

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 ANIL KUMAR	Last name GANGADHARAPPA	Your social security number 799-43-5882
If joint return, spouse's first name and middle initial SUSHMITHA GRACE	Last name UNDINTY SUKUMAR	Spouse's social security number APPLIED FOR
Home address (number and street). If you have a P.O. box, see instructions. 115 2ND AVE S		Apt. no. 1107
City, town, or post office. If you have a foreign address, also complete spaces below. MINNEAPOLIS	State MN	ZIP code 55401
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

	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input 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	87,331.
Attach Sch. B if required.	2a Tax-exempt interest	2a		
	3a Qualified dividends	3a		
	4a IRA distributions	4a		
	5a Pensions and annuities	5a		
	6a Social security benefits	6a		
	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	
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶		9	87,331.
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 <i>Standard Deduction</i> , see instructions.	10 Adjustments to income:			
	a From Schedule 1, line 22	10a		
	b Charitable contributions if you take the standard deduction. See instructions	10b		
	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	87,331.
	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	62,531.

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	7,108.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	7,108.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	7,108.
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	7,108.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	10,340.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	10,340.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	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	1,800.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,800.
33	Add lines 25d, 26, and 32. These are your total payments	33	12,140.

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	5,032.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	5,032.
b	Routing number 021200339	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number 381044836098		
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	
Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
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.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	04/15/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Phone no.			
GLOBAL TAXES LLC	(678) 965-9522			
Firm's address	Firm's EIN			
2530 Pebble Creek Ln Cumming GA 30041	30-1017196			

Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

► **For use by individuals who are not U.S. citizens or permanent residents.**
 ► See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

Application type (check one box):
 Apply for a new ITIN
 Renew an existing ITIN

Before you begin:

• **Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).**

Reason you're submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f,** or **g,** you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a Nonresident alien required to get an ITIN to claim tax treaty benefit
- b Nonresident alien filing a U.S. federal tax return
- c U.S. resident alien (**based on days present in the United States**) filing a U.S. federal tax return
- d Dependent of U.S. citizen/resident alien } If **d**, enter relationship to U.S. citizen/resident alien (see instructions) ► _____
- e Spouse of U.S. citizen/resident alien } If **d** or **e**, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ► _____
 ANIL KUMAR GANGADHARAPPA 799-43-5882
- f Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g Dependent/spouse of a nonresident alien holding a U.S. visa
- h Other (see instructions) ► _____

Additional information for **a** and **f**: Enter treaty country ► _____ and treaty article number ► _____

Name (see instructions) Name at birth if different . . . ►	1a First name SUSHMITHA GRACE	Middle name	Last name UNDINTY SUKUMAR
	1b First name	Middle name	Last name

Applicant's Mailing Address

2 Street address, apartment number, or rural route number. **If you have a P.O. box, see separate instructions.**
 115 2ND AVE S Apt 1107

City or town, state or province, and country. Include ZIP code or postal code where appropriate.
 MINNEAPOLIS MN USA 55401

Foreign (non-U.S.) Address
(see instructions)

3 Street address, apartment number, or rural route number. **Don't use a P.O. box number.**

City or town, state or province, and country. Include postal code where appropriate.

Birth Information	4 Date of birth (month / day / year) 06/13/1989	Country of birth INDIA	City and state or province (optional)	5 <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
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Other Information

6a Country(ies) of citizenship: INDIA

6b Foreign tax I.D. number (if any):

6c Type of U.S. visa (if any), number, and expiration date: H4 P8441541 07/22/2023

6d Identification document(s) submitted (see instructions) Passport Driver's license/State I.D.
 USCIS documentation Other _____ Date of entry into the United States (MM/DD/YYYY): _____

Issued by: INDIA No.: T9306695 Exp. date: 10/30/2029

6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?
 No/Don't know. Skip line 6f.
 Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).

6f Enter ITIN and/or IRSN ► **ITIN** _____ **IRSN** _____ and name under which it was issued ► _____
 First name Middle name Last name

6g Name of college/university or company (see instructions) ► _____
 City and state ► _____ Length of stay ► _____

Sign Here

Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

Sign Here Keep a copy for your records.	Signature of applicant (if delegate, see instructions)	Date (month / day / year)	Phone number
	Name of delegate, if applicable (type or print)	Delegate's relationship to applicant	<input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of attorney

Acceptance Agent's Use ONLY

Signature	Date (month / day / year)	Phone	Fax
Name and title (type or print)	Name of company	EIN	PTIN
		Office code	

Mail 760ES Voucher 1 To:

Commissioner of the Revenue, 2401 Courthouse Dr., Bldg. 1, Rm. 121,
Virginia Beach, VA 23456-9002

— Cut Here —

2021 FORM 760ES - Voucher 1

Doc ID 762

VIRGINIA ESTIMATED INCOME TAX
PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 05-01-21

- Check if this is a new address.
 Check here if this is your first payment for
this taxable year.

REV 04/06/21 PRO 1555

LOCALITY NO.	FOR OFFICE USE
810	

7994358825 7621555 121053 810

Your Social Security Number (SSN) Spouses SSN (if filing a joint return)

799435882

APPLIED FO

ANIL KUMAR GANGADHARAPPA

SUSHMITHA GRACE UNDINTY SUKUMAR

115 2ND AVE S APT # 1107

MINNEAPOLIS

MN 55401

Daytime Phone Number 219-316-3064

Mail your voucher and payment to the Virginia Department of
Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see
pages 7-8 and use the address listed for the city or county
where you intend to file.

If you file with the Department, make your check payable to
the Department of Taxation. If you file locally, make your check
payable to your local Treasurer.

Amount of payment

154.00

Mail 760ES Voucher 2 To:

Treasurer, City of Virginia Beach, 2401 Courthouse Dr., Municipal Cntr.,
Bldg. 1, Virginia Beach, VA 23456-9018

— Cut Here —

2021 FORM 760ES - Voucher 2

Doc ID 762

VIRGINIA ESTIMATED INCOME TAX
PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 06-15-21

- Check if this is a new address.
 Check here if this is your first payment for
this taxable year.

REV 04/06/21 PRO 1555

LOCALITY NO.	FOR OFFICE USE
810	

7994358825 7621555 121061 810

Your Social Security Number (SSN)

799435882

Spouses SSN (if filing a joint return)

APPLIED FO

ANIL KUMAR GANGADHARAPPA

SUSHMITHA GRACE UNDINTY SUKUMAR

115 2ND AVE S APT # 1107

MINNEAPOLIS

MN 55401

Daytime Phone Number 219-316-3064

Mail your voucher and payment to the Virginia Department of
Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see
pages 7-8 and use the address listed for the city or county
where you intend to file.

If you file with the Department, make your check payable to
the Department of Taxation. If you file locally, make your check
payable to your local Treasurer.

Amount of payment

154.00

Mail 760ES Voucher 3 To:

Treasurer, City of Virginia Beach, 2401 Courthouse Dr., Municipal Cntr.,
Bldg. 1, Virginia Beach, VA 23456-9018

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2021 FORM 760ES - Voucher 3

Doc ID 762

VIRGINIA ESTIMATED INCOME TAX
PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 09-15-21

- Check if this is a new address.
 Check here if this is your first payment for
this taxable year.

REV 04/06/21 PRO 1555

LOCALITY NO.	FOR OFFICE USE
810	

7994358825 7621555 121096 810

Your Social Security Number (SSN)

799435882

Spouses SSN (if filing a joint return)

APPLIED FO

ANIL KUMAR GANGADHARAPPA

SUSHMITHA GRACE UNDINTY SUKUMAR

115 2ND AVE S APT # 1107

MINNEAPOLIS

MN 55401

Daytime Phone Number 219-316-3064

Mail your voucher and payment to the Virginia Department of
Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see
pages 7-8 and use the address listed for the city or county
where you intend to file.

If you file with the Department, make your check payable to
the Department of Taxation. If you file locally, make your check
payable to your local Treasurer.

Amount of payment

154.00

Mail 760ES Voucher 4 To:

Treasurer, City of Virginia Beach, 2401 Courthouse Dr., Municipal Cntr.,
Bldg. 1, Virginia Beach, VA 23456-9018

— Cut Here —

2021 FORM 760ES - Voucher 4

Doc ID 762

VIRGINIA ESTIMATED INCOME TAX
PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 01-15-22

- Check if this is a new address.
 Check here if this is your first payment for
this taxable year.

REV 04/06/21 PRO 1555

LOCALITY NO.	FOR OFFICE USE
810	

7994358825 7621555 122017 810

Your Social Security Number (SSN)

799435882

Spouses SSN (if filing a joint return)

APPLIED FO

ANIL KUMAR GANGADHARAPPA

SUSHMITHA GRACE UNDINTY SUKUMAR

115 2ND AVE S APT # 1107

MINNEAPOLIS

MN 55401

Daytime Phone Number 219-316-3064

Mail your voucher and payment to the Virginia Department of
Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see
pages 7-8 and use the address listed for the city or county
where you intend to file.

If you file with the Department, make your check payable to
the Department of Taxation. If you file locally, make your check
payable to your local Treasurer.

Amount of payment

154.00

DO NOT SEND THIS VA-8453 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virginia Submission Identification Number (SID)

First Name & Middle Initial (if joint or combined return, enter both)	Last Name	B Your Social Security Number	
ANIL KUMAR & SUSHMITHA GRACE	GANGADHARAPPA & UNDINTY SUKUMAR	799-43-5882	
Present Home Address		A Spouse's Social Security Number	
115 2ND AVE S APT 1107		APPLIED FOR	
City, State and Zip Code		Online Filed Return	
MINNEAPOLIS MN 55401		<input type="checkbox"/>	
Part I Tax Return Information		A Spouse	B Yourself
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)			87,331.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)			87,331.
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)			76,471.
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)			4,140.
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)			2,460.
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)			613.
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)			

Part II Declaration of Taxpayer

8a. I consent that my refund be directly deposited as designated on my 2020 Virginia 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. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

8b. I do not want direct deposit of my refund or I am not receiving a refund. I choose to have a check mailed to me.

8c. I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on my 2020 Virginia income tax return for payment of my state taxes owed on this return and/or a payment of estimated tax. 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 certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

I declare under penalties of perjury that I have compared the information on my return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2020 Virginia individual income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return including this declaration and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my electronic return originator (ERO) and by the IRS to Virginia Tax. This declaration is to be retained by the ERO or transmitter as validation of my electronically filed Virginia income tax return. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

Your Signature	Date	Spouse's Signature (If Filing Status 2 or 4, BOTH must sign)	Date
----------------	------	--	------

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on Form VA-8453 before submitting this return to the Internal Revenue Service (IRS) and Virginia Tax. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and Virginia Tax and have followed all other requirements as described in Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2020) and any requirements specified by Virginia Tax. If I am also the Paid Preparer, under 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. Declaration of preparer is based on all information of which preparer has any knowledge. EROs and paid preparer can sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature GLOBAL TAXES LLC	Date 04-15-21	SSN/PTIN 301017196
Firm's name (or yours if self-employed) 2530 PEBBLE CREEK LN CUMMING GA 30041	Date 04-15-21	EIN P02082703
Address, City, State and Zip	Date 04-15-21	SSN/PTIN 301017196
Paid Preparer's Signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 04-15-21	SSN/PTIN 301017196
Firm's name (or yours if self-employed) 2530 PEBBLE CREEK LN CUMMING GA 30041	Date 04-15-21	EIN 301017196
Address, City, State and Zip	Date 04-15-21	EIN 301017196

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Form 760-PMT 2020 Payment Coupon
(DOC ID 761) **Please do not staple**
To Be Used For Payments On Previously
Filed 2020 Individual Income Tax Returns Only

Your Social Security Number
799435882

Spouse's Social Security Number
APPLIED FOR

7994358825 7611555 120006

Name(s) and Address

ANIL KUMAR GANGADHARAPPA
SUSHMITHA GRACE UNDINTY SUKUMAR
115 2ND AVE S APT # 1107
MINNEAPOLIS MN 55401

If your return was filed through e-File or submitted directly to the Department, make your check payable to the Department of Taxation and mail to the VA Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478.

If your return was filed with your local Commissioner of the Revenue, make your check payable to your local Treasurer and send your payment to the locality where you filed the return.

Amount of
Payment ▶

613.00

Daytime Phone Number: 219-316-3064

REV 04/06/21 PRO



ANIL KUMAR GANGADHARAPPA
 SUSHMITHA GR UNDINTY SUKUMAR
 115 2ND AVE S APT 1107

MINNEAPOLIS MN 55401

SSN - You [GANG 799435882 Vendor ID 1555 XXXXX]

SSN - Spouse UNDI APLLIED F

Fed Adj Gross Income (FAGI)	1.	87331 .	Withholding (VA) - You	19A.	2460 .
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	87331 .	Estimated Payments	20.	
Age Deduction - You	4A.		2019 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OSC	24.	1067 .
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	3527 .
Total VA Adj Gross Income (VAGI)	9.	87331 .	Tax You Owe	27.	613 .
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.	
Standard Deduction	11.	9000 .	Overpayment Credited to Next Year	29.	
Exemptions	12.	1860 .	VAC - Virginia 529 / ABLEnow	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exemptions)	14.	10860 .	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	76471 .	Sales and Use Tax	33.	
Amount of Tax	16.	4140 .	Amount You Owe		613 .
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card N		
VAGI - Spouse	17A.		Your Refund		
Net Amount of Tax	18.	4140 .	Bank Routing #		
			Bank Account #		





Filing Status, Age & License Information

Additional Filing Information

Filing Status 2
 Federal Head of Household
 DOB - You 04291987
 VA Driver's License ID - You B62604315
 VA Driver's License - Iss. Date - You 10072020
 Spouse Name (Filing Status 3 Only)
 DOB - Spouse 06131989
 VA Driver's License ID - Spouse
 VA Driver's License - Iss. Date - Spouse

Locality 810
 Name or Filing Status Change
 Address Change
 VA Return Not Filed Last Year
 Dependent on Another's Return
 Farmer / Fisherman / Merchant Seaman
 Amended
 Reason Code
 Overseas on Due Date
 Federal EIC & Amount
 Deceased Indicator
 No Sales & Use Tax Due Indicator X
 Obtain Electronic 1099G
 ID Theft PIN

Exemptions (A)

Exemptions (B)

You 1 65 & Over - You
 Spouse 1 65 & Over - Spouse
 Dependents Blind - You
 Total (A) 2 Blind - Spouse
 Total (B)

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You _____ Date _____ Phone - You 2193163064
 Signature - Spouse _____ Date _____ Phone - Spouse _____
 Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 041521 Phone - Preparer 6789659522
 The Tax Department may discuss my/our return with my/our preparer. Preparer Information 7 P02082703

File by May 1, 2021
 Include Page 1, Page 2 and all supporting 760CG documents.

GLOBAL TAXES LLC
 2530 PEBBLE CREEK LN
 CUMMING GA 30041

2020 Schedule INC/CG 799435882

Report all W-2s, 1099s & VK-1s with VA Withholding



ANIL KUMAR GANGADHARAPPA
SUSHMITHA GR UNDINTY SUKUMAR

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
799435882	W	2460.	832991534	30832991534F001	48019.

Total VA Withholding	SSN	VA Withholding
You	799435882	2460.
Spouse		
Total # of W-2s, 1099s & VK-1s	01	

To avoid delays - be sure to enter all information, including the Employer's FEIN.

2020 Schedule OSC/CG

Enclose other state tax returns when filing



799435882

Credit Computation State 1

If Claiming border state

1. Filing Status - other state's return	2	6. Other State Abbreviation	MA
2. Person Claiming the Credit	3	7. Virginia Income Tax	4140.
3. Qualifying Taxable Income - other state	8556.	8. Income percentage	11.2
4. Virginia Taxable Income	76471.	9. Virginia Ratio of Income Tax	464.
5. Qualifying Tax Liability - other state	429.	10. Credit Allowed	429.

Credit Computation State 2

11. Filing Status - other state's return	2	16. Other State Abbreviation	MN
12. Person Claiming the Credit	3	17. Virginia Income Tax	4140.
13. Qualifying Taxable Income - other state	11766.	18. Income percentage	15.4
14. Virginia Taxable Income	76471.	19. Virginia Ratio of Income Tax	638.
15. Qualifying Tax Liability - other state	693.	20. Credit Allowed	638.

Credit Computation State 3

21. Filing Status - other state's return		26. Other State Abbreviation	
22. Person Claiming the Credit		27. Virginia Income Tax	
23. Qualifying Taxable Income - other state		28. Income percentage	
24. Virginia Taxable Income		29. Virginia Ratio of Income Tax	
25. Qualifying Tax Liability - other state		30. Credit Allowed	
		31. Total Credit Claimed	1067.

Enclose other state tax returns when filing your Virginia tax return.



2020 Form M1, Individual Income Tax

<u>ANIL KUMAR</u> Your First Name and Initial	<u>GANGADHARAPPA</u> Your Last Name	<u>799435882</u> Your Social Security Number (SSN)	<u>04291987</u> Your Date of Birth
<u>SUSHMITHA GRACE</u> If a Joint Return, Spouse's First Name and Initial	<u>UNDINTY SUKUMAR</u> Spouse's Last Name	<u>APPLIED F</u> Spouse's Social Security Number	<u>06131989</u> Spouse's Date of Birth
<u>115 2ND AVE S APT #</u> Current Home Address	<u>MINNEAPOLIS</u> City	<u>MN 55401</u> State ZIP Code	Check if Address is: <input type="checkbox"/> New <input type="checkbox"/> Foreign

2020 Federal Filing Status (place an X in one box):

(1) Single
 (2) Married Filing Jointly
 (3) Married Filing Separately
 (4) Head of Household
 (5) Qualifying Widow(er)

Spouse Name _____
Spouse SSN _____

Dependents (see instructions):

Dependent 1 First Name _____	Dependent 1 Last Name _____	Dependent 1 SSN _____	Dependent 1 Relationship to You _____
Dependent 2 First Name _____	Dependent 2 Last Name _____	Dependent 2 SSN _____	Dependent 2 Relationship to You _____
Dependent 3 First Name _____	Dependent 3 Last Name _____	Dependent 3 SSN _____	Dependent 3 Relationship to You _____

State Elections Campaign Fund

To grant \$5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

Political Party Code Numbers:

Your Code _____	Spouse's Code _____	Republican—11	Independence—13	Green—15	Legal Marijuana Now—17
		Democratic/Farmer-Labor—12	Grassroots/Legalize Cannabis—14	Libertarian—16	General Campaign Fund—99

From Your Federal Return (see instructions)

<u>87331</u> A. Wages, salaries, tips, etc.	<u>0</u> B. IRA, pensions, and annuities	<u>0</u> C. Unemployment	<u>62531</u> D. Federal taxable income
--	---	-----------------------------	---

1 Federal adjusted gross income (from line 11 of federal Form 1040 and 1040-SR)	1 ■	<u>87331</u>
2 Additions to Minnesota income from line 17 of Schedule M1M (see instructions; enclose Schedule M1M)	2 ■	_____
3 Add lines 1 and 2.	3	<u>87331</u>
4 Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions)	4 ■	<u>24800</u>
5 Exemptions (determine from instructions)	5 ■	_____
6 State income tax refund from line 1 of federal Schedule 1.	6 ■	_____
7 Other subtractions from Minnesota income from line 47 of Schedule M1M (see instructions; enclose Schedule M1M)	7 ■	_____
8 Total subtractions. Add lines 4 through 7.	8	<u>24800</u>
9 Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank.	9	<u>62531</u>
1 Tax from the table in the Form M1 instructions	10	<u>3682</u>
11 Alternative minimum tax (enclose Schedule M1MT)	11 ■	_____



12 Add lines 10 and 11 12 3682

13 **Full-year residents:** Enter the amount from line 12 on line 13. Skip lines 13a and 13b.
Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 32 on line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR) 13 693


13a ■ 16432 13b ■ 87331

14 Other taxes, such as recapture amounts and the tax on lump-sum distributions (check appropriate boxes)
 (a) Schedule M1HOME (b) Schedule M1529 (c) Schedule M1LS 14 ■ _____

15 Tax before credits. Add lines 13 and 14 15 693

16 Amount from line 17 of Schedule M1C, *Nonrefundable Credits* (enclose Schedule M1C) 16 ■ _____

17 Subtract line 16 from line 15 (if result is zero or less, leave blank) 17 693

18 Nongame Wildlife Fund contribution (see instructions)
This will reduce your refund or increase the amount you owe  18 ■ _____

19 Add lines 17 and 18 19 693

20 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report Minnesota withholding from Forms W-2, 1099, and W-2G (do not send) 20 ■ 955

21 Minnesota estimated tax and extension payments made for 2020 21 ■ _____

22 Amount from line 9 of Schedule M1REF, *Refundable Credits* (see instructions; enclose Schedule M1REF) 22 ■ _____

23 Total payments. Add lines 20 through 22 23 955

24 **REFUND.** If line 23 is more than line 19, subtract line 19 from line 23 (see instructions).
For direct deposit, complete line 25 24 ■ 262

25 Direct deposit of your refund (you must use an account not associated with a foreign bank):
 Checking Savings 021200339 381044836098
Routing Number Account Number

26 **AMOUNT YOU OWE.** If line 19 is more than line 23, subtract line 23 from line 19 (see instructions) 26 ■ _____

27 Penalty amount from Schedule M15 (see instructions). Also subtract this amount from line 24 or add it to line 26 (enclose Schedule M15) 27 ■ _____

IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 28 and 29.

28 Amount from line 24 you want sent to you 28 ■ _____

29 Amount from line 24 you want applied to your 2021 estimated tax 29 ■ _____

Taxpayer: I declare that this return is correct and complete to the best of my knowledge and belief.

Your Signature _____
2193163064
Daytime Phone

SYAM PRIYA RAM SAGAR GUPTA TALLAM
Paid Preparer's Signature
6789659522
Preparer's Daytime Phone

Spouse's Signature (If Filing Jointly) _____ Date (MM/DD/YYYY) _____
ANILGANGADHARAPPA@GMAIL.COM
Email Address

04152021 P02082703
Date (MM/DD/YYYY) PTIN or VITA/TCE # (required)

SYAM@GTAXFILE.COM
Preparer's Email Address

I do not want my paid preparer to file my return electronically.

I authorize the Minnesota Department of Revenue to discuss this return with my paid preparer or the third-party designee indicated on my federal return.



21	Penalty on early withdrawal of savings (from line 17 of federal Schedule 1)	21	_____	_____
22	Net operating loss carryover adjustment from line 35 of Schedule M1M (see instructions) 22 ■	22	_____	_____
23	Social Security benefit from line 39 of Schedule M1M (see instructions)	23	_____	_____
24	Subtraction for federal bonus depreciation from line 21 of Schedule M1M	24	_____	_____
25	Net U.S. bond interest and active military pay received while a nonresident (add lines 18 and 29 of Schedule M1M)	25	_____	_____
26	Subtraction for federal section 179 expensing (from line 22 of Schedule M1M)	26	_____	_____
27	Add lines 16 through 26 for each column	27	_____	0 0
28	Subtract line 27, column B, from line 15, column B. Enter here and on line 13a of Form M1. If your Minnesota gross income is below \$12,400 or the result is zero or less, enter 0	28	_____	16432
29	Subtract line 27, column A, from line 15, column A. Enter the result here and on line 13b of Form M1	29	_____	87331
30	Divide line 28 by line 29, and enter the result as a decimal (carry to five decimal places). If line 28 is more than line 29, enter 1.0. If line 28 is zero, enter 0	30	_____	.18816
31	Amount from line 12 of Form M1	31	_____	3682
32	Multiply line 30 by line 31. Enter the result here and on line 13 of Form M1	32	_____	693

You must include this schedule with Form M1. Enter the amounts from lines 28 and 29 of this schedule on Form M1, lines 13a and 13b.





2020 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

ANIL KUMAR <small>Your First Name and Initial</small>	GANGADHARAPPA <small>Last Name</small>	799435882 <small>Your Social Security Num</small>
SUSHMITHA GRACE <small>If a Joint Return, Spouse's First Name and Initial</small>	UNDINTY SUKUMAR <small>Spouse's Last Name</small>	APPLIED F <small>Spouse's Social Security Number</small>

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF that shows Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

A	B—Box 13	C—Box 15	D—Box 16	E—Box 17
If the Form W-2 is for: • you, enter 1 • spouse, enter 2	If Retirement Plan box is checked, mark an X below.	Employer's seven-digit Minnesota Tax ID Number	State wages, tips, etc. <i>(round to nearest whole dollar)</i>	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
a1 <u>1</u>	b1 <input type="checkbox"/>	c1 MN <u>6089575</u>	d1 <u>16432</u>	e1 <u>955</u>
a2 _____	b2 <input type="checkbox"/>	c2 MN _____	d2 _____	e2 _____
a3 _____	b3 <input type="checkbox"/>	c3 MN _____	d3 _____	e3 _____
a4 _____	b4 <input type="checkbox"/>	c4 MN _____	d4 _____	e4 _____
a5 _____	b5 <input type="checkbox"/>	c5 MN _____	d5 _____	e5 _____

Subtotal for additional Forms W-2 (from line 5 on page 2) _____

Total Minnesota tax withheld on all Forms W-2 (add amounts in line 1, column E) 1 ■ 955

2 Minnesota tax withheld on Forms 1099, W-2G, and 1042-S. If you have more than four forms, complete line 6 on the back.

A	B	C	D
If the Form 1099, W-2G, or 1042-S is for: • you, enter 1 • spouse, enter 2	Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer)	Income amount (see the table on the back for amounts to include)	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
a1 _____	b1 MN _____	c1 _____	d1 _____
a2 _____	b2 MN _____	c2 _____	d2 _____
a3 _____	b3 MN _____	c3 _____	d3 _____
a4 _____	b4 MN _____	c4 _____	d4 _____

Subtotal for additional 1099, W-2G, and 1042-S (from line 6 on page 2) _____

Total Minnesota tax withheld on all 1099, W-2G, and 1042-S (add amounts in line 2, column D) 2 ■ _____

3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries (from line 7 on page 2) 3 ■ _____

4 Total. Add the Minnesota tax withheld on lines 1, 2, and 3.
Enter the total here and on line 20 of Form M1 **4 ■ 955**

**Include this schedule with your Form M1.
If required, include Schedules KPI, KS, and KF.**



Form M-8453 Individual Income Tax Declaration for Electronic Filing

2020

**Massachusetts
Department of
Revenue**

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2020.

Your first name and initial ANIL KUMAR GANGADHARAPPA	Last name		Your Social Security number 799435882
If a joint return, spouse's first name and initial SUSHMITHA GRACE UNDINTY SUKUMAR	Last name		Spouse's Social Security number APPLIED FOR
Present street address (and apartment number) 115 2ND AVE S APT NO 1107			
City/Town/Post Office MINNEAPOLIS	State MN	Zip 55401	Filing status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> 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)	1	10400
2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36)	2	429
3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38)	3	
4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42)	4	518
5 Refund amount (from Form 1, line 50, or Form 1-NR/PY, line 54)	5	89
6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55)	6	

Part 2. Declaration and Signature of Taxpayer

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)

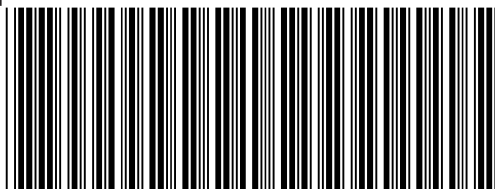
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) 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	
	04152021	301017196	<input type="checkbox"/> Check if self-employed
Firm name (or yours, if self-employed) and address	City/Town	State	Zip
GLOBAL TAXES LLC 2530 PEBBLE CREEK LN	CUMMING	GA	30041
			<input type="checkbox"/> Check if also 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	
	P02082703 04152021	301017196	<input type="checkbox"/> Check if self-employed
Firm name (or yours, if self-employed) and address	City/Town	State	Zip
SIAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN	CUMMING	GA	30041



2020 Form 1-NR/PY

MA20006011555

**Massachusetts Nonresident/Part-Year Resident
Income Tax Return**

For the year January 1–December 31, 2020 or other taxable

Year beginning Ending

ANIL KUMAR GANGADHARAPPA 799435882
SUSHMITHA GRACE UNDINTY SUKUMAR APLLIED F
115 2ND AVE S MINNEAPOLIS MN 55401

Fill in if: Original return Amended return Amended return due to federal change

Apt. no. 1107

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 Eagle
or Sinai Peninsula

You Spouse

Taxpayer deceased

You Spouse

Fill in if under age 18

You Spouse

Check one: Nonresident

Filing as both nonresident and part-year resident

Name changed since 2019

Part-year resident

Nonresident composite

Fill in if noncustodial parent

a. Total federal income 87331

b. Federal adjusted gross income 87331

1. Filing status (select one only):

Single

Fill in if filing Schedule TDS

Married filing jointly

Married filing separate return

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From

To

3. Total days as Massachusetts resident

÷ 365 =

3

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature

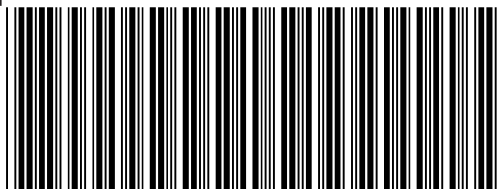
Date

Spouse's signature

Date

219-316-3064

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



2020 Form 1-NR/PY, pg. 2

MA20006021555

Massachusetts Nonresident/

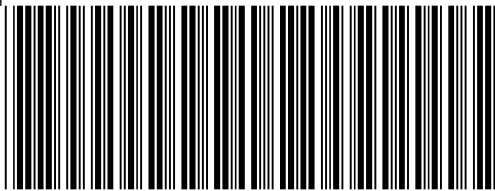
Part-Year Resident Income Tax Return

799435882

4. Exemptions:

a. Personal exemptions		4a	8800
b. Number of dependents. (Do not include yourself or your spouse.) Enter number		x \$1,000 = 4b	
c. Age 65 or over before 2021	You + Spouse =	x \$700 = 4c	
d. Blindness	You + Spouse =	x \$2,200 = 4d	
e. Medical/dental		4e	
f. Adoption		4f	
g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a		4g	8800
5. Wages, salaries, tips		5	10400
6. Taxable pensions and annuities		6	
7. Mass. bank interest: a.	- b. exemption	= 7	
8. Business/profession income/loss a.	+ b. Farming income/loss	= 8	
9. Rental, royalty and REMIC, partnership, S corp., trust income/loss		9	
10a. Unemployment		10a	
10b. Mass. lottery winnings		10b	
11. Other income		11	
12. TOTAL 5.0% INCOME		12	10400
13. NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis: working days miles sales other:			
Working days (or other basis) outside Massachusetts		13a	
Working days (or other basis) inside Massachusetts		13b	
Total working days		13c	
Nonworking days (holidays, weekends, etc.)		13d	
Massachusetts ratio		13e	
Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2		13f	
Massachusetts income		13g	

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



2020 Form 1-NR/PY, pg. 3

MA20006031555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

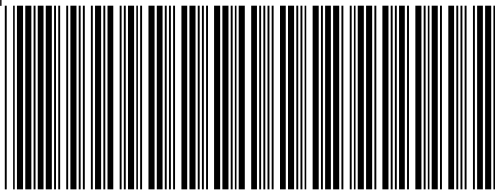
ANIL KUMAR

GANGADHARAPPA

799435882

14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO			
a. Total 5.0% income		14a	10400
b. Interest income		14b	
c. Total capital gain income		14c	
d. Total income this return		14d	10400
e. Non-Massachusetts source income. Not less than "0"		14e	76931
f. Total income		14f	87331
g. Deduction and exemption ratio		14g	0.1191
15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement		15a	796
15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement		15b	
16. Child under age 13, or disabled dependent/spouse care expenses		16	
17. Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/20, or disabled dependent(s) Not more than two. a. x \$3,600 = b. Part-year residents multiply line 17b by line 3; nonresidents multiply line 17b by line 14g		17	
18. Rental deduction. a.		÷ 2 = 18	
Nonresidents, fill in if during 2020 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future			
19. Other deductions from Schedule Y, line 19		19	
20. Total deductions. Add lines 15 through 19		20	796
21. 5.0% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. Not less than "0"		21	9604
22. Exemption amount. a. 8800		22	1048
23. 5.0% INCOME AFTER DEDUCTIONS. Subtract line 22 from line 21. Not less than "0"		23	8556
24. INTEREST AND DIVIDEND INCOME		24	
25. TOTAL TAXABLE 5.0% INCOME. Add lines 23 and 24		25	8556
26. TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585		26	429

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



2020 Form 1-NR/PY, pg. 4

MA20006041555

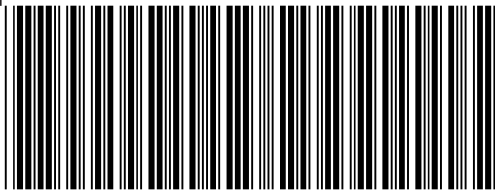
Massachusetts Nonresident/

Part-Year Resident Income Tax Return

799435882

27. 12% INCOME. Not less than "0." a.	x .12 = 27	
28. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS Fill in if any excess exemptions were used in calculating lines 24, 27 or 28	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	429
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	429
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	429

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



2020 Schedule INC

MA20INC011555

ANIL KUMAR

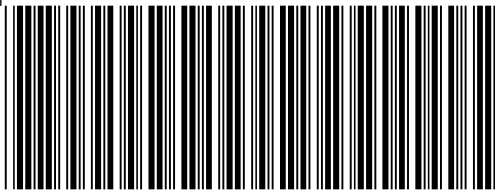
GANGADHARAPPA

799435882

Form W-2 and 1099 I formation

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
461552359	518	10400	796		W2

TOTALS	518	10400	796		
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2020 Schedule NTS-L-NRPY

MA20021011555

No Tax Status and Limited Income Credit

799435882

Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

1. Total 5.0% income	1	10400
2. Adjustments to income	2	
3. Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	10400
4. Interest exemption used	4	
5. Adjusted gross interest, dividends and certain capital gains	5	
6. Long-term capital gain	6	
7. Additional income/loss while a nonresident/part-year resident	7	76931
8. Total income. Combine lines 3 through 7	8	87331
9. Additional adjustments to income while a nonresident/part-year resident	9	
10. Massachusetts Adjusted Gross Income (AGI)	10	87331
If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status		
11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount	11	16400
12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount	12	28700
13. No Tax Status threshold	13	
14. Income for Limited Income Credit	14	
15. Tax before adjustments	15	
16. Tax for Limited Income Credit	16	
17. Limited Income Credit	17	

TAXABLE YEAR **2020** California e-file Return Authorization for Individuals FORM **8453**

Your first name and initial ANIL KUMAR		Last name GANGADHARAPPA		Suffix	Your SSN or ITIN 799-43-5882
If joint return, spouse's/RDP's first name and initial SUSHMITHA GRACE		Last name UNDINTY SUKUMAR		Suffix	Spouse's/RDP's SSN or ITIN APPLIED FOR
Street address (number and street) or PO box 115 2ND AVE S		Apt. no. /ste. no. APT 1107	PMB/private mailbox		Daytime telephone number (219) 316-3064
City MINNEAPOLIS			State MN	ZIP code 55401	
Foreign country name		Foreign province/state/county			Foreign postal code

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions.	1	12,480.
2 Refund or no amount due. See instructions	2	978.
3 Amount you owe. See instructions	3	

Part II Settle Your Account Electronically for Taxable Year 2020 (Payment due 4/15/2021)

4 Direct deposit of refund
5 Electronic funds withdrawal 5a Amount _____ 5b Withdrawal date (mm/dd/yyyy) _____

Part III Make Estimated Tax Payments for Taxable Year 2021 These are NOT installment payments for the current amount you owe.

	First Payment Due 4/15/2021	Second Payment Due 6/15/2021	Third Payment Due 9/15/2021	Fourth Payment Due 1/15/2022
6 Amount				
7 Withdrawal date				

Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below 978. 12 The remaining amount of my refund for direct deposit _____
9 Routing number 021200339 13 Routing number _____
10 Account number 381044836098 14 Account number _____
11 Type of account: Checking Savings 15 Type of account: Checking Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, Box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If I check Part II, Box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the bank account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of my 2020 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here

	Date		Date
Your signature		Spouse's/RDP's signature. If filing jointly, both must sign. <i>It is unlawful to forge a spouse's/RDP's signature.</i>	

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the taxpayer's return. I declare, however, that form FTB 8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature on form FTB 8453 before transmitting this return to the FTB; I have provided the taxpayer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453 on file for **four** years from the due date of the return or **four** years from the date the return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under 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 make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
	04/15/2021			
Firm's name (or yours if self-employed) and address	Firm's FEIN		Firm's FEIN	
GLOBAL TAXES LLC	30-1017196		30-1017196	
2530 PEBBLE CREEK LN CUMMING GA	ZIP code 30041			

Under 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 make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
			P02082703
Firm's name (or yours if self-employed) and address	Firm's FEIN		Firm's FEIN
SYAM PRIYA RAM SAGAR GUPTA TALLAM	30-1017196		30-1017196
2530 PEBBLE CREEK LN CUMMING GA	ZIP code 30041		

California Nonresident or Part-Year Resident Income Tax Return

2020

540NR

APE

ATTACH FEDERAL RETURN

799-43-5882 GANG 000-00-0000
ANILKUMAR GANGADHARAPPA
SUSHMITHAGR UNDINTY SUKUMAR

20

115 2ND AVE S APT 1107
MINNEAPOLIS MN 55401

04-29-1987 06-13-1989

If your California filing status is different from your federal filing status, check the box here

Filing Status

- 1 Single
- 2 Married/RDP filing jointly. See inst.
- 3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
- 4 Head of household (with qualifying person). See instructions.
- 5 Qualifying widow(er). Enter year spouse/RDP died.

See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst.

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

- 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. 7 X \$124 = \$
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 X \$124 = \$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 9 X \$124 = \$

Exemptions

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN. See instructions.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions 10 X \$383 = \$

Your name: Your SSN or ITIN:

11 Exemption amount: Add line 7 through line 10 **11 \$**

Total Taxable Income	12 Total California wages from your federal Form(s) W-2, box 16 <input checked="" type="radio"/> 12 <input type="text" value="12480"/> <input type="text" value=".00"/>
	13 Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 <input checked="" type="radio"/> 13 <input type="text" value="87331"/> <input type="text" value=".00"/>
	14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, column B <input checked="" type="radio"/> 14 <input type="text" value=""/> <input type="text" value=".00"/>
	15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 <input type="text" value="87331"/> <input type="text" value=".00"/>
	16 California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C <input checked="" type="radio"/> 16 <input type="text" value=""/> <input type="text" value=".00"/>
	17 Adjusted gross income from all sources. Combine line 15 and line 16. <input checked="" type="radio"/> 17 <input type="text" value="87331"/> <input type="text" value=".00"/>
	18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction . See instructions <input checked="" type="radio"/> 18 <input type="text" value="9202"/> <input type="text" value=".00"/>
	19 Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0- <input checked="" type="radio"/> 19 <input type="text" value="78129"/> <input type="text" value=".00"/>

CA Taxable Income	31 Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input checked="" type="radio"/> FTB 3800 <input type="radio"/> FTB 3803 <input checked="" type="radio"/> 31 <input type="text" value="2324"/> <input type="text" value=".00"/>
	32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. <input checked="" type="radio"/> 32 <input type="text" value="12480"/> <input type="text" value=".00"/>
	35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5. <input checked="" type="radio"/> 35 <input type="text" value="11165"/> <input type="text" value=".00"/>
	36 CA Tax Rate. Divide line 31 by line 19. <input checked="" type="radio"/> 36 <input type="text" value="0.0297"/>
	37 CA Tax Before Exemption Credits. Multiply line 35 by line 36. <input checked="" type="radio"/> 37 <input type="text" value="332"/> <input type="text" value=".00"/>
	38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. <input checked="" type="radio"/> 38 <input type="text" value="0.1429"/>
	39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions <input checked="" type="radio"/> 39 <input type="text" value="35"/> <input type="text" value=".00"/>
	40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- ... <input checked="" type="radio"/> 40 <input type="text" value="297"/> <input type="text" value=".00"/>
	41 Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A <input checked="" type="radio"/> 41 <input type="text" value=""/> <input type="text" value=".00"/>
42 Add line 40 and line 41 <input checked="" type="radio"/> 42 <input type="text" value="297"/> <input type="text" value=".00"/>	

Special Credits	50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. <input checked="" type="radio"/> 50 <input type="text" value=""/> <input type="text" value=".00"/>
	51 Credit for joint custody head of household. See instructions <input checked="" type="radio"/> 51 <input type="text" value=""/> <input type="text" value=".00"/>
	52 Credit for dependent parent. See instructions. <input checked="" type="radio"/> 52 <input type="text" value=""/> <input type="text" value=".00"/>
	53 Credit for senior head of household. See instructions. <input checked="" type="radio"/> 53 <input type="text" value=""/> <input type="text" value=".00"/>
	54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions <input checked="" type="radio"/> 54 <input type="text" value=""/>
55 Credit amount. See instructions <input checked="" type="radio"/> 55 <input type="text" value=""/> <input type="text" value=".00"/>	

Your name: Your SSN or ITIN:

Special Credits continued	58	Enter credit name <input type="text" value="OTHER STATE"/> code <input type="radio"/> 187 and amount...	<input type="radio"/> 58	<input type="text" value="297"/>	<input type="text" value=".00"/>
	59	Enter credit name <input type="text"/> code <input type="radio"/> and amount...	<input type="radio"/> 59	<input type="text"/>	<input type="text" value=".00"/>
	60	To claim more than two credits. See instructions	<input type="radio"/> 60	<input type="text"/>	<input type="text" value=".00"/>
	61	Nonrefundable Renter's Credit. See instructions	<input type="radio"/> 61	<input type="text"/>	<input type="text" value=".00"/>
	62	Add line 50 and line 55 through 61. These are your total credits	<input checked="" type="radio"/> 62	<input type="text" value="297"/>	<input type="text" value=".00"/>
	63	Subtract line 62 from line 42. If less than zero, enter -0-	<input checked="" type="radio"/> 63	<input type="text" value="0"/>	<input type="text" value=".00"/>

Other Taxes	71	Alternative Minimum Tax. Attach Schedule P (540NR)	<input type="radio"/> 71	<input type="text"/>	<input type="text" value=".00"/>
	72	Mental Health Services Tax. See instructions	<input type="radio"/> 72	<input type="text"/>	<input type="text" value=".00"/>
	73	Other taxes and credit recapture. See instructions	<input type="radio"/> 73	<input type="text"/>	<input type="text" value=".00"/>
	74	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions	<input type="radio"/> 74	<input type="text"/>	<input type="text" value=".00"/>
	75	Add line 63, line 71, line 72, line 73, and line 74. This is your total tax	<input type="radio"/> 75	<input type="text" value="0"/>	<input type="text" value=".00"/>

Payments	81	California income tax withheld. See instructions	<input type="radio"/> 81	<input type="text" value="978"/>	<input type="text" value=".00"/>
	82	2020 CA estimated tax and other payments. See instructions	<input type="radio"/> 82	<input type="text"/>	<input type="text" value=".00"/>
	83	Withholding (Form 592-B and/or 593). See instructions	<input type="radio"/> 83	<input type="text"/>	<input type="text" value=".00"/>
	84	Excess SDI (or VPD) withheld. See instructions	<input type="radio"/> 84	<input type="text"/>	<input type="text" value=".00"/>
	85	Earned Income Tax Credit (EITC)	<input type="radio"/> 85	<input type="text"/>	<input type="text" value=".00"/>
	86	Young Child Tax Credit (YCTC). See instructions	<input type="radio"/> 86	<input type="text"/>	<input type="text" value=".00"/>
	87	Net Premium Assistance Subsidy (PAS). See instructions	<input type="radio"/> 87	<input type="text"/>	<input type="text" value=".00"/>
	88	Add line 81 through line 87. These are your total payments. See instructions	<input checked="" type="radio"/> 88	<input type="text" value="978"/>	<input type="text" value=".00"/>

ISR Penalty	91	Individual Shared Responsibility (ISR) Penalty. See instructions	<input type="radio"/> 91	<input type="text" value="0"/>	<input type="text" value=".00"/>
		<input type="radio"/> Full-year health care coverage.			

Overpaid Tax/Tax Due	92	Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88.	<input checked="" type="radio"/> 92	<input type="text" value="978"/>	<input type="text" value=".00"/>
	93	Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91.	<input checked="" type="radio"/> 93	<input type="text"/>	<input type="text" value=".00"/>
	101	Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92.	<input checked="" type="radio"/> 101	<input type="text" value="978"/>	<input type="text" value=".00"/>
	102	Amount of line 101 you want applied to your 2021 estimated tax	<input type="radio"/> 102	<input type="text" value="0"/>	<input type="text" value=".00"/>

Your name: Your SSN or ITIN:

103 Overpaid tax available this year. Subtract line 102 from line 101 ● **103** .00
104 Tax due. If line 92 is less than line 75, subtract line 92 from line 75 ● **104** .00

Contributions		<u>Code</u>	<u>Amount</u>	
	California Seniors Special Fund. See instructions	● 400	<input type="text"/>	.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● 401	<input type="text"/>	.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403	<input type="text"/>	.00
	California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	<input type="text"/>	.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund	● 406	<input type="text"/>	.00
	Emergency Food for Families Voluntary Tax Contribution Fund	● 407	<input type="text"/>	.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	● 408	<input type="text"/>	.00
	California Sea Otter Voluntary Tax Contribution Fund	● 410	<input type="text"/>	.00
	California Cancer Research Voluntary Tax Contribution Fund	● 413	<input type="text"/>	.00
	School Supplies for Homeless Children Fund	● 422	<input type="text"/>	.00
	State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text"/>	.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	<input type="text"/>	.00
	Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	<input type="text"/>	.00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	● 431	<input type="text"/>	.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	<input type="text"/>	.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	<input type="text"/>	.00
	Rape Kit Backlog Voluntary Tax Contribution Fund	● 440	<input type="text"/>	.00
	Schools Not Prisons Voluntary Tax Contribution Fund	● 443	<input type="text"/>	.00
	Suicide Prevention Voluntary Tax Contribution Fund	● 444	<input type="text"/>	.00
	120 Add code 400 through code 444. This is your total contribution	● 120	<input type="text"/>	.00

Your name: Your SSN or ITIN:

Amount You Owe 121 **AMOUNT YOU OWE.** Add line 93, line 104, and line 120. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.** ● 121 .00
Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties 122 Interest, late return penalties, and late payment penalties. 122 .00
123 Underpayment of estimated tax.
Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** ● 123 .00
124 Total amount due. See instructions. Enclose, but **do not** staple, any payment 124 .00

Refund and Direct Deposit 125 **REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** ● 125 .00

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

● Routing number ● Type Checking ● Account number ● 126 Direct deposit amount .00
 Savings

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

● Routing number ● Type Checking ● Account number ● 127 Direct deposit amount .00
 Savings

IMPORTANT: Attach a copy of your complete federal return.
To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov/forms** and search for **1131**. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature Date Spouse's/RDP's signature (if a joint tax return, both must sign)

● Your email address. Enter only one email address. ● Preferred phone number

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? (See instructions)

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed) ● PTIN

Firm's address ● Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. ● Yes No

Print Third Party Designee's Name Telephone Number

California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule behind Form 540NR, Side 5 as a supporting California schedule.

Name(s) as shown on tax return A GANGADHARAPPA & S UNDIRTY SUKUMAR	SSN or ITIN 799435882
---	--------------------------

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2020.

During 2020:

- 1 My California (CA) Residency (Check one)
 a Myself: Nonresident Part-Year Resident Resident
 b Spouse: Nonresident Part-Year Resident Resident

	Yourself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions)	<input checked="" type="radio"/> V A	<input checked="" type="radio"/> V A
b I was in the military and stationed in (enter two letter code).	<input type="radio"/>	<input type="radio"/>
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . .	<input checked="" type="radio"/> / /	<input checked="" type="radio"/> / /
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) .	<input checked="" type="radio"/> / /	<input checked="" type="radio"/> / /
5 I was a CA nonresident the entire year (enter state of residence).	<input checked="" type="radio"/> V A	<input checked="" type="radio"/> V A
6 The number of days I spent in CA for any purpose was:	<input type="radio"/>	<input type="radio"/>
7 I owned a home/property in CA (enter Y for Yes, N for No)	<input checked="" type="radio"/> N	<input checked="" type="radio"/> N
8 Before 2020: I was a CA resident for the period of	<input checked="" type="radio"/> / / -	<input checked="" type="radio"/> / / -

Part II Income Adjustment Schedule

	A	B	C	D	E
Section A — Income from federal Form 1040 or 1040-SR	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. 1	<input checked="" type="radio"/> 87,331.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 87,331.	<input checked="" type="radio"/> 12,480.
2 Taxable interest. a <input checked="" type="radio"/> 2b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3 Ordinary dividends. See instructions. a <input checked="" type="radio"/> 3b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4 IRA distributions. See instructions. a <input checked="" type="radio"/> 4b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5 Pensions and annuities. See instructions. a <input checked="" type="radio"/> 5b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6 Social security benefits. a <input checked="" type="radio"/> 6b	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
7 Capital gain or (loss). See instructions 7	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Section B — Additional Income from federal Schedule 1 (Form 1040)					
1 Taxable refunds, credits, or offsets of state and local income taxes. 1	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
2a Alimony received. See instructions. 2a	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3 Business income or (loss). See instructions. 3	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4 Other gains or (losses) 4	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc 5	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

	A	B	C	D	E
Section B — Additional Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
6 Farm income or (loss) 6	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7 Unemployment compensation 7	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
8 Other income.					
a California lottery winnings		<input checked="" type="radio"/>	a _____		
b Disaster loss deduction from FTB 3805V		<input checked="" type="radio"/>	b _____		
c Federal NOL (Schedule 1 (Form 1040), line 8)		<input type="radio"/>	c <input checked="" type="radio"/>		
d NOL deduction from FTB 3805V 8	<input checked="" type="radio"/>	<input checked="" type="radio"/>	d _____	8 <input checked="" type="radio"/>	8 <input checked="" type="radio"/>
e NOL from FTB 3805Z, FTB 3807, or FTB 3809		<input checked="" type="radio"/>	e _____		
f Other (describe): <input type="radio"/> _____		<input checked="" type="radio"/>	f <input checked="" type="radio"/>		
g Student loan discharged due to closure of a for-profit school		<input checked="" type="radio"/>	g _____		
9 Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 8, in each column. Go to Section C 9	<input checked="" type="radio"/> 87,331.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 87,331.	<input checked="" type="radio"/> 12,480.

	A	B	C	D	E
Section C — Adjustments to Income from federal Schedule 1 (Form 1040)	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
10 Educator expenses 10	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
11 Certain business expenses of reservists, performing artists, and fee-basis government officials 11	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12 Health savings account deduction 12	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
13 Moving expenses. Attach federal Form 3903. See instructions 13	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 Deductible part of self-employment tax. See instructions. 14	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
15 Self-employed SEP, SIMPLE, and qualified plans 15	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
16 Self-employed health insurance deduction. See instructions. 16	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
17 Penalty on early withdrawal of savings . . . 17	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
18a Alimony paid. b Enter recipient's: SSN <input checked="" type="radio"/> _____ Last name <input checked="" type="radio"/> _____ 18a	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
19 IRA deduction 19	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
20 Student loan interest deduction 20	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
21 Tuition and fees 21	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
22 Add line 10 through line 21 in each column, A through E 22	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
23 Total. Subtract line 22 from line 9 in each column, A through E. See instructions. . . 23	<input checked="" type="radio"/> 87,331.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 87,331.	<input checked="" type="radio"/> 12,480.

Part III Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California

A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
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Medical and Dental Expenses See instructions.

1 Medical and dental expenses	<input checked="" type="radio"/>		1
2 Enter amount from federal Form 1040 or 1040-SR, line 11	<input checked="" type="radio"/>	87,331.	2
3 Multiply line 2 by 7.5% (0.075)	<input checked="" type="radio"/>	6,550.	3
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	<input checked="" type="radio"/>		4

Taxes You Paid

5a State and local income tax or general sales taxes	<input checked="" type="radio"/>	5,036.	<input checked="" type="radio"/>	5,036.	
5b State and local real estate taxes	<input checked="" type="radio"/>				
5c State and local personal property taxes	<input checked="" type="radio"/>				
5d Add line 5a through line 5c	<input checked="" type="radio"/>	5,036.			
5e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A . . . Enter the amount from line 5a, column B in line 5e, column B Enter the difference from line 5d and line 5e, column A in line 5e, column C	<input checked="" type="radio"/>	5,036.	<input checked="" type="radio"/>	5,036.	<input checked="" type="radio"/>
6 Other taxes. List type <input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>
7 Add line 5e and line 6	<input checked="" type="radio"/>	5,036.	<input checked="" type="radio"/>	5,036.	<input checked="" type="radio"/>

Interest You Paid

8a Home mortgage interest and points reported to you on federal Form 1098	<input checked="" type="radio"/>			<input checked="" type="radio"/>
8b Home mortgage interest not reported to you on federal Form 1098	<input checked="" type="radio"/>			<input checked="" type="radio"/>
8c Points not reported to you on federal Form 1098	<input checked="" type="radio"/>			<input checked="" type="radio"/>
8d Mortgage insurance premiums	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
8e Add line 8a through line 8d	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
9 Investment interest	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
10 Add line 8e and line 9	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>

Gifts to Charity

11 Gifts by cash or check	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
12 Other than by cash or check	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Carryover from prior year	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 Add line 11 through line 13	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>

Casualty and Theft Losses

15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
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Other Itemized Deductions

16 Other—from list in federal instructions	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	<input checked="" type="radio"/>	5,036.	<input checked="" type="radio"/>	5,036.	<input checked="" type="radio"/>

18 Total. Combine line 17 column A less column B plus column C	<input checked="" type="radio"/>			<input checked="" type="radio"/>	0.
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Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions. 19

20 Tax preparation fees. 20

21 Other expenses- investment, safe deposit box, etc. List type 21

22 Add line 19 through line 21 22

23 Enter amount from federal Form 1040 or 1040-SR, line 11 87,331.

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. 24

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. 25

26 **Total Itemized Deductions.** Add line 18 and line 25. 26

27 Other adjustments. See instructions. Specify. 27

28 Combine line 26 and line 27. 28 .

29 **Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?**
 Single or married/RDP filing separately \$203,341
 Head of household \$305,016
 Married/RDP filing jointly or qualifying widow(er) \$406,687

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29 29 .

30 **Enter the larger of the amount on line 29 or your standard deduction listed below**
 Single or married/RDP filing separately. See instructions. \$4,601
 Married/RDP filing jointly, head of household, or qualifying widow(er) \$9,202 30 .

Part IV California Taxable Income

1 **California AGI.** Enter your California AGI from Part II, line 23, column E 1 .

2 Enter your deductions from line 30 2 .

3 **Deduction Percentage.** Divide Part II, line 23, column E by Part II, line 23, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- 3

4 **California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3 4 .

5 **California Taxable Income.** Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0- 5 .

2020 Other State Tax Credit

S

Attach to Form 540, Form 540NR, or Form 541.

Name(s) as shown on your California tax return A G A N G A D H A R A P P A & S U N D I N T Y	SSN, ITIN, or FEIN 799435882
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Part I Double-Taxed Income (Read specific line instructions for Part I before completing.)

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> WAGES, SALARIES, TIPS	<input checked="" type="radio"/> 12,480.	<input checked="" type="radio"/> 12,480.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 Total double-taxed income	<input checked="" type="radio"/> 12,480.	<input checked="" type="radio"/> 12,480.

Part II Figure Your Other State Tax Credit (Read specific line instructions for Part II before completing.)

2 California tax liability. See instructions	<input checked="" type="radio"/> 2	297.00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> 3	12,480.00
4 California adjusted gross income. See instructions	<input checked="" type="radio"/> 4	12,480.00
5 Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/> 5	1.0000
6 Multiply line 2 by line 5	<input checked="" type="radio"/> 6	297.00
7 Income tax liability paid to other state (use state's abbreviation) <input checked="" type="radio"/> VA See instructions	<input checked="" type="radio"/> 7	3,073.00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> 8	12,480.00
9 Adjusted gross income taxable by other state. See instructions	<input checked="" type="radio"/> 9	87,331.00
10 Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/> 10	0.1429
11 Multiply line 7 by line 10	<input checked="" type="radio"/> 11	439.00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use credit code 187 . See instructions	<input checked="" type="radio"/> 12	297.00

Health Coverage Exemptions and Individual Shared Responsibility Penalty

2020

3853

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.

Name(s) as shown on your California tax return A GANGADHARAPPA & S UNDINTY SUKUMAR	SSN or ITIN 799-43-5882
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Part I Applicable Household Members. List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketplace. See instructions.

	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
1	● ANIL KUMAR	●	● 799-43-5882	● 04/29/1987	● 87,331.
	Last Name ● GANGADHARAPPA		ECN 1 ●	ECN 2 ●	ECN 3 ●
2	● SUSHMITHA GRACE	●	● APL-LI-ED F	● 06/13/1989	● 0.
	Last Name ● UNDINTY SUKUMAR		ECN 1 ●	ECN 2 ●	ECN 3 ●
3	●	●	●	●	●
	Last Name ●		ECN 1 ●	ECN 2 ●	ECN 3 ●
4	●	●	●	●	●
	Last Name ●		ECN 1 ●	ECN 2 ●	ECN 3 ●
5	●	●	●	●	●
	Last Name ●		ECN 1 ●	ECN 2 ●	ECN 3 ●
6	●	●	●	●	●
	Last Name ●		ECN 1 ●	ECN 2 ●	ECN 3 ●
7	●	●	●	●	●
	Last Name ●		ECN 1 ●	ECN 2 ●	ECN 3 ●
8	●	●	●	●	●
	Last Name ●		ECN 1 ●	ECN 2 ●	ECN 3 ●
9	●	●	●	●	●
	Last Name ●		ECN 1 ●	ECN 2 ●	ECN 3 ●
10	●	●	●	●	●
	Last Name ●		ECN 1 ●	ECN 2 ●	ECN 3 ●
11	●	●	●	●	●
	Last Name ●		ECN 1 ●	ECN 2 ●	ECN 3 ●
12	●	●	●	●	●
	Last Name ●		ECN 1 ●	ECN 2 ●	ECN 3 ●

Part II Coverage Exemption Claimed on Your Tax Return for Your Household

1 If you are claiming a coverage exemption because your applicable household income or gross income is below the filing threshold, check the box here. See instructions.

Your Name: **A GANGADHARAPPA & S UNDINTY SUKUMAR**

Your SSN or ITIN: **799-43-5882**

Part III Coverage and Exemptions Claimed on Your Tax Return for Individuals. If you and/or a member of your applicable household are reporting any coverage or are claiming exemptions for the tax year, complete Part III. See instructions.

Coverage and Exemption Codes

		(a) Full-year	(b) Jan	(c) Feb	(d) Mar	(e) Apr	(f) May	(g) June	(h) July	(i) Aug	(j) Sept	(k) Oct	(l) Nov	(m) Dec
1	First Name <input checked="" type="radio"/> ANIL KUMAR	<input checked="" type="radio"/> E	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
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	Last Name <input checked="" type="radio"/> GANGADHARAPPA		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
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2	First Name <input checked="" type="radio"/> SUSHMITHA GRACE	<input checked="" type="radio"/> E	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
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	Last Name <input checked="" type="radio"/> UNDINTY SUKUMAR		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
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10	First Name <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
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11	First Name <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Initial <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
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12	First Name <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
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			<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Part IV Individual Shared Responsibility Penalty

1 Your Individual Shared Responsibility Penalty. Enter on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27. See instructions **1.** _____ 0.