Filing Status       Single       Married filing jointly       Married filing separately (MFS)       Head of household (HOH)       Qualifying widow(e) (QW)         Check only       Hyou 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 midow(e) (QW)         Your first name and middle initial       Last name       Your social security number         ASHOK VARDHAN REDDY       BHAVANAM       627–59-9906         Home address (number and street). If you have a Dreign address, also complete spaces below.       Apt. no.       Presidential Election Campaign         9209 RAVENWINGDR       Chr. town, or poot office. If you have a treign address, also complete spaces below.       State       ZIP code       tog to this fund. Checking a         Foreign country name       Foreign province/state/county       Foreign postul code       your as orefund.       You       Spouse         Aary time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Standard       Spouse iternizes on a separate return or you were a build status allen       Qualified dividends       3a         Age/Blindness       (1) First name       Last name       (2) Social accounty       (3) Fall       Chie ta ceed to cate dependent         Dependents, see instructions;       (1) Social accounty       (3) Fold	E <b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b> >		(99) urn 20	20	OMB No. 1545	-0074	IRS Use On	y—Do not v	write or staple	in this space.
ASHOK VARDHAN REDDY       BHAVANAM       627-59-9906         If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address fumber and street], If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         GU; text, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       to go to file initial.       Checking a box below will not change         Foreign country name       Foreign province/state/country       Foreign postal code       you tax or refund.       you [ No cohecking a box below will not change         Standard       Someone can claim:       You as a dependent       You spouse a a dependent       Our post spouse       No         Deduction       Spouse temizes on a separate return or you were a dual-status allen       Import the dualines to spouse it for other dependent       Import other dependent       Import other dependent         Dependents       (see instructions):       (g) Social security       (g) Relationship       (g) 4/2 if qualifies for (see instructions):       Import other dependent         If more than four than fou	Check only	lf yo	u checked the MFS box, enter the n	ame of					· · ·		, 0	. , . ,
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.       Apt. no.       Presidential Election Campaign         9209       RAVEINE INGDR       Check here if you, or you       Code         CHARLONTE       NC       28262       Socie adverse in this fund. Checking a box below will not chang a box box below will not chang a box bo	Your first name	and mi	iddle initial	Last na	me					Your so	cial securi	ty number
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign Check here if you, or your spouse if filing jointly, want S3 to go to filing. If you have a foreign address, also complete spaces below.       State       ZIP code       The check here if you, or your spouse if filing jointly, want S3         Foreign country name       Foreign country on and CHARLOTTE       Foreign postal code       You       Spouse it filing jointly, want S3         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       Spouse itemizes on a separate return or you were a dual-status allen       Age/Blindness       You       Spouse         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents, see instructions):       (1) First name       Last name       number       Cheld tax credit       Cedit to rink dependents         If more than four dependents, see instructions       3a       b       Datable interest       2b       2b         Attach       Sa       b       Tax-exempt interest       2a       b       Tax-exempt interest       2b         Standard       Gene (oss), see instructions if you take the standard deduction. See instructions if you as a degen	ASHOK V	ARDH	AN REDDY	BHAV	ANAM					627-	59-990	6
9209 RAVENWINGDR       Check here i you, or your         City, tow, or post office. If you have a foreign address, also complete spaces below.       NC       282.52         Foreign country name       Foreign province/state/country       Foreign postal code       U' to '' gou'' tao or refund.         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       You repouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status allen         Age/Blindness You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (1) First name       (2) Social security       (3) Relationship       (4) 4/ if qualifies for (see instructions):       (1) First name       1       56, 120.         Attach       A       Qualified dividends       3a       b       Dordinary dividends       3b         Standard       E       Pensions and annuities       5a       b       Taxable amount       6b         Attach       So is accurity benefits       6a       b       Taxable amount       6b       5b         Standard       Desid	If joint return, s	pouse's	s first name and middle initial	Last na	me					Spouse	's social see	curity number
CHARLOTTE       NC       226262       to go to this fund. Checking a box leaving of good to be the within the change your tax or refund.         Foreign country name       Foreign province/state/county       Foreign postal code       you is postal code         At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Yes       No         Age/Blindness       You:       Ware born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (i) First name       (2) Social security       (2) Relationship       (4) If willifies for (see instructions):       Child tax credit for other dependents         in and check				instructio	ons.			/	Apt. no.	Check	here if you,	or your
CHARLOTTE       NC       28262       box below will not change         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         You       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       Someone can claim:       You as a dependent       You receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Age/Blindness       You::       Ware born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V' if qualifies for (see instructions):         If more       (1) First name       Last name       Immediation       Immediation       Immediation         and check       Immediation       Immediation       Immediation       Immediation       Immediation         and check       Immediation       Immediation       Immediation       Immediation       Immediation         and check       Immediation       Immediation       Immediation       Immediation       Imme	City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP co	ode			
Foreign country name       Foreign province/state/county       Foreign province/state/county       Foreign postal code       your tax or refund.         At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       Xes         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Yes       Xes         Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Ware born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) I ' if qualifies for (see instructions):         If more       (1) First name       Last name       Immediate       Immediate       Immediate         ese instructions       Immediate       Immediate       Immediate       Immediate       Immediate         Attach       Sa       Qualified dividends       Sa       Immediate       Immediate       Immediate         Standard       Qualified dividends       Sa       Immediate       Immediate       Immediate       Immediate       Immediate         4       IA Costributions       Sa       Immediate<	CHARLOT'	ΓЕ				N	C	282	262	Ŭ Ŭ		•
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       You spouse as a dependent       Yes       No         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V' It qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       Immet number	Foreign country	y name		F	Foreign province/s	tate/cour	nty	Forei	gn postal code	your ta	x or refund.	
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         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       (3) Relationship       (4) V' if qualifies for (see instructions):         If more than four dependents, see instructions       Imme       Last name       Imme       Imme       Imme       Credit for other dependents         see instructions:       Imme       Last name       Imme											You	Spouse
Deduction       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):       (a) Relationship       (b) V if qualifies for (see instructions):       Child tax credit       Credit for other dependents         if more       (b) First name       Last name       number       (b) You       Child tax credit       Credit for other dependents         see instructions	At any time du	iring 20	020, did you receive, sell, send, excl	nange, c	or otherwise acq	uire any	financial intere	est in a	any virtual c	urrency?	Yes	X No
Dependents (see instructions):       (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) ✓ if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) ✓ if qualifies for (see instructions):         See instructions and check here ▶       (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) ✓ if qualifies for (see instructions):         Attach       2a       (2) Social security number       (2) Social security number       (2) Social security hold (1) Social security		_		•			•					
If more than four dependents, see instructions and check       Last name       number       to you       Child tax credit       Credit for other dependents         see instructions and check	Age/Blindness	S You:	Were born before January 2, 1	956	Are blind	Spouse	e: 🗌 Was bo	rn bef	ore January	2, 1956	🗌 ls bl	lind
If more than four dependents, see instructions and check       Last name       number       to you       Child tax credit       Credit for other dependents         see instructions and check	Dependent	s (see	instructions):		(2) Social sec	curity	(3) Relations	nip	(4) 🖌 if	qualifies fo	or (see instru	ictions):
than four dependents, dependents, and check here instructions and check here instructions and check here instructions is your total adjustments to income income inform Schedule 1, line 9	-				number	-	to you					
see instructions       Image: Constructions and check       Image: Constructions and check       Image: Constructions and check         here b       Image: Constructions and check       Image: Constructions and check       Image: Constructions and check       Image: Constructions and check         here b       Image: Constructions and check       Image: Constructions and constructions and constructions and check       Image: Constructions and constructions and constructions and constructions and constructions and check       Image: Constructions and construction											[	
and check       here       image: state in the standard deduction standard deducti standard deduction standard deducti standard deducti											[	
Attach       2a       1       56, 120.         Attach       2a       56, 120.       2b         Sch. B if       3a       0ualified dividends       2a       2b         Attach       3a       0ualified dividends       3a       2b         Attach       3a       0ualified dividends       3a       2b         Attach       4a       IRA distributions       4a       b Taxable amount       3b         Standard       5a       Pensions and annuities       5a       5a       b Taxable amount       5b         Standard       6a       Social security benefits       6a       b Taxable amount       5b         Standard       6a       Social security benefits       6a       b Taxable amount       5b         Standard       6a       Social security benefits       6a       b Taxable amount       7         Single or       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         8       Other income from Schedule 1, line 9       7       8       -5,000.         9       51,120.       10       Adjustments to income:       10b         10       Adjustments to income:       10b       10b       12       12,		5									[	
Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Sch. B if       3a       Qualified dividends       3a       b       Ordinary dividends       3b         required.       4a       IRA distributions       4a       b       Ordinary dividends       3b         5a       Pensions and annuities       5a       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            7           9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income           8          -5,000.           9       51,120.            4d dines 10, and 10b. These are your total adjustments to income               9       51,120.                     9       51,120.                <	here 🕨 🗌										[	
Sch. B if 2a 1axeXeAringLinterest 2a   required. 4a Qualified dividends 3b   a IRA distributions 4a   b Crapital gain or (loss). Attach Schedule D if required. If not required, check here b   b Taxable amount 5b   6a Social security benefits   6a Social security benefits   6a Social security benefits   6a Capital gain or (loss). Attach Schedule D if required. If not required, check here   7 Capital gain or (loss). Attach Schedule D if required. If not required, check here   7 0   8 Other income from Schedule 1, line 9   9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   10 Adjustments to income:   9 51, 120.   10 Adjustments to income:   10 Capital e and 10b. These are your total adjustments to income   11 Subtract line 10c from line 9. This is your adjusted gross income   12 12, 400.   13 Qualified business income deduction. Attach Form 8995 or Form 8995-A   14 12, 400.   15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2					. 1		56,120.
required.       3a       Gualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard Deduction for-       6a       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       7       7         8       Other income from Schedule 1, line 9       7       8       -5,000.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       51,120.         10       Adjustments to income:       10a       10b       10c         9       Add lines 10a and 10b. These are your total adjustments to income       10c       11       51,120.         11       Subtract line 10c from line 9. This is your adjusted gross income       11       51,120.       12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       12       12,400.         14       Add lines 12 and 13       Add		<b>2</b> a	Tax-exempt interest	2a		b	Taxable interes	t.		. 2t	<b>)</b>	
4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard Deduction for       6a       Social security benefits       6a       b       Taxable amount       5b         Standard Deduction for       6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       7         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       >       7         8       Other income from Schedule 1, line 9       .       .       >       8       -5,000.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       .       >       9       51,120.         10       Adjustments to income:       a       From Schedule 1, line 22       .       10b       .       10c         11       Subtract line 10c from line 9. This is your adjusted gross income       .       .       11       51,120.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       .       .       12       12,400.         14       <		3a	Qualified dividends	3a		b	Ordinary divide	nds .		. 3k	<b>)</b>	
Standard Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b         Single or Married filing separately, \$12,400       7       Capital gain or (loss). Attach Schedule 1, line 9       51,200       7         Married filing jointly or Qualifying widow(er), \$24,800       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       51,120         Index of household, \$18,860       11       Subtract line 10c from line 9. This is your adjusted gross income       10b       10c         Index of household, \$18,860       11       Subtract line 10c from line 9. This is your adjusted gross income       11       51,120.         If you checked ary box under standard       12       12,400.       12       12,400.         If you checked ary box under standard       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13         Ide diffied business 12 and 13       14       12,400.       13       14       12,400.         If you checked ary box under standard       15       38,720.       15       38,720.		4a	IRA distributions	4a		b	Taxable amoun	t		. 4k	<b>)</b>	
Deduction for-       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         • Single or Married filing separately, \$12,400       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       8       -5,000.         • Married filing jointly or Qualifying widow(er), \$24,800       9       Add lines 10a and 10b. These are your total adjustments to income       10a       10a         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       10c       11       51,120.         • If you checked any box under Standard deduction.       12       Standard deduction or itemized deductions (from Schedule A)       12       12,400.         • If you checked any box under Standard       14       12,400.       13       14       12,400.         • Add lines 12 and 13       • • • • • • • • • • • • • • • • • • •		5a	Pensions and annuities	5a		b	Taxable amoun	t		. 5k	<b>)</b>	
<ul> <li>Single or Married filing separately, \$12,400</li> <li>Married filing jointly or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>Head of household, \$18,650</li> <li>Head of household, \$18,650</li> <li>Head of household, \$11</li> <li>Subtract line 10c from line 9. This is your adjusted gross income</li> <li>Idouble the standard deduction or itemized deductions (from Schedule A)</li> <li>Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Qualified business income deduction. Attach Form 8995 or Form 8995-A</li> <li>Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-</li> <li>Is Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-</li> </ul>		6a	Social security benefits	6a		b	Taxable amoun	t		. 6k	<b>)</b>	
Married filing separately, \$12,400       8       Other income from Schedule 1, line 9       6       6       7       9       51       9       51       9       51       9       51       9       51       9       51       9       51       9       51       9       51       120.         Married filing jointy or Qualifying widow(er), \$24,800       10       Adjustments to income:       10a       10a       10b       10b       10b       10b       10b       10b       10b       10c       10c       10c       10c       10c       11       51       12       12       10       11       51       12       1		7	Capital gain or (loss). Attach Schee	dule D if	f required. If not	required	d, check here		Þ			
\$12,400       9       Add lines 1, 25, 35, 45, 55, 65, 7, and 8. This is your total income       9       51,120.         • Married filing jointy or Qualifying widow(er), \$24,800       10       Adjustments to income:       10a       10a         • Married filing jointy or Qualifying widow(er), \$24,800       • Charitable contributions if you take the standard deduction. See instructions       10a       10b       10c         • Head of household, \$18,650       • Add lines 10a and 10b. These are your total adjustments to income       • • • • • • • • • • • • • • • • • • •	Married filing	8	Other income from Schedule 1, lin	e9.						. 8		
jointly or Qualifying widow(er), \$24,800       a       From Schedule 1, line 22       10a         b       Charitable contributions if you take the standard deduction. See instructions       10b         • Head of household, \$18,650       c       Add lines 10a and 10b. These are your total adjustments to income       10c         11       Subtract line 10c from line 9. This is your adjusted gross income       11       51,120.         If you checked any box under Standard Deduction, see instructions.       12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13         14       12,400.         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       15		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your <b>total</b>	income	ə			▶ 9	<u> </u>	51,120.
Qualifying widow(er), \$24,800       a       From Schedule 1, line 22	1.1.1.1	10	Adjustments to income:									
\$24,800       C       Add lines 10a and 10b. These are your total adjustments to income       10c         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       •       •       11       51,120.         • If you checked any box under Standard deduction, see instructions.       12       12,400.       12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       12,400.         14       12,400.       15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       15       38,720.	Qualifying	а	From Schedule 1, line 22				10	а				
<ul> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard Deduction, see instructions.</li> <li>Add lines 12 and 13</li></ul>		b	Charitable contributions if you take	the star	ndard deduction.	See ins	tructions 10	b				
\$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       11       51,120.         • If you checked any box under Standard       12       Standard deduction or itemized deductions (from Schedule A)       12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       12,400.         14       Add lines 12 and 13       13.       11.       12.,400.       13.         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       15       38,720.	Head of	С	Add lines 10a and 10b. These are	your <b>tot</b>	al adjustments	to inco	me			▶ 10	c	
any box under Standard Deduction, see instructions.13Qualified business income deduction. Attach Form 8995 or Form 8995-A1314Add lines 12 and 131412,400.15Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-1538,720.		11	Subtract line 10c from line 9. This	is your a	adjusted gross	income				► <u>1</u> 1	!	51,120.
Standard       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13         Deduction, see instructions.       14       Add lines 12 and 13       14       12,400.         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       15       38,720.		12	Standard deduction or itemized	deduct	ions (from Sche	dule A)				. 12	2	12,400.
see instructions.         14         12,400.           15         Taxable income. Subtract line 14 from line 11. If zero or less, enter -0         15         38,720.	Standard	13	Qualified business income deduction	ion. Atta	ach Form 8995 o	r Form	8995-A			. 13	3	
<b>15 Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0		14										
	)	15	Taxable income. Subtract line 14	from lin	e 11. If zero or le	ess, ente	er-0			. 15	<b>j</b>	

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

Form **1040** (2020)

Form 1040 (2020	D)									Page 2
	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3			16	4,450.
	17	Amount from Schedule 2, lin	ie3						17	
	18	Add lines 16 and 17							18	4,450.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	ie7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	4,450.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					. 🕨	24	4,450.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	8,	927.		
	b	Form(s) 1099				25b			1	
	с	Other forms (see instructions	s)			25c			1	
	d	Add lines 25a through 25c	•						25d	8,927.
	26	2020 estimated tax payment							26	
<ul> <li>If you have a qualifying child,</li> </ul>	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit. A				28			1	
nontaxable	29	American opportunity credit				29			1	
combat pay, see instructions.	30	Recovery rebate credit. See		,		30	1	800.	1	
	31	Amount from Schedule 3, lin				31	<i>⊥ ,</i>	000.	1	
	32	Add lines 27 through 31. The					adite		32	1,800.
	33	Add lines 25d, 26, and 32. T							33	10,727.
	34	If line 33 is more than line 24							34	6,277.
Refund	35a					-	•	_	35a	6,277.
Direct deposit?	>5a ►b	Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here <b>•</b> Routing number 0 1 1 0 0 0 1 3 8 <b>• c</b> Type: <b>X</b> Checking <b>Savings</b>						55a	0,277.	
See instructions.	►d	Account number 4 6 6					ling ⊡ S	avings		
	₽u 36	Account number 1 0 0				1				
Amount									37	
You Owe	37	Subtract line 33 from line 24							31	
For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for								
how to pay, see	00	2020. See Schedule 3, line 12e, and its instructions for details. Estimated tax penalty (see instructions)								
instructions.	38									
Third Party Designee		you want to allow another structions						nnlata k	سمامه	XNo
Designee		signee's		Phone				nal identi		
		me ►		no.				er (PIN)		
Sign	Un	der penalties of perjury, I declare t	hat I have examine	ed this return and	accompanying sc	hedules a	and statement	s, and to	the bes	t of my knowledge and
•	bel	ief, they are true, correct, and com			1,2,7				ı prepar	er has any knowledge.
Here	Yo	ur signature		Date	Your occupation			If the		nt you an Identity
	N.				~~~~~~~~				ection P inst.) ▶	IN, enter it here
Joint return? See instructions.					SOFTWARE		IEER		-	
Keep a copy for	Sp	ouse's signature. If a joint return, <b>k</b>	ooth must sign.	Date	Spouse's occupa	tion				nt your spouse an ection PIN, enter it here
your records.									inst.) 🕨	
	Ph	one no. (330)631-938	3	Email address	ASHOKVARDHANI	REDDY96	@GMAIL.CO	4		
		eparer's name	Preparer's signat			Date		PTIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAN	4 09/1	6/2021	20208	2703	Self-employed
Preparer		m's name ► GLOBAL TAX								678)965-9522
Use Only		m's address ► 2530 Pebbl		n Cummin	g GA 30041				's EIN ▶	
Go to www.irs.cr		n1040 for instructions and the late			BAA		07/28/21 PRO			Form <b>1040</b> (2020
		in or tor manuolions and the late	sciniornation.		DAA	KEV	UIIZOIZI PRU			

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SCHEDULE	1
(Form 1040)	

# Additional Income and Adjustments to Income

OMB No. 1545-0074 2020

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

	Attachment Sequence No. <b>01</b>				
Your social security number					
627-59	-9906				

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Part I	Additi	onal In	come
ASHOK	VARDHAN	REDDY	BHAVANAM

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
<b>2</b> a	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	-5,000.
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,		5 000
Par	line 8       . <th>9</th> <th>-5,000.</th>	9	-5,000.
10		10	
11	Educator expenses		
••	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		18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
19		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 <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 07/28/21 PRO		1 (Form 1040) 2020

(Form 1	040)	(From	rental real estate, royalties, partners	hips, S	corpor	ations, e	states,	trusts, REM	IICs, etc.)	9	<b>020</b>	
Departm	tment of the Treasury ► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.									Attachment		
	Revenue Service (99)		► Go to www.irs.gov/ScheduleE f	or inst	ructions	and the	latest	information		Attacr Seque	ence No. <b>13</b>	
Name(s)	shown on return								Your socia			
ASHO	K VARDHAN	REDDY	C BHAVANAM						627-5	9-990	б	
Part	Income	or Los	s From Rental Real Estate and Ro	yaltie	s Note	e: If you a	are in th	e business o	f renting per	rsonal pr	roperty, use	
			instructions. If you are an individual, rep									
			ents in 2020 that would require you to									
B If "			ou file required Form(s) 1099?							. 🗆 N	res 🗌 No	
_1a	-		each property (street, city, state, ZIF		· · · · · · · · · · · · · · · · · · ·							
Α	INDIRA NA	GAR, E	BANJARA HILLS HYDERABAD	TELA	NGANA	IN 50	00045					
B												
<u>C</u>								<b>-</b> · · ·				
1b	Type of Prop		2 For each rental real estate pro above, report the number of fa	perty I	isted			Rental	Personal		QJV	
_	(from list be	elow)	personal use days. Check the if you meet the requirements to	QJV b	ox only	•	L	Days	Days			
 	3		gualified joint venture. See inst	o file a tructio				365		0		
B C	+					B C						
	of Property:					C						
	le Family Resid	lanca	3 Vacation/Short-Term Rental	5 1 2	nd	-	7 Self-	Rontal				
-	ti-Family Reside		4 Commercial		valties			r (describe)				
Incom		01100	Properties:			A		B			С	
3	Rents received	d	· · · · · · · · · · · ·	3			600.					
4				4								
Expen												
5	Advertising .			5			150.					
6	Auto and trave	el (see i	nstructions)	6			250.					
7	Cleaning and r	mainter	nance	7								
8	Commissions.			8								
9				9								
10	-		essional fees	10								
11	•			11								
12		-	id to banks, etc. (see instructions)	12								
13				13			000.					
14				14			200.					
15				15								
16				16								
17 18			e or depletion	17 18								
19	Other (list)	spense	e or depletion	19								
20	. ,	bhA a	lines 5 through 19	20		5	600.					
21	•		line 3 (rents) and/or 4 (royalties). If			57						
21			instructions to find out if you must									
				21		-5,	000.					
22			l estate loss after limitation, if any,									
	on Form 8582			22	(	-5,0	00.)	(	)	(	)	
23a	Total of all am	ounts r	reported on line 3 for all rental prope	erties			23a		600.			
b	Total of all am	ounts r	eported on line 4 for all royalty prop	erties			23b					
С			reported on line 12 for all properties				23c					
d			eported on line 18 for all properties				23d					
е			eported on line 20 for all properties				23e		5,600.			
24			e amounts shown on line 21. <b>Do no</b>		-				. 24			
25	Losses. Add ro	oyalty Ic	osses from line 21 and rental real estate	e losse	s from li	ne 22. Ei	nter tota	al losses her	e. <b>25</b>	(	5,000.)	
26			ate and royalty income or (loss).									
			IV, and line 40 on page 2 do not								-5 000	
	Schedule I (FC	JULIU	40), line 5. Otherwise, include this a	noun	i in the l	.บเลเ 0ท	iiiie 4 l	on page 2	. 26		-5,000.	

**Supplemental Income and Loss** 

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

Schedule E (Form 1040) 2020

OMB No. 1545-0074

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# Form M-8453 Individual Income Tax Declaration for Electronic Filing

**Department of** Revenue

lease print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2020.												
Your first name and initial	Last name		Your Social Security number									
ASHOK VARDHAN REDDY BHAVANAM			627599906									
If a joint return, spouse's first name and initial	Last name		Spouse's Social Security number									
Present street address (and apartment number)												
9209 RAVENWINGDR												
City/Town/Post Office	State	Zip	Filing status: 🛛 Single	Married filing jointly								
CHARLOTTE	NC	28262	□ Married filing separately	Head of household								

#### Part 1. Tax Return Information for Electronic Filing

1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12)	51120
2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36)	2324
3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38)	
4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42)	2794
5 Refund amount (from Form 1, line 50, or Form 1-NR/PY, line 54)	470
6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55)	

#### Part 2. Declaration and Signature of Taxpaver

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2020 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature Date Spouse's signature (if joint return, both must sign) Date

#### Part 3. Declaration and Signature of Electronic Return Originator (ERO)

I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

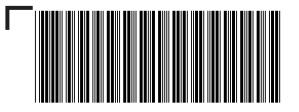
ERO's signature and SSN or PTIN		Date	EIN	Check if	
		09162021	301017196	self-employed	
Firm name (or yours, if self-employed) ar	nd address	City/Town	State Zip	Check if also	
GLOBAL TAXES LLC	2530 PEBBLE CR	EEK LN CUMMING	GA 30041	paid preparer	

#### Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and 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. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN			Date	EIN		Check if
	P02082703		62021	301017196		self-employed
Firm name (or yours, if self-employed) and a	ddress		City/Town	State	Zip	
SYAM PRIYA RAM SAGAR GUPTA TALLAM $2$	530 PEBBLE CREEP	C LN	CUMMING	GA	30041	







# 2020 Form 1-NR/PY

MA20006011555

Massachusetts Nonresident/P Income Tax Return	Part-Year Resident						
For the year January 1-December 31, 2020 or other ta	axable						
Year beginning Endi	ng						
ASHOK VARDHAN RE	BHAVANAM		6275999	906			
9209 RAVENWINGDR	СН	ARLOTTE		NC	28262		
Fill in if: X Original return	Amended return	Amended return	due to federal change		Apt. no.		
State Election Campaign Fund:					\$1 You	\$1 Spouse TOTAL	
Fill in if veteran of U.S. armed forces who	served in Operations	Enduring Freedom,	Iraqi Freedom, Noble E	agle			
or Sinai Peninsula					You	Spouse	
Taxpayer deceased					You	Spouse	
Fill in if under age 18					You	Spouse	
Check one: X Nonresident	Filing as both	n nonresident and p	art-year resident		Name change	ed since 2019	
Part-year resident	Nonresident	composite			Fill in if noncu	ustodial parent	
a. Total federal income		51120					
b. Federal adjusted gross income		51120					
1. Filing status (select one only):	X Single				Fill in if filing	Schedule TDS	
	Married filing	jointly					
	Married filing	separate return					
	Head of hous	sehold Y	'ou are a custodial paren	t who has rel	eased claim to	exemption for child(ren)	
2. Part-year residents. Enter date	es as Massachusetts re	sident: From	То				
3. Total days as Massachusetts re	sident ÷3	365 =	3				
SIGN HERE. Under penalties of perj	ury, I declare that to th	he best of my know	wledge and belief this r	eturn and e	nclosures are	true, correct and comp	lete.
Your signature	Date	Spouse's	signature		Date		
					330-6	31-9383	

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST





MA20006021555 Massachusetts Nonresident/ Part-Year Resident Income Tax Return

627599906

4.	Exemptions:						
	a. Personal exemptions		4a	4400			
	b. Number of dependents. (Do not	× \$1,000 = <b>4b</b>					
	c. Age 65 or over before 2021	You +	Spouse =			× \$700 = <b>4c</b>	
	d. Blindness	You +	Spouse =			× \$2,200 = <b>4d</b>	
	e. Medical/dental					4e	
	f. Adoption					4f	
	g. Total exemptions. Add items 4a	through 4f. E	Enter here and on line	e 22a		4g	4400
5.	Wages, salaries, tips	-				5	56120
6.	Taxable pensions and annuities					6	
7.	Mass. bank interest: a.		– b. exemp	otion		= 7	
8.	Business/profession income/loss a	l.		+ b. Farmi	ng income/loss		
						= 8	
9.	Rental, royalty and REMIC, partner	ship, S corp.	, trust income/loss			9	-5000
10a.	Unemployment					10a	
10b.	Mass. lottery winnings					10b	
11.	Other income					11	
12.	TOTAL 5.0% INCOME					12	51120
13.	NONRESIDENT APPORTIONMEN	IT WORKSH	EET. You cannot ap	portion Mass	. wages as sho	wn on Form W-2. Do not use this wo	orksheet if you know the
	exact amount of your Mass. source	income. On	ly use when income	from employr	nent/business i	s earned both inside and outside Ma	iss. and the exact
	Mass. amount is not known. Basis:		working days	miles	sales	other:	
	Working days (or other basis) outsi	de Massachi	usetts			13a	
	Working days (or other basis) inside	e Massachus	setts			13b	
	Total working days					13c	
	Nonworking days (holidays, weeke	nds, etc.)				13d	
	Massachusetts ratio					13e	
	Total income being apportioned. Yo	ou cannot ap	portion Massachuse	tts wages as	shown on Form	n W-2 <b>13f</b>	
	Massachusetts income					13g	

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



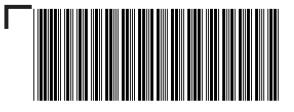


### **2020 Form 1-NR/PY, pg. 3** MA20006031555

MA20006031555 Massachusetts Nonresident/ Part-Year Resident Income Tax Return

AS	SHOK	VARDHAN	RE	BHAVANAM		627599906		
14.	NONRE	SIDENT DEDUC	TION AN	D EXEMPTION RAT	10			
	a. Tota	5.0% income					14a	51120
	b. Inter	est income					14b	
	c. Tota	l capital gain inco	me				14c	
	d. Tota	l income this retur	'n				14d	51120
	e. Non-	Massachusetts so	ource inco	me. Not less than "	ʻ0"		14e	
	f. Tota	l income					14f	51120
	g. Dedu	uction and exemp	tion ratio				14g	1.0000
15a.	Amount	t paid to Soc. Sec	. Medicare	e, R.R., U.S. or Mass	s. Retirement		15a	244
15b.	Amount	t your spouse paid	d to Soc. S	Sec., Medicare, R.R.	, U.S. or Mass. Retirement		15b	
16.	Child ur	nder age 13, or di	sabled de	pendent/spouse care	e expenses		16	
17.	Numbe	r of dependent me	ember(s) o	of household under a	ige 12, or dependents age 6	5 or over (not you or your		
	spouse	) as of 12/31/20, o	or disabled	dependent(s)				
	Not mo	ore than two. a.	×	\$3,600 = b.	Part-year residents mu	tiply line 17b by line 3;		
	nonresi	dents multiply line	e 17b by li	ne 14g			17	
18.		deduction. a.					÷ 2 = <b>18</b>	
	Nonres	idents, fill in if dur	ing 2020 y	ou did not have a fa	mily home or any dwelling o	utside Massachusetts to v	which you generally or	customarily returned or
	intend t	o return in the fut	ure					
19.		eductions from So					19	
20.		eductions. Add li		0			20	244
21.	5.0% IN	ICOME AFTER D	EDUCTIO		) from line 12. Not less that	ו "0"	21	50876
22.		ion amount. a.		4400			22	4400
23.					2 from line 21. Not less that	י "0"	23	46476
24.		EST AND DIVIDE					24	
25.				Add lines 23 and 24			25	46476
26.					5.85% tax rate, fill in and m	ultiply line 25 and the		
	amount	in Schedule D, lin	ne 21 by .	0585			26	2324

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



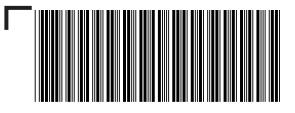


### **2020 Form 1-NR/PY, pg. 4** MA20006041555

MA20006041555 Massachusetts Nonresident/ Part-Year Resident Income Tax Return 627599906

27.	12% INCOME. Not less than "0." a.	× .12 <b>=27</b>	
28.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS	28	
	Fill in if any excess exemptions were used in calculating lines 24, 27 or 28		
29.	Credit recapture amount (from Credit Recapture Schedule)	29	
30.	Additional tax on installment sale	30	
31.	If you qualify for No Tax Status, fill in and enter "0" on line 32		
32.	TOTAL INCOME TAX. Add lines 26 through 30.	32	2324
33.	Limited Income Credit	33	
34.	Income tax due to another state or jurisdiction	34	
35.	Other credits (from Credit Manager Schedule)	35	
36.	INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 from line 32. Not less than "0"	36	2324
37.	Voluntary Contributions		
	a. Endangered Wildlife Conservation	37a	
	b. Organ Transplant Fund	37b	
	c. Massachusetts Public Health HIV and Hepatitis Fund	37c	
	d. Massachusetts U.S. Olympic Fund	37d	
	e. Massachusetts Military Family Relief Fund	37e	
	f. Homeless Animal Prevention and Care	37f	
	Total. Add lines 37a through 37f	37	
38.	Use tax due on Internet, mail order and other out-of-state purchases	38	
39.	Health care penalty a. You + b. Spouse	39	
40.	Amended return only. Overpayment from original return	40	
41.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 36 through 40	41	2324

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1





### **2020 Form 1-NR/PY, pg. 5** MA20006051555

MA20006051555 Massachusetts Nonresident/ Part-Year Resident Income Tax Return 627599906

42.	Massachusetts income tax withheld		42	2794
43.	2019 overpayment applied to your 2020 estimated tax	43		
44.	2020 Massachusetts estimated tax payments		44	
45.	Payments made with extension		45	
46.	Amended return only. Payments made with original return. Not less	than "0"	46	
47.	Earned Income Credit. a. Number of qualifying children b. An	nount from U.S. return	× .30 = c.	
	Part-year residents, multiply line 47c by line 3		47	
	Note: You cannot claim the Earned Income Credit if your filing status	is married filing separately unle	ss you qualify	
	for an exception (see instructions). Fill in if you qualify for this except	on		
48.	Senior Circuit Breaker Credit		48	
49.	Other Refundable Credits		49	
50.	Excess Paid Family Leave Withholding		50	
51.	TOTAL. Add lines 42 through 50		51	2794
52.	Overpayment. Subtract line 41 from line 51		52	470
53.	Amount of overpayment you want applied to your 2021 estimated	tax	53	
54.	Refund. Subtract line 53 from line 52. Mail to: Massachusetts DOR,	PO Box 7000, Boston, MA 02204	1 54	470
	Direct deposit of refund. Type of account X checking			
	savings			
F	TN # 011000138 account # 4660080198	28		
55.	Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Ma	ss. DOR, PO Box 7003, Boston,	MA 02204 55	
	Interest Penalty M-	2210 amt.		EX enclose Form M-2210
Mav t	he Department of Revenue discuss this return with the preparer show	n here? Yes		
-	ot want preparer to file my return electronically	(this may delay	vour refund)	Paid preparer's
	paid preparer's name	Date	•	SSN/PTIN
	AM PRIYA RAM SAGAR GUPTA TALLAM	0916202		P02082703
	preparer's signature	Paid preparer's		Paid preparer's EIN
i uiu j	sopulor o orgination	678-965		30-1017196
SYZ	AM PRIYA RAM SAGAR GUPTA TALLAM	0,0 000		
011		PAGE WITH FORM 1-NR/PY,	PAGE 1	

09/16/2021 04:47 PM

REV 08/05/21 PRO





W2

2020 Schedule INC

MA20INC011555

843876052

ASHOK VARDHAN RE BHAVANAM 627599906												
Form W-2 and 1099 Information												
A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING							
821762951	2720	54520	122		W2							

1600

122

244

TOTALS	2794	56120

74





2020 Schedule HC MA20029011555

2. Federal adjusted gross income

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions). Note: Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return. ASHOK VARDHAN RE BHAVANAM

627599906

1a.	Date of birth	08251993	1b. Spouse's date of birth	1c. Family size	1	
2.	Federal adjuste	d aross income			2	51120

3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. Note: MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2020, you turned 18, you	3a You:	Full-year MCC	Part-year MCC	X No MCC/None				
were a part-year resident or a taxpayer was deceased.	3a Spouse:	Full-year MCC	Part-year MCC	No MCC/None				
If you filled in the full-year or part-year MCC oval, go to line 4. If you filled in No MCC/None, go to line 6.								

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2020, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

4a. Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below)	You	Spouse
4b. MassHealth. Fill in and go to line 5	You	Spouse
4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5	You	Spouse
4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5	You	Spouse
4e. Other program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net	You	Spouse
is not considered insurance or minimum creditable coverage.		

4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

Fill in if you were not issued Form MA 1099-HC.

Spouse Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

Fill in if you were not issued Form MA 1099-HC.

5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Other wise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2020, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

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# 2020 Schedule HC, pg. 2

627599906 MA20029021555

#### Your Health Insurance

Yes X No

6

6. Was your income in 2020 at or below 150% of the federal poverty level? If you answer Yes, you are not subject to a penalty in 2020. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2020, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7. Complete this section only if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2020. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least 15 days or more. If, during 2020, you turned 18, you were a part-year resident or a taxpayer was deceased, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

#### Months Covered By Health Insurance

You:	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Spouse:	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
 												• •

If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row), go to line 8a. Otherwise, a penalty does not apply to you in 2020. Skip the remainder of this schedule and complete your tax return.

#### Religious Exemption and Certificate of Exemption

8a.	Religious exemption: Are you claiming an exemption from the requirement to purchase health insurance based	<b>8a</b> You	Yes	No
	on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by			
	health insurance?	Spouse	Yes	No
lf you a	nswer Yes, go to line 8b. If you answer No, go to line 9.			
8b.	If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2020 tax year?	<b>8b</b> You	Yes	No
		Spouse	Yes	No
lf you a	nswer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to li	ne 8b, go to line	Э.	
9.	Certificate of exemption: Have you obtained a Certificate of Exemption issued by the Massachusetts Health	<b>9</b> You	Yes	No
	Connector for the 2020 tax year?	Spouse	Yes	No
lf vou a	nswer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax			

return. If you answer No to line 9, go to line 10.





2020 Schedule HC, pg. 3

MA20029031555

#### ASHOK VARDHAN RE BHAVANAM

627599906

#### Affordability as Determined By State Guidelines

Note: This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2020 tax year.

10. Did your employer offer affordable health insurance that met minimum creditable coverage requirements	<b>10</b> You	Yes	No				
as determined by completing the Schedule HC Worksheet for Line 10 in the instructions?	Spouse	Yes	No				
Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligible for health insurance offered by							
your employer, you were self-employed or you were unemployed.							
11. Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC	<b>11</b> You	Yes	No				
Worksheet for Line 11 in the instructions?	Spouse	Yes	No				
If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your	penalty amount						
12. Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements	<b>12</b> You	Yes	No				
as determined by completing the Schedule HC Worksheet for Line 12 in the instructions?	Spouse	Yes	No				
If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Car	e Penalty Works	sheet in the					

instructions to calculate your penalty amount.

#### Complete Only If You Are Filing An Appeal

You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.

You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2020 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal. **You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty.** Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

**Note:** If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do not assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

Spouse: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.





2020 Schedule E

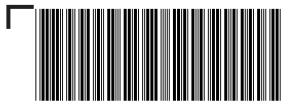
MA20013041555

ASHOK VARDHAN RE BHAVANAM

627599906

# Income or Loss from Real Estate and Royalties

Inco	ome		
1.	Rents received	1	600
	Royalties received	2	
Exp	enses		
3.	Advertising	3	150
4.	Auto and travel	4	250
5.	Cleaning and maintenance	5	
6.	Commissions	6	
7.	Insurance	7	
8.	Legal and other professional fees	8	
9.	Management fees	9	
10.	Mortgage interest paid to banks, etc.	10	
11.	Other interest	11	5000
12.	Repairs	12	200
13.	Supplies	13	
14.	Taxes	14	
15.	Utilities	15	
16.	Other expenses	16	
17.	Add lines 3 through 16	17	5600
18.	Depreciation expense or depletion	18	
19.	Total expenses. Add lines 17 and 18	19	5600
20.	Income or loss from rental real estate or royalty properties	20	-5000
21.	Deductible rental real estate loss	21	-5000
22.	Income. Enter positive amounts shown on line 20	22	
23.	Losses. Add royalty losses from line 20 and real estate losses from line 21	23	-5000
24.	Rental real estate and royalty income or loss	24	-5000



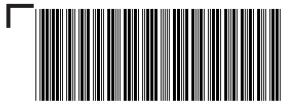
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# **2020 Schedule E, pg. 2** MA20013051555

627599906

# Income or Loss from Partnerships and S Corporations 25. Passive loss allowed

25.	Passive loss allowed	25
26.	Passive income	26
27.	Non-passive loss	27
28.	Section 179 expense deduction	28
29.	Non-passive income	29
30.	Combine lines 26 and 29	30
31.	Combine lines 25, 27 and 28	31
32.	Partnership and S corporation income or loss. Combine lines 30 and 31	32
33.	Interest (other than MA banks) and dividends if included in line 32	33
34.	Interest from Massachusetts banks if included in line 32	34
35.	Total income or loss from partnerships and S corporations	35
36.	Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year	
	disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses	
Inco	ome or Loss from Estates and Trusts	
37.	Passive deduction or loss allowed	37
38.	Passive income	38
39.	Non-passive deduction or loss	39
40.	Non-passive other income	40
41.	Add lines 38 and 40	41
42.	Add lines 37 and 39	42
43.	Estate and trust income or loss. Combine lines 41 and 42	43
44.	Estate or non-grantor-type trust income	44
45.	Grantor-type trust and non-Massachusetts estate and trust income	45
46.	Interest and dividends if included in line 45	46
47.	Adjustments to 5.0% income	47
48.	Subtotal. Combine lines 46 and 47	48
49.	Income or loss from grantor type and non-Mass estates and trusts	49
Inco	ome or Loss from REMICs	
50.	Excess inclusion	50
51.	Taxable income or loss	51
52.	Income	52
53.	Combine lines 51 and 52	53



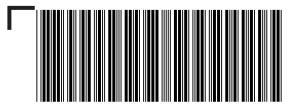


# **2020 Schedule E, pg. 3** MA20013061555

627599906

### **Farm Income**

	Net farm rental income or loss	54	
	Income or loss. Combine lines 24, 35, 49, 53 and 54	55	-5000
56.	Massachusetts differences Enclose statements	56	
57.	Abandoned building renovation deduction	57	
58.	Total income or loss. Combine lines 55 through 57	58	-5000





2020 Schedule E-1

MA20013011555

ASHOK VARDHAN RE BHAVANAM 627599906 PLOT NO-32 RAM NAGAR HYDERABAD Check one: X Real estate Royalty Rental property used for short-term rentals

# Income or Loss from Real Estate and Royalties

Inco	ome		
1.	Rents received	1	600
2.	Royalties received	2	
Exp	enses		
-	Advertising	3	150
4.	Auto and travel	4	250
5.	Cleaning and maintenance	5	
6.	Commissions	6	
7.	Insurance	7	
8.	Legal and other professional fees	8	
9.	Management fees	9	
10.	Mortgage interest paid to banks, etc	10	
11.	Other interest	11	5000
12.	Repairs	12	200
13.	Supplies	13	
14.	Taxes	14	
15.	Utilities	15	
16.	Other expenses	16	
17.	Add lines 3 through 16	17	5600
18.	Depreciation expense or depletion	18	
19.	Total expenses. Add lines 17 and 18	19	5600
20.	Income or loss from rental real estate or royalty properties	20	-5000
21.	Deductible rental real estate loss	21	-5000
22.	Income. Enter positive amounts shown on line 20	22	
23.	Losses. Enter royalty losses from line 20 or rental real estate losses from line 21	23	-5000
24.	Rental real estate and royalty income or loss	24	-5000
25.	Check if this rental property was used by you or your family for more than 14 days or more than		

10 percent of the total number of days that the property was rented at fair market value

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14			403	570		26A				0		34			0		
15			21	L19		26B				0							
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Your Signature	Date	Spouse's Signature (If filing joint return, both must sign.)	Date	<u>3306319383</u> Contact Phone No. (Include area code)				
PAID PREPARER USE ONLY If prepared by a person of	her than taxpayer, i	this certification is based on all information of which the prepare	r has any know	vledge.				
SYAM PRIYA RAM SAGAR GUPT	09 16 21	6789659522		P02082703				
Paid Preparer's Signature	Date	Preparer's Contact Phone Number (Include area code)		Preparer's FEIN, SSN, or PTIN				
If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001								

Last Name (First 10 Characters) BHAVANAM

627599906

	B too Line by Line information	,	
		0	<b>E1100</b>
6.	Federal Adjusted Gross Income	6.	51120
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	51120
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	0
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	10750
12.	a. Add Lines 9, 10b, and 11	12a.	10750
	b. Subtract amount on Line 12a from Line 8	12b.	40370
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	40370
15.	N.C. Income Tax	15.	2119
16.	Tax Credits	16.	2119
17.	Subtract Line 16 from Line 15	17.	0
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	0
North	Carolina Income Tax Withheld		
20a.	Your tax withheld	20a.	0
20b.	Spouse's tax withheld	20b.	0
Other	Tax Baymenta		
Other	Tax Payments		
21a.	2020 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Amended Returns Only - Previous payments	22.	0
23.	Total Payments	23.	0
23. 24.	Amended Returns Only - Previous refunds	23.	0
25.	Subtract Line 24 from Line 23	24.	0
26a.	Tax Due	26a.	0
20a. 26b.	Penalties	26b.	
		260. 26c.	0
26c.	Interest		0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	0
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	Pay this Amount	27.	0
28.	Overpayment	28.	0
Amou	nt of Refund to Apply to:		
~~			•
29.	Amount of Line 28 to be applied to 2021 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0

**D-400 Line-by-Line Information** 

#### 34. Amount to be Refunded

0

34.

8-10-20

# 2020 Individual Income Tax Credits

DOR Use Only

North Carolina Department of Revenue

If you claim a tax credit on Form D-400, Line 16, you must attach this form to the return. Otherwise, the tax credit may be disallowed.

Important: Refer to the instructions before completing this form.

Last Name <i>(Fi</i>	rst 10 Characters)	BHAVANAM		Your Soc	cial Security Number	627599906	
01	51120	07B	1	10A	0	13	0
02	51120	08A	0	10B	0	14	0
04	2119	08B	0	11A	0	18	0
06	2324	09A	0	11B	0		
07A	2119	09B	0	12	0		

Part 1. Credit for Income Tax Paid to Another State or Country - N.C. Residents Only						
	If you claim a tax credit for taxes paid to more than one state or country, do not complete Lines 1-6. Instead, complete the "Out-of-State Tax Credit Worksheet" in the instructions to determine the amount to enter on Line 7a.					
1.	Total income from all sources while a resident of N.C. modified by N.C. adjustments to					
	federal gross income	1.	51120			
2.	Portion of Line 1 that was taxed by another state or country	2.	51120			
3.	Divide Line 2 by Line 1	3.	1.0000			
4.	Total North Carolina income tax (From Form D-400, Line 15)	4.	2119			
5.	Multiply Line 4 by Line 3	5.	2119			
6.	Amount of net tax paid to the other state or country on the income shown on Line 2	6.	2324			
7a.	Credit for Income Tax Paid to Another State or Country	7a.	2119			
7b.	Number of states or countries for which a credit is claimed	7b.	1			
i i						

#### Part 2. Credits for Rehabilitating Historic Structures

Enter expenditures and expenses on Lines 8a, 9a, 10a, and 11a only in the first year the credit is taken. For Lines 8a and 9a, the expenditures and expenses must have been incurred prior to January 1, 2015. For Lines 10a and 11a, an eligibility certification must have been submitted to the State Historic Preservation Office prior to January 1, 2015. Enter the installment amount of the tax credit on Lines 8b, 9b, and 11b, and the total amount of the tax credit on 10b.

8a.	An income-producing historic structure (Article 3D)	8a.	0	
8b.	Enter installment amount of credit	8b.	0	
9a.	A nonincome-producing historic structure (Article 3D)	9a.	0	
9b.	Enter installment amount of credit	9b.	0	
10a.	An income-producing historic mill facility (Article 3H)	10a.	0	
10b.	Enter amount of credit	10b.	0	
11a.	A nonincome-producing historic mill facility (Article 3H)	11a.	0	
11b.	Enter installment amount of credit	11b.	0	
12.	An income-producing historic structure (Article 3L)	12.	0	
13.	A nonincome-producing historic structure (Article 3L)	13.	0	
	(If you take a credit on Lines 12 or 13, attach Form NC-Rehab to the front of Form D-400.)			

#### Part 3. Computation of Total Tax Credits to be Taken for Tax Year 2020

14.	Tax credits carried over from previous year	14.	0
15.	Add Lines 7a, 8b, 9b, 10b, 11b, 12, 13, and 14	15.	2119
16.	North Carolina income tax (From Form D-400, Line 15)	16.	2119
17.	Enter the lesser of Line 15 or Line 16	17.	2119
18.	Business incentive and energy tax credits	18.	0
	(Attach Form NC-478 and any required supporting schedules to the front of Form D-400.)		
19.	Total Tax Credits to be Taken for Tax Year 2020	19.	2119

