior (2019) tax year..... | 6C | | 00 |
| 7C | Subtract lines 5C and 6C from line 4C and enter the difference. If less than zero, enter "0"..... | 7C | 870 | 00 |
| 8C | Multiply line 7C by 25% (.25) and enter the result..... | 8C | 218 | 00 |
| 9C | Enter your Arizona income ratio from page 1, line 27..... | 9C | 0.140 | |
| 10C | Multiply line 8C by the ratio on line 9C and enter the result..... | 10C | 31 | 00 |

- Enter the amount shown on line 10C on page 2, line 54
- Be sure to check box **53S** for Standard Deduction on line 53.
- Check box **54C** for charitable deductions on line 54. If you do not check this box, you may be denied the increased standard deduction.

Your Name (as shown on page 1)

Your Social Security Number

GUNASEKHAR KARNATHAM & PRIYANKA BATCHU

325-69-8654

2020 Form 140NR Dependent and Other Exemption Information

Include page 4 with your return if:

- You are listing additional dependents (for box 10a and 10b) from page 1.
 - You are claiming *Other Exemptions* on page 2, line 49.

Part 1: Dependents (Box 10a and 10b) continued from page 1

Information used to compute your allowable **Dependent Tax Credit** on page 2, line 59.

NOTE: If you have more than three qualifying dependents, you **must** complete Part 1 *and* the worksheet in the instructions, to compute your Dependent Tax Credit on line 59.

| | (a) FIRST AND LAST NAME (Do not list yourself or spouse.) | (b) SOCIALSECURITYNO. | (c) RELATIONSHIP | (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2020 | (e) ✓ Dependent Age included in: | | (f) ✓ IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL RETURN DUE TO EDUCATIONAL CREDITS |
|-----|---|--------------------------|---------------------|---|--|--------------------------|--|
| | | | | | 1 (Box 10a) | 2 (Box 10b) | |
| 10g | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10h | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10i | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10j | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10k | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10l | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10m | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10n | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10o | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10p | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10q | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part 2: Other Exemptions

Information used to compute your allowable **Other Exemptions** on page 2, line 49.

| | (a) FIRST AND LAST NAME (Do not list yourself or spouse.) | (b) SOCIALSECURITYNO. | (c) ✓ AGE 65 OR OVER (see instructions) | | (d) ✓ STILLBORN CHILD IN 2020 |
|----|---|--------------------------|---|--------------------------|-------------------------------------|
| | | | C1 | C2 | |
| 1 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Enter the total number of individuals listed in Part 2 in box 49E on page 2, line 49.