FORM NOT FINAL

Detach Here and Mail With Your Payment

Department of the Treasury Internal Revenue Service Calendar Year — Due 04/15/2021

2021 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury**. Write your social security number and "2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order......

INTERNAL REVENUE SERVICE

40293-1100

942.

REV 01/15/21 PRO 1555

PO BOX 931100 LOUISVILLE KY

346-15-3526 VINAY REDDY KONDAM

8277 MITCHELL ROAD EDEN PRAIRIE MN 55347

FORM NOT FINAL

Detach Here and Mail With Your Payment

Department of the Treasury Internal Revenue Service Calendar Year — Due 06/15/2021

2021 Form 1040-ES Payment Voucher 2

INTERNAL REVENUE SERVICE

40293-1100

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury**. Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....►

942.

REV 01/15/21 PRO 1555

PO BOX 931100 LOUISVILLE KY

346-15-3526 VINAY REDDY KONDAM

8277 MITCHELL ROAD EDEN PRAIRIE MN 55347

FORM NOT FINAL.

Detach Here and Mail With Your Payment

Department of the Treasury Internal Revenue Service Calendar Year — Due 09/15/2021 2021 Form 1040-ES Payment Voucher 3

INTERNAL REVENUE SERVICE

40293-1100

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury**. Write your social security number and "2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order......

942.

REV 01/15/21 PRO 1555

PO BOX 931100 LOUISVILLE KY ר _____

346-15-3526 VINAY REDDY KONDAM

8277 MITCHELL ROAD EDEN PRAIRIE MN 55347

FORM NOT FINAL

Detach Here and Mail With Your Payment

Department of the Treasury Internal Revenue Service Calendar Year — Due 01/18/2022 2021 Form 1040-ES Payment Voucher 4

INTERNAL REVENUE SERVICE

40293-1100

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury**. Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....►

942.

REV 01/15/21 PRO 1555

PO BOX 931100 LOUISVILLE KY

346-15-3526 VINAY REDDY KONDAM

8277 MITCHELL ROAD EDEN PRAIRIE MN 55347

Form OO/J	IRS e-file Signature Authorization							
(Rev. August 2020)	(Rev. August 2020)							
Department of the Treasury	ERO must obtain and retain completed Form 8879.							
Internal Revenue Service	Go to www.irs.gov/Form8879 for the latest information.							
Submission Identifica	tion Number (SID)							
Taxpayer's name	Social se	ecurity number						
VINAY REDDY KO		-15-3526						
Spouse's name	Spouse	s social security number						
		ou are authorizing.)						
	nly on lines 1 through 5.							
	filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
	sincome	. 1 210,394.						
		. 2 44,529.						
	e tax withheld from Form(s) W-2 and Form(s) 1099	. 3 45,216.						
•	vant refunded to you	. 4 687.						
5 Amount you o	we	. 5						
Part II Taxpay	er Declaration and Signature Authorization (Be sure you get and keep a	copy of your return)						
return (original or amend to send my return to the for any delay in process Agent to initiate an ACH payment of my federal t authorization is to rema payment, I must contact business days prior to t taxes to receive confide	ef, it is true, correct, and complete. I further declare that the amounts in Part I above are the ded) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or ef a IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the ing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasu I electronic funds withdrawal (direct debit) entry to the financial institution account indicated in axes owed on this return and/or a payment of estimated tax, and the financial institution to debit in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the author to the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests mush he payment (settlement) date. I also authorize the financial institutions involved in the processing ential information necessary to answer inquiries and resolve issues related to the payment. umber (PIN) below is my signature for the income tax return (original or amended) I am now automaticated.	lectronic return originator (ERO) the transmission, (b) the reason ury and its designated Financial the tax preparation software for it the entry to this account. This norization. To revoke (cancel) a st be received no later than 2 ng of the electronic payment of I further acknowledge that the						
signature on □ I will enter m	GLOBAL TAXES LLC to enter or generate my PIN ERO firm name the income tax return (original or amended) I am now authorizing. my PIN as my signature on the income tax return (original or amended) I am now authorizing your own PIN and your return is filed using the Practitioner PIN method. The							
Your signature 🕨	Date ►							
-	to enter or generate my PIN ERO firm name the income tax return (original or amended) I am now authorizing.	Enter five digits, but don't enter all zeros						
	Practitioner PIN Method Returns Only—continue below							
Part III Certific	ation and Authentication — Practitioner PIN Method Only							
ERO's EFIN/PIN. Ent	ter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 Dom	7 8 6 1 9 8 9 't enter all zeros						
authorized to file for tax	numeric entry is my PIN, which is my signature for the electronic individual income tax return x year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this ctitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of Individual I	s return in accordance with the						

Date ► ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So

ERO's signature ►

0070

Т

E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		202	0	OMB No. 154	15-0074	IRS Use O	nly—Do not	t write or stap	le in this space.	
Filing Status Check only one box.	lf yo	Single Married filing jointly unchecked the MFS box, enter the n son is a child but not your dependent	ame of your s	ng separately (I spouse. If you c				. ,		, ,	idow(er) (QW) the qualifying	
Your first name	and m	iddle initial	Last name						Your	social secu	rity number	
VINAY R			KONDAM							-15-35	-	
		first name and middle initial	Last name								security number	
Home address 8277 MI		er and street). If you have a P.O. box, see LL ROAD	instructions.				Å	Apt. no.	Checl	k here if yo		
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete spaces	below.	State	9	ZIP co	ode			pintly, want \$3	
EDEN PR.					MN	ſ	553	347		to this fund	d. Checking a	
Foreign countr	y name		Foreigr	n province/state/	count	/	Foreid	n postal cod		ax or refun	0	
Ū	,					, 				You Spouse		
At any time du	uring 20	020, did you receive, sell, send, exch	nange, or othe	erwise acquire	any f	inancial inte	rest in a	ny virtual o	currency		s 🗙 No	
Standard Deduction		eone can claim:		Your spous a dual-status		a dependent						
Age/Blindnes	s You:	Were born before January 2, 1	956 🗌 Are	blind Spo	ouse:	Was b	orn befo	ore Januar	y 2, 1956	ວ 🗌 ls	blind	
Dependent	s (see	instructions):		2) Social security	,	(3) Relation:	ship	(4) 🖌 if	qualifies	for (see inst	iructions):	
If more		irst name Last name		number		to you		Child tax			other dependents	
than four]	+		
dependents,									,]			
see instruction and check	s ——]	_		
here ►					-]	-		
	1	Wages, salaries, tips, etc. Attach F							1	1 2	 217,194.	
Attach	2a		2a		 ь т.	· · · · ·	· · ·		-	2b	<u>,</u>	
Sch. B if		· ·	2a 3a	b Taxable interest					· –	3b		
required.	3a				b Ordinary dividendsb Taxable amount .				· –			
) 4a		4a						-	4b		
	5a	-	5a			ixable amou				5b		
Standard Deduction for—	6a		6a			axable amou	nt			6b		
Single or	7	Capital gain or (loss). Attach Schee		ired. If not requ	ured,	check here	• •	· · Þ		7		
Married filing separately,	8	Other income from Schedule 1, lin					• •			8	-6,550.	
\$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. This is	your total inc	ome					9	210,644.	
Married filing	10	Adjustments to income:				1						
jointly or Qualifying	а	From Schedule 1, line 22										
widow(er), \$24,800	b	Charitable contributions if you take	the standard	deduction. See	instru	uctions 1	0b	2	50.			
 Head of 	с	c Add lines 10a and 10b. These are your total adjustments to income							▶ 1	0c	250.	
household, \$18,650	11	Subtract line 10c from line 9. This	is your adjus	ted gross inco	ome					11 3	210,394.	
 If you checked 	12	Standard deduction or itemized	deductions (from Schedule	e A)				. 1	12	12,400.	
any box under <i>Standard</i>	13	Qualified business income deduction	ion. Attach Fo	orm 8995 or Fc	orm 89	995-A			. 1	13		
Deduction, see instructions.	14	Add lines 12 and 13							. []	14	12,400.	
	15	Taxable income. Subtract line 14	from line 11.	If zero or less,	enter	-0			. 1	15	197,994.	
For Disclosure	Privac	Act and Paperwork Reduction Act N	otice see sen	arate instructio	16					Fc	orm 1040 (2020)	

Form 1040 (2

Form 1040 (2020))			Page 2
	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗌 4972 3 🗌	16	44,374.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	44,374.
	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	44,374.
	23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	155.
	24	Add lines 22 and 23. This is your total tax	24	44,529.
	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	с	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	45,216.
• If you have a	26	2020 estimated tax payments and amount applied from 2019 return	26	
qualifying child,	27	Earned income credit (EIC)		
attach Sch. EIC.	28	Additional child tax credit. Attach Schedule 8812		
nontaxable combat pay,	29	American opportunity credit from Form 8863, line 8		
see instructions.	30	Recovery rebate credit. See instructions		
	31	Amount from Schedule 3, line 13		
	32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	45,216.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	687.
neruna	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	687.
Direct deposit?	►b	Routing number X X X X X X X X X X X ► c Type: Checking Savings		
See instructions.	►d	Account number X X X X X X X X X X X X X X X X X X X		
	36	Amount of line 34 you want applied to your 2021 estimated tax > 36		
Amount	37	Subtract line 33 from line 24. This is the amount you owe now	37	
You Owe		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for		
For details on how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.		
instructions.	38	Estimated tax penalty (see instructions)		
Third Party	Do	you want to allow another person to discuss this return with the IRS? See		
Designee	ins	structions	elow.	🗙 No
		signee's Phone Personal identit		
		ne ► no. ► number (PIN) ►		
Sign	Un bel	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	the bes	it of my knowledge and er has any knowledge
Here				nt you an Identity
	. 10			N, enter it here
Joint return?		SOFTWARE DEVELOPER (see	inst.) 🕨	
See instructions.	Sp			nt your spouse an
Keep a copy for your records.	,	ity Prote	ection PIN, enter it here	
,			1131.)	
		one no. Email address eparer's name Preparer's signature Date PTIN		Check if:
Paid			1701	Self-employed
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/25/2021 P02082		.,
Use Only				678)965-9522
			s EIN 🕨	
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information. BAA REV 01/15/21 PRO		Form 1040 (2020)

SCHEDULE	E 1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074
2020
Attachment Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number			
VINAY REDDY KONDAM	346-15-3526			
Part I Additional Income				

Fai			
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-6,550.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-6,550.
Par	t II Adjustments to Income		
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 01/15/21 PRO		le 1 (Form 1040) 2020

SCHEDULE	E 2
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Taxes

OMB No. 1545-0074

Attachment Sequence No. 02

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

► Go to www.irs.gov/Form1040 for instructions and the latest information.

	-		
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
VINAY REDDY KC	NDAM	340	5-15-3526
Part I Tax			

		_	
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Unreported social security and Medicare tax from Form: $\mathbf{a} \Box 4137$ $\mathbf{b} \Box 8919$.	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a 🗵 Form 8959 b 🗌 Form 8960		
	c 🗌 Instructions; enter code(s)	8	155.
9	Section 965 net tax liability installment from Form 965-A 9		
10	Add lines 4 through 8. These are your total other taxes. Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	10	155.
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 01/15/21 PRO	Schedu	ule 2 (Form 1040) 2020

					Supplementa								No. 1545-0074
(Form 1	rm 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)									i) []	020		
Departme	ent of the Treasury				tach to Form 1040							Attac	hment
	evenue Service (99)			Go to www.irs	.gov/ScheduleE f	or inst	ruction	s and the	e latest	information.		Sequ	ence No. 13
	shown on return											social securi	-
	Y REDDY KOI		Free	- Doutel Doo	- Cototo and Do		- N-1					-15-352	
Part					I Estate and Ro e an individual, rep	-		-			-	•	
				-	uld require you to							-	Yes X No
					m(s) 1099?								Yes No
<u>1</u> a					et, city, state, ZI							••□	
A	KUKATPALL					cou	-)						
B													
С													
1b	Type of Prop	perty	2	For each rent	al real estate pro	pertv l	isted		Fair	Rental	Perso	nal Use	
	(from list be			above report	the number of fa	ir rent	al and		C	ays	D	ays	QJV
Α	3			if you meet th	days. Check the ne requirements t	o file a	is a	Α		365		0	
В				qualified joint	venture. See ins	tructio	ns.	В					
С								С					
	of Property:							-					
	le Family Resid				ort-Term Rental				7 Self-				
	i-Family Reside	ence	4	Commercial		6 Rc	yalties		8 Othe	r (describe)			
Incom					Properties:			A		В			С
3	Rents received					3			650.				
4	Royalties recei	ved .				4							
Expen						5							
5 6	Advertising . Auto and trave					6	K		200.				
7	Cleaning and n	-		-		7			$\frac{200}{100}$.				
8	Commissions.					8			100.				
9	Insurance					9							
10	Legal and othe					10							
11	Management fe	-				11			650.				
12	Mortgage inter					12							
13	Other interest.					13		4,	500.				
14	Repairs					14			650.				
15	Supplies					15			650.				
16	Taxes					16							
17	Utilities					17			450.				
18	Depreciation ex	xpense	or de	epletion .		18							
19	Other (list) ►					19							
20	Total expenses					20		7,	200.				
21					or 4 (royalties). If								
	•				out if you must			E	EEO				
	file Form 6198					21		-0,	550.				
22	on Form 8582				mitation, if any,	22	(-6 5	50.)	(,
23a		•			or all rental prope				23a	(650		,
					or all royalty prop				23b		0.50	· ·	
					for all properties				23c				
d													
					for all properties				23e		7,200).	
24					on line 21. Do no							24	
25					d rental real estate				nter tota	al losses here	e. 2	25 (6,550.)
26	Total rental re	eal esta	ate a	nd royalty in	come or (loss).	Comb	ine line	s 24 an	d 25. E	nter the res	sult		
	here. If Parts	II, III, IV	V, an	d line 40 on	page 2 do not	apply	to you	i, also e	enter th	is amount			
	Schedule 1 (Fo	orm 104	l0), lir	ne 5. Otherwis	se, include this a	moun	t in the	total on	line 41			26	-6,550.
For Par	perwork Reducti	ion Act I	Notic	e, see the sep	arate instructions	-		NPA		-6,55	0.	Schedule F	(Form 1040) 2020

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Form **89559** Department of the Treasury Internal Revenue Service

Name(s) shown on return

Additional Medicare Tax

▶ If any line does not apply to you, leave it blank. See separate instructions.

► Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.

► Go to www.irs.gov/Form8959 for instructions and the latest information.

2020 Attachment Sequence No. 71

OMB No. 1545-0074

Your social security number 346-15-3526

VINA	AY REDDY KONDAM 34	46-15-35	526
Part	Additional Medicare Tax on Medicare Wages		
1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	94.	
2	Unreported tips from Form 4137, line 6		
3	Wages from Form 8919, line 6		
4	Add lines 1 through 3	94.	
5	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying widow(er) \$200,000 5 200,0	00.	
6	Subtract line 5 from line 4. If zero or less, enter -0	. 6	17,194.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go	o to	
	Part II	. 7	155.
Part	II Additional Medicare Tax on Self-Employment Income		
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)		
9	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying widow(er) \$200,000 9		
10	Enter the amount from line 4		
11	Subtract line 10 from line 9. If zero or less, enter -0		
12	Subtract line 11 from line 8. If zero or less, enter -0		
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here		
Part	go to Part III	. 13	
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14		
	(see instructions)		
15	Enter the following amount for your filing status: Married filing jointly		
	Married filing jointly \$250,000 Married filing separately \$125,000		
	Single, Head of household, or Qualifying widow(er)		
16	Subtract line 15 from line 14. If zero or less, enter -0-	. 16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.0		
	Enter here and go to Part IV		
Part			
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 8 (check bo	x a)	
	(Form 1040-PR or 1040-SS filers, see instructions), and go to Part V	. 18	155.
Part	V Withholding Reconciliation		
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form		
		04.	
20	Enter the amount from line 1	94.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . <th></th> <th></th>		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicare withholding on Medicare wages	. 22	155.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, 14 (see instructions)		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount w	with	
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PF 1040-SS filers, see instructions)	? or	155.
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 01/15/21		Form 8959 (2020)

Form **8960**

Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No. 1545-2227

2020

Attach to your tax return.
 Go to www.irs.gov/Form8960 for instructions and the latest information.

Department of the Treasury Attach to your tax return. Internal Revenue Service (99) Go to www.irs.gov/Form8960 for instructions and the latest information.			Attachment Sequence No. 72	
	Name(s) shown on your tax return Your so			
• •	VINAY REDDY KONDAM 346-			
Part	Investment Income Section 6013(g) election (see instructions)			
	Section 6013(h) election (see instructions)			
	Regulations section 1.1411-10(g) election (see instructions	s)		
1	Taxable interest (see instructions)		1	
2	Ordinary dividends (see instructions)		2	
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see			
	instructions)	-6,550.		
b	Adjustment for net income or loss derived in the ordinary course of a non-			
	section 1411 trade or business (see instructions)			
С	Combine lines 4a and 4b	4	4c −6,550.	
5a	Net gain or loss from disposition of property (see instructions)			
b	Net gain or loss from disposition of property that is not subject to net			
	investment income tax (see instructions)			
С	Adjustment from disposition of partnership interest or S corporation stock (see			
	instructions)			
d	Combine lines 5a through 5c	· ·	ōd	
6 7	Adjustments to investment income for certain CFCs and PFICs (see instructions) Other modifications to investment income (see instructions)		6 7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8 -6,550.	
Part			o -0,550.	
9a	Investment interest expenses (see instructions)			
b	State, local, and foreign income tax (see instructions)			
c	Miscellaneous investment expenses (see instructions)			
d	Add lines 9a, 9b, and 9c		9d	
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	
Part	III Tax Computation		С	
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete	lines 13–17.		
	Estates and trusts, complete lines 18a–21. If zero or less, enter -0		12 0.	
	Individuals:			
13	Modified adjusted gross income (see instructions)	210,394.		
14	Threshold based on filing status (see instructions)	200,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0	10,394.		
16			16 0.	
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here a			
	on your tax return (see instructions)		0.	
18a	Net investment income (line 12 above)			
b	Deductions for distributions of net investment income and deductions under			
b	section 642(c) (see instructions)			
с	Undistributed net investment income. Subtract line 18b from 18a (see instructions).			
Ŭ	If zero or less, enter -0			
19a	Adjusted gross income (see instructions)			
b	Highest tax bracket for estates and trusts for the year (see instructions) 19b			
с	Subtract line 19b from line 19a. If zero or less, enter -0			
20	Enter the smaller of line 18c or line 19c		20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter	er here and		
	include on your tax return (see instructions)		21	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 01/1	5/21 PRO	Form 8960 (2020)	

Individual Estimated Tax Payment

Pay by Check

- Make your check payable to "Minnesota Revenue."
- Print the last four digits of your Social Security number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

Note: Your payment may be delayed if your voucher information is missing or incorrect. When printing the voucher, set your printer to "Actual size" (not "Shrink oversized pages").

Scan Line

The scan line is the most important part of the voucher. When submitting your voucher make sure the scan line:

- Is printed with 66 digits characters, symbols, or masking are unacceptable.
- Is not cut off or missing.

Pay Electronically

- Pay electronically from your bank account. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box or call our automated system at 1-800-570-3329. We do not charge for this service.
- Pay by credit card or debit card. Go to www.paystatetax.com/mn or call 1-855-947-2966. Value Payment Systems processes these payments and charges you a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to **www.revenue.state.mn.us** and type **ACH Credit** into the Search box.

REV 01/11/21 PRO

Cut carefully along t Your check authorizes us to make a one-time		
DEPARTMENT OF REVENUE	1031	
Individual Estimated Tax Payment	Preparer Tax Identification Number:	P02082703
VINAY REDDY KONDAM 8277 MITCHELL ROAD	Social Security Number (required): Spouse's Social Security Number:	346153526
EDEN PRAIRIE MN 55347 Make check payable to: Minnesota Revenue	Tax-Year End:	123121
P.O. Box 64037, St. Paul, MN 55164-0037	Amount of Check:	328 00

Individual Estimated Tax Payment

Pay by Check

- Make your check payable to "Minnesota Revenue."
- Print the last four digits of your Social Security number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

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- Pay by ACH credit transfer through your financial institution. Go to **www.revenue.state.mn.us** and type **ACH Credit** into the Search box.

REV 01/11/21 PRO

Cut carefully along t Your check authorizes us to make a one-time		
DEPARTMENT OF REVENUE	1031	
Individual Estimated Tax Payment	Preparer Tax Identification Number:	P02082703
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- Pay by ACH credit transfer through your financial institution. Go to **www.revenue.state.mn.us** and type **ACH Credit** into the Search box.

REV 01/11/21 PRO

Cut carefully along t Your check authorizes us to make a one-time		
DEPARTMENT OF REVENUE	1031	
Individual Estimated Tax Payment	Preparer Tax Identification Number:	P02082703
VINAY REDDY KONDAM 8277 MITCHELL ROAD	Social Security Number (required): Spouse's Social Security Number:	346153526
EDEN PRAIRIE MN 55347 Make check payable to: Minnesota Revenue	Tax-Year End:	123121
P.O. Box 64037, St. Paul, MN 55164-0037	Amount of Check:	328 00

DEPARTMENT OF REVENUE 2020 Form M1, Individual Income Tax



	AY REDDY st Name and Initial	KONDAM Your Last Name	346153526 Your Social Security Numbe	r (SSN) 08021992 Your Date of Birth
If a Joint	Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Nun	nber Spouse's Date of Birth
	7 MITCHELL ROAD Home Address	EDEN PRAIRIE City	MN 55347 State ZIP Code	Check if Address is:
2020	Federal Filing Status (plac	ce an X in one box):		
× (1)) Single (2) Married Filing Jointly	(3) Married Filing Separately Spouse Name	(4) Head of Househ	old (5) Qualifying Widow(er)
Depe	ndents (see instructions):	Spouse SSN		
Depend	ent 1 First Name	Dependent 1 Last Name	Dependent 1 SSN	Dependent 1 Relationship to You
Depend	ent 2 First Name	Dependent 2 Last Name	Dependent 2 SSN	Dependent 2 Relationship to You
Depend	ent 3 First Name	Dependent 3 Last Name	Dependent 3 SSN	Dependent 3 Relationship to You
State	Elections Campaign Fund	ł		
	Your Federal Return (see ins		0	neral Campaign Fund—99 <u>197994</u> Federal taxable income
Ū			nd 1040-SR)	1 210394
2			instructions; enclose Schedule M1M)	
3				3 210644
4			tion (see instructions)	. 4 12016
5	Exemptions (determine from inst.	ructions)	· · · · · · · · · · · · · · · · · · ·	. 5
6				
7		ota income from line 47 of Schedule le M1M)	M1M	. 7∎
8	Total subtractions. Add lines 4 th	rough 7		. 812016
9	Minnesota taxable income. Subtr	ract line 8 from line 3. If zero or less, l	eave blank	. 9 <u>198628</u>
10	Tax from the table in the Form M	1 instructions		10 <u>14956</u>
11	Alternative minimum tax (enclose	e Schedule M1MT)		11

2020 M1, page 2



12 13	Add lines 10 and 11 Full-year residents: Enter the amount from line 12 on line 13		12	14956
	Part-year residents and nonresidents: From Schedule M1NR, line 13, from line 28 on line 13a, and from line 29 on line 13b		13	14956
	13a∎0_ 13b∎	<u>0</u>		
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	14956
16	Amount from line 17 of Schedule M1C, Nonrefundable Credit	ts (enclose Schedule M1C)	16	
17 18	Subtract line 16 from line 15 (<i>if result is zero or less, leave bla</i> Nongame Wildlife Fund contribution (<i>see instructions</i>)		17	14956
	This will reduce your refund or increase the amount you owe		18	
19	Add lines 17 and 18		19	14956
20	Minnesota income tax withheld. Complete and enclose Schedule M1W to report			
	Minnesota withholding from Forms W-2, 1099, and W-2G (do n	not send)	20	15142
21	Minnesota estimated tax and extension payments made for 2	2020	21 🔳	
22	Amount from line 9 of Schedule M1REF, Refundable Credits (s	see instructions; enclose Schedule M1REF)	22 🔳	
23	Total payments. Add lines 20 through 22		23	15142
24	REFUND. If line 23 is more than line 19, subtract line 19 from	line 23 (see instructions).		
25	For direct deposit, complete line 25 Direct deposit of your refund <i>(you must use an account not c</i>		24	100
25		issociated with a joreign banky.		
	Checking Savings			
	Routing Number	Account Number		
26	AMOUNT YOU OWE. If line 19 is more than line 23, subtract Penalty amount from Schedule M15 (<i>see instructions</i>). Also si		26	
27	this amount from line 24 or add it to line 26 (enclose Schedul		27 🔳	
IF Y	OU PAY ESTIMATED TAX and want part of your refund credited			
	Amount from line 24 you want sent to you		28	
			20 -	
29	Amount from line 24 you want applied to your 2021 estimate	ed tax	29 🔳	
Тахр	ayer: I declare that this return is correct and complete to the b	est of my knowledge and belief.		
Vour	Signature	Spouse's Signature (If Filing Jointly)		ate (MM/DD/YYYY)
	39158397	KVINAYREDDY92@GMAIL.COM	Da	
	ime Phone	Email Address		
SYA	AM PRIYA RAM SAGAR GUPTA TALLAM	01252021	P	02082703
	Preparer's Signature	Date (MM/DD/YYYY)		TIN or VITA/TCE # (required)
678	39659522	SYAM@GTAXFILE.COM		

SYAM@GTAXFILE.COM Preparer's Email Address

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.

Include a copy of your 2020 federal return and schedules.

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

Mail to: Minnesota Individual Income Tax, St. Paul, MN 55145-0010 1031

Preparer's Daytime Phone



2020 Schedule M1M, Income Additions and Subtractions

Complete this schedule to determine line 2 and line 7 of Form M1.

	AY REDDY st Name and Initial	KONDAM Your Last Name	346153526 Your Social Security Number
Ado	ditions to Income		
		bonds of another state or its governmental units	
		deral Form 1040	
2		idends from mutual funds investing in bonds of another state	
		s included on line 2a of federal Form 1040	
3	Federal bonus depreciati	on addition (determine from worksheet in the instructions)	
4	This line intentionally left	t blank	
5	State taxes passed throug	gh to you (see instructions)	5
6		pur federal return attributable to income not taxed	
·		n interest or mutual fund dividends from U.S. bonds)	6
7	Foreign-derived intangibl	le income deduction under section (see instructions)	7
,			
8	Suspended loss from bor	nus depreciation (see instructions and worksheets)	8 🔳
9	Capital gain portion of a l	lump-sum distribution (from line 6 of federal Form 4972; enclose Form 4	4972) 9
10	Net operating loss carryo	over adjustment (see instructions)	10 🔳
11	Addition from line 7 of So	chedule M1HOME (enclose Schedule M1HOME)	11 🗖
12	Accelerated recognition of	of nonresident installment sales (enclose Schedule M1AR)	12 🔳
13	Distributions from higher	r education savings accounts used for K-12 tuition (see instructions)	13
14	This line intentionally left	t blank	14 🗖
45	This line intentionally left	t blank	45 🔳
15	This line intentionally len	t Diank	15
16	Addition from line 32 of §	Schedule M1NC	16 250
17	Add lines 1 through 16. E	nter the total here and on line 2 of Form M1	17250
Sub	tractions from Inco	ome	
18		ind dividends from U.S. bonds (see instructions)	
19		paid for your qualifying children in grades K–12 (see instructions)	
		le of each child on the line below:	
20	If you are not filing Schee	dule M1SA, and your charitable contributions	
		e instructions	
21	Federal bonus depreciati	on subtraction (see instructions and worksheet)	
		· · · · · · · · · · · · · · · · · · ·	
22	Section 179 Expensing Su	ubtraction (see instructions)	

2020 M1M, page 2

* 2	0 1	52	1	*

23	Subtraction for persons age 65 or older, or permanently and totally disabled (enclose Schedule M1R) 3	23
24	Railroad Retirement Board benefits (see instructions)	24
25	If you are a resident of Michigan or North Dakota filing Form M1 only to receive a refund of all Minnesota	
	tax withheld, enter the amount from line 1 of Form M1. If the amount is zero or less, enter 0	25
	Place an X in one box to indicate the reciprocity state of which you were a resident during 2020 Michigan North Dako	
26	Subtraction of reservation income for American Indians (see instructions)	26
27	Federal active duty military pay received for services performed while a Minnesota	
	resident, to the extent the income is federally taxable. If you received a military pension, see line 32	27
28	Minnesota National Guard members and reservists: See instructions	28
29	Residents of another state: Enter your federal active service military pay, to the extent the income is federally taxable. If you received a military pension, see line 32	20
		23
30	Organ Donor Subtraction (see instructions)	30
		•
31	Disallowed section 280E expenses of medical cannabis manufacturers (see instructions)	31
~~		aa -
32	Subtraction for military pensions or other military retirement pay (see instructions)	32
33	Gain from the sale of farm property (see instructions)	33
34	Post-service education awards received for service in an AmeriCorps National Service program	34
25		ac -
35	Net operating loss carryover adjustment (see instructions)	35
36	Prior addback of reacquisition of indebtedness income (see instructions)	36
37	Subtraction for railroad maintenance expenses	37
38	Subtraction for contributions to a qualified education savings plan (enclose Schedule M1529)	38
39	Social Security benefit subtraction (determine from worksheet in instructions)	39
40	Subtraction for interest earned from a designated first-time homebuyer savings account	
	(enclose Schedule M1HOME)	40
41	Subtraction for discharge of indebtedness of educational loans (see instructions)	41
42	Income from prior-year partnership sale (see instructions) (see instructions)	/2
72		72 🔳
43	Deferred foreign income recognized under section 965 of the Internal Revenue Code	43
44	Global intangible low-taxed income included in gross income	
	under section 951A of the Internal Revenue Code.	44
	Subtraction from line 32 of Schedule M1NC. Enter as a positive number	<i>1</i> 5 •
45		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
46	This line intentionally left blank	46
47	Add lines 18-46. Enter the total here and on line 7 of Form M1	47

You must include this schedule with your Form M1.



2020 Schedule M1W, Minnesota Income Tax Withheld

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

VINAY REDDY	KONDAM	346153526
Your First Name and Initial	Last Name	Your Social Security Number
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number

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.

	Α	B—Box 13	C—Box 15	D—Box 16	E—Box 17	
	If the Form W-2 is for:	If Retirement Plan	Employer's seven-digit Minnesota	State wages, tips, etc.	Minnesota tax withheld	
	• you, enter 1	box is checked,	Tax ID Number	(round to nearest whole dollar)	(round to nearest whole dollar)	
	• spouse, enter 2	mark <u>an X</u> below.				
	a11	b1	_{c1 MN} 2385361	d1 217194	e115142	
	u1		<u> </u>			
	a2	b2	c2 MN	d2	e2	
	d2	JZ		uz	e2	
	•					
	a3	b3	c3 MN	d3	e3	
	a4	b4	c4 MN	d4	e4	
	a5	b5	c5 MN	d5	e5	
	Subtotal for addition	al Forms W-2 (from	n line 5 on page 2)			
	Total Minnesota tay	withheld on all Fo	orms W-2 (add amounts in line 1, col	ump E)	15142	
2	Minnocoto tox withk	ald an Farma 1000	, W-2G, and 1042-S. If you have mo	, then four forme complete line	C on the head	
2		ield on Forms 1099		•		
	Α		В	C	D	
	If the Form 1099, W-2G,	, or 1042-S is for:	Payer's seven-digit Minnesota Tax ID	Income amount (see the table on	Minnesota tax withheld	
	• you, enter 1		Number (if unknown, contact the pay	er) the back for amounts to include)	(round to nearest whole dollar)	
	• spouse, enter 2					
	a1		b1 MN	c1	d1	
	a2		b2 MN	c2	d2	
	d2				uz	
			b3 MN	c3		
	a3			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 10	999, W-2G, and 1042-S (add amount	s in line 2, column D)	2	
3	Total Minnesota tax	withheld by partn	erships, S corporations, and fiducia	ries		
					3	
л	Total. Add the Minn					
-			orm M1		15142	
	Enter the total here	and on line 20 of F			+■ <u>⊥J⊥IZ</u>	
			Include this schedule with	•		
			If required, include Schedul			



2020 Schedule M1NC, Federal Adjustments

Minnesota has not adopted the federal law changes enacted after December 31, 2018, that affect federal adjusted gross income for tax year 2020. This schedule allows for any necessary adjustments required to file a state tax return.

	NAY REDDY First Name and Initial	KONDAM Last Name	346153526 Social Security Number
	I the instructions before you complete	this schedule.	Enter amounts as a positive or negative.
۸ .l:.	atus suts to fade val adiusted succes		Round amounts to the nearest whole dollar
	Istments to federal adjusted gross	Income (FAGI) 0 and excluded from federal income	
-			
2	Tuition and fees deduction from line 2	1 of federal Schedule 1	
3	Distributions from higher education say	vings accounts used for apprenticeship programs or stud	ent loan payments. 3 🔳
4	IRA distributions related to Coronaviru	us to be repaid over extended time	
_			
5	Certain retirement account withdrawa	als excluded from income	
6	Charitable contribution deduction for	filers who claim the federal standard deduction	·····. 6 ■ <u>250</u>
7	This line intentionally left blank		
8	This line intentionally left blank		
•		giveness	
9			
10	Exclusion for employer payments of st	udent loans	10 🔳
11	Employee Retention Credit under the	CARES Act	11 🔳
12	Employee Retention Credit for employ	vers affected by qualified disasters.	12 🔳
13	NOL carryovers and suspension of 80%	6 Limit	13 🔳
14	Modification of excess loss limitation of	or excess business loss	14 🔳
15	Subpart F Income Adjustment		15 🔳
16	Modification of business interest limit	ation	16 🔳
17	Qualified Improvement Property tech	nical fix	17 🔳
18	Employer credit for paid medical leave	e and Employer payroll credit for required paid family le	eave 18 🔳
19	Basis and depreciation provisions		19 🔳
20	Credit provisions impacting basis and	depreciation	20 🔳
21	Credit provisions impacting business e	xpenses	21 🔳
22	Other adjustments to federal adjusted	gross income	22 🔳
23	This line intentionally left blank		23 🔳
	REV 01/11/21 PRO	1031	

2020 Schedule M1NC, page 2



24	This line intentionally left blank	. ■		
25	This line intentionally left blank 25	5 🔳 _		
26	This line intentionally left blank	5 🔳 _		
27	This line intentionally left blank	- ■		
28	This line intentionally left blank	3 🔳 🗉		
29	This line intentionally left blank) 🔳 💷		
30	This line intentionally left blank			
31	If you have an amount on lines 1 through 30, and an adjustment to income subject to a rule involving adjusted gross income such as an IRA deduction, Social Security income, rental real estate loss, or student loan interest, see instructions	L 🔳 _		
32	Add lines 1-31. If the result is positive, enter it on Form M1M, line 16. If the amount is negative, enter it as a positive number on Form M1M, line 45	2 🔳 _		250
33	Line 1 of Form M1	8 ■ _	21	0394
34	Minnesota adjusted gross income. Add lines 32 and 33, then see instructions	. ■	21	0644

You must include this schedule when you file Form M1.

E 1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		(99) urn	20	20	OMB No. 154	5-0074	IRS Us	e Only	—Do not v	vrite or staple	in this space.	
Filing Status Check only one box.	lf yc	Single [] Married filing jointly [ou checked the MFS box, enter the n son is a child but not your dependen	ame of	-	separately buse. If yo					,		, ,	low(er) (QW) he qualifying	
Your first name	and m	iddle initial	Last na	ime							Your so	cial securi	ty number	
VINAY R	EDDY		KONI	DAM							346-	15-352	б	
lf joint return, s	pouse':	s first name and middle initial	Last na	ime							Spouse	's social se	curity number	
8277 MI	TCHE								Apt. no.		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3			
		ce. If you have a foreign address, also co	mplete s	spaces be	elow.	Sta		ZIP c					Checking a	
EDEN PR		E				M		553	347			low will not	•	
Foreign country	y name			Foreign p	rovince/sta	te/coun	ty	Forei	gn postal	code	your ta:	x or refund		
At any time du	uring 20	020, did you receive, sell, send, excl	nange, d	or otherv	vise acqui	re any	financial inter	est in a	any virtu	al cu	rrency?	Ves	X No	
Standard Deduction	_	eone can claim:	•		•		a dependent							
Age/Blindness	s You	: 🗌 Were born before January 2, 1	956	Are b	lind S	pouse	🗄 🗌 Was bo	rn bef	ore Janı	ary 2	2, 1956	🔤 ls b	lind	
Dependent		instructions): irst name Last name		(2)	Social secu number	rity	(3) Relations to you	hip				or (see instru	uctions): ther dependents	
lf more than four	(1)								Child tax c		eun			
dependents,										$\overline{\square}$				
see instruction	s —									$\overline{\square}$				
and check here ►										$\overline{\square}$				
	1	Wages, salaries, tips, etc. Attach F		W 2							. 1	2	<u> </u>	
Attach	 2a		2a	vv-2 .	· · · ·		· · · ·		• •	•	· 1 2b		17,194.	
Sch. B if	2a 3a	· ·	2a 3a			 b Taxable interest b Ordinary dividend 				·	· 20. 3b			
required.	- <u>5a</u> - 4a		4a				axable amour			·	. <u>36</u>			
/	5a						axable amour		• •	•	. <u></u> . . 5b			
Standard	6a		5a 6a				axable amour		• •	•	. 51. . 61:			
Deduction for –	7	Capital gain or (loss). Attach Sche		f roquiro	d If not re					►Г	7			
 Single or Married filing 	8	Other income from Schedule 1, lin		•		•		• •			. 8		-6,550.	
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,						• •		•	. <u>0</u>		<u> </u>	
\$12,400Married filing	10	Adjustments to income:		1113 13 ye		come		• •		•			10,011.	
jointly or	a	,					10							
Qualifying widow(er),	b	Charitable contributions if you take the standard deduction. See instructions 10b 250.							0					
\$24,800 • Head of	c								► 10	c .	250.			
household,	11							► 11		10,394.				
\$18,650If you checked	12	Subtract line 10c from line 9. This is your adjusted gross income								12,400.				
any box under	13	Qualified business income deduct		`		,							, 100.	
Standard Deduction,	14	Add lines 12 and 13											12,400.	
see instructions.	15	Taxable income. Subtract line 14											97,994.	
										•	. 10		1010	

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

Form **1040** (2020)

Form 1040 (2020))											Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2	4972	3			16	44,3	574.
	17	Amount from Schedule 2, lir	ne3							17		
	18	Add lines 16 and 17								18	44,3	574.
	19	Child tax credit or credit for	other dependen	ts						19		
	20	Amount from Schedule 3, lir	ne7							20		
	21	Add lines 19 and 20								21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	44,3	74.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10					23	1	.55.
	24	Add lines 22 and 23. This is	your total tax						. Þ	24	44,5	29.
	25	Federal income tax withheld	from:									
	а	Form(s) W-2					25a	45	,061			
	b	Form(s) 1099					25b					
	с	Other forms (see instructions	s)				25c		155			
	d	Add lines 25a through 25c								25d	45,2	16.
• If you have a	26	2020 estimated tax payment								26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			^{No}	<u>.</u>	27					
If you have	28	Additional child tax credit. A	ttach Schedule	8812			28					
nontaxable combat pay,	29	American opportunity credit	from Form 8863	3, line 8			29					
see instructions.	30	Recovery rebate credit. See	instructions .				30					
	31	Amount from Schedule 3, lin	ne 13				31					
	32	Add lines 27 through 31. The	ese are your tota	al other paym	ents and r	refunda	ble cr	edits	. Þ	32		
	33	Add lines 25d, 26, and 32. T	hese are your to	otal payments					. 🕨	33	45,2	16.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the	e amour	nt you	overpaid		34	6	587.
	35a	Amount of line 34 you want			3 is attache	ed, chec	ck here			35a	6	587.
Direct deposit?	►b	Routing number X X X			► с Тур	—			Savings	6		
See instructions.	►d	Account number X X X	X X X X	XXXX	XXX	XX	XZ	x				
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax .	. 🕨	36					
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now .				. 🕨	37		
You Owe For details on		Note: Schedule H and Sch 2020. See Schedule 3, line 1			•	ent all c	of the	taxes you	owe fo	r		
how to pay, see instructions.	38	Estimated tax penalty (see in					38					
Third Party	Do	you want to allow another										
Designee		tructions	•					🗌 Yes. Co	omplete	e below.	🗙 No	
		signee's		Phone						ntification		
		ne 🕨		no. 🕨					oer (PIN)			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com										
Here							iseu on	an intornatio			nt you an Identit	
	, TO	ur signature		Date	Your occu	ipation					IN, enter it here	
Joint return?					SOFTW	ARE D	DEVEI	LOPER	(se	e inst.) 🕨		
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's	occupati	on				nt your spouse a	
Keep a copy for your records.	,									entity Prot e inst.) 🕨	ection PIN, ente	r it here
your root dor									(56	e Inst.)		
		one no. eparer's name	Droporor's signat	Email address			Detc		PTIN		Chook :f:	
Paid			Preparer's signat			лтт ¬ъ *	Date			0 0 7 0 0	Check if:	loved
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TA	АЦЦАМ	I OT/2	25/2021		82703	Self-empl	<u>,</u>
Use Only		m's name ► GLOBAL TA			- 07 24	0041					678)965-9	
		m's address ► 2530 Pebb		n Cummin	-				Fir	m's EIN 🖡		
Go to www.irs.go	ov/Forn	1040 for instructions and the late	st information.		BAA	4	REV	01/15/21 PRC)		Form 104	0 (2020)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074
2020
Attachment Seguence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
VINAY REDDY KONDAM	346-15-3526
Part Additional Income	

Par	Additional income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-6,550.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	
Par	line 8	9	-6,550.
10		10	
11	Certain business expenses of reservists, performing artists, and fee-basis government	10	
••	officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a		18a	
b	Recipient's SSN		
с	Date of original divorce or separation agreement (see instructions)		
19		19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and		
	on Form 1040, 1040-SR, or 1040-NR, line 10a	22	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 01/15/21 PRO	Schedul	e 1 (Form 1040) 2020

SCHEDULE	E 2
(Form 1040)	

Department of the Treasury

Additional Taxes

OMB No. 1545-0074 2020

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

Department of the Treasury Internal Revenue Service		Attachment Sequence No. 02	
Name(s) shown on Fo	Your social security numbe		
VINAY REDDY KC	346	5-15-3526	
Dart I Tax			

Pa			
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 .	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Unreported social security and Medicare tax from Form: $\mathbf{a} \square 4137$ $\mathbf{b} \square 8919$.	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a 🗵 Form 8959 b 🗌 Form 8960		
	c 🗌 Instructions; enter code(s)	8	155.
9	Section 965 net tax liability installment from Form 965-A 9		
10	Add lines 4 through 8. These are your total other taxes. Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	10	155.
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 01/15/21 PRO	Schedu	le 2 (Form 1040) 2020

	ent of the Treasury	Attach to Form 1040							Attacl	hment	
	evenue Service (99)	► Go to www.irs.gov/ScheduleE f	or inst	ructions	and th	e latest	information.		Seque	ence No. 13	
()	shown on return									y number	
	Y REDDY KONDAM								5-352		_
Part		s From Rental Real Estate and Ro	-		-			÷ .	•		
A D:-		instructions. If you are an individual, rep									
		nts in 2020 that would require you to		• • •							
		ou file required Form(s) 1099?							<u>. </u>	Yes 🗌 No	_
<u>1a</u> A		each property (street, city, state, ZIF DERABAD IN 500072	COUE	=)							—
B	KUKAIPALLI HIL	JERABAD IN SUUU72									_
											—
 1b	Type of Property	2 For each rental real estate pro	norty l	istad		Fair	Rental	Persona	Use		—
1.0	(from list below)	above, report the number of fa	ir rent	al and			ays	Day		QJV	
Α	3	personal use days. Check the if you meet the requirements to	QJV b	ox only	Α		365		0		_
В		qualified joint venture. See ins	tructio	ns.	B						_
С		-			C						_
Туре с	of Property:								I		_
	le Family Residence	3 Vacation/Short-Term Rental	5 La	nd		7 Self-	Rental				
2 Mult	i-Family Residence	4 Commercial	6 Ro	yalties		8 Othe	r (describe)				
Incom	e:	Properties:			Α		В			С	
3	Rents received		3			650.					
4			4								
Expen											
5			5								
6	,	nstructions)	6			200.					
7		nance	7			100.					
8	Commissions		8								
9			9								
10		essional fees	10								
11	-		11			650.					
12		id to banks, etc. (see instructions)	12								
13			13		4,	500.					_
14			14			650.					_
15			15			650.					_
16			16						<u> </u>		
17			17			450.			<u> </u>		
18		e or depletion	18						<u> </u>		
19	Other (list)		19								_
20		lines 5 through 19	20		7,	200.			<u> </u>		
21		line 3 (rents) and/or 4 (royalties). If									
		instructions to find out if you must	0.1		6	550.					
00	file Form 6198		21		-0,						
22	on Form 8582 (see in	l estate loss after limitation, if any, structions)	22	(-6 1	550.)	()	(١
23a		eported on line 3 for all rental prope		1	-0,:	23a	1	650.	\		_
23a b		eported on line 4 for all royalty prop				23b		0.50.			
c		eported on line 12 for all properties				23c					
d		eported on line 18 for all properties				23d					
e		eported on line 20 for all properties				23e		7,200.			
24		e amounts shown on line 21. Do no						. 24			
25		sses from line 21 and rental real estate					l losses here		(6,550.)
26		ate and royalty income or (loss).							\	.,	
20		V, and line 40 on page 2 do not									
		40), line 5. Otherwise, include this a						. 26		-6,550	
For Pa		Notice, see the separate instructions			IPA		-6,550). Sc	hedule E	(Form 1040) 20	

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

SCHEDULE E

(Form 1040)

Schedule E (Form 1040) 2020

OMB No. 1545-0074

20

8959 Form Department of the Treasury Internal Revenue Service

Name(s) shown on return

Additional Medicare Tax

▶ If any line does not apply to you, leave it blank. See separate instructions.

Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.

► Go to www.irs.gov/Form8959 for instructions and the latest information.

2020 Attachment Sequence No. 71 Your social security number

OMB No. 1545-0074

VINA	Y REDDY KONDAM		346-	15-35	526	
Part	Additional Medicare Tax on Medicare Wages					
1	Medicare wages and tips from Form W-2, box 5. If you have more than one					
	Form W-2, enter the total of the amounts from box 5	1	217,194.			
2	Unreported tips from Form 4137, line 6	2				
3	Wages from Form 8919, line 6	3				
4	Add lines 1 through 3	4	217,194.			
5	Enter the following amount for your filing status:					
	Married filing jointly					
	Married filing separately					
	Single, Head of household, or Qualifying widow(er) \$200,000	5	200,000.			
6	Subtract line 5 from line 4. If zero or less, enter -0			6	17,194.	
	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009).					
			•	7	155.	
Part				-		
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you					
-	had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)	8				
9	Enter the following amount for your filing status:					
	Married filing jointly.					
	Married filing separately					
	Single, Head of household, or Qualifying widow(er) \$200,000	9				
10	Enter the amount from line 4	10		-		
11	Subtract line 10 from line 9. If zero or less, enter -0	11		-		
12	Subtract line 11 from line 8. If zero or less, enter -0			12		
	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (12		
				13		
Part	go to Part III					
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14					
14		14				
15	Enter the following amount for your filing status:	14		-		
15	Married filing jointly					
	Married filing separately					
	Single, Head of household, or Qualifying widow(er)	15				
16	Subtract line 15 from line 14. If zero or less, enter -0	_		16		
16				10		
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply lir		,	47		
Dart I	Enter here and go to Part IV	17				
		lino	9 (abaak bax a)			
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040) (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V			18	1	
Part				10	155.	
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form					
	W-2, enter the total of the amounts from box 6	19	3,304.			
20	Enter the amount from line 1	20		_		
		20	217,194.	-		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	2 1 4 0			
00			3,149.			
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Add				1	
00	withholding on Medicare wages			22	155.	
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)					
•				23		
	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also included and intervention of the second secon					
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25				1	
Fer Di	1040-SS filers, see instructions)			24	<u>155.</u>	
For Pap	perwork Reduction Act Notice, see your tax return instructions.		REV 01/15/21 PRO		Form 8959 (2020)	

Form **8960**

Department of the Treasury

Net Investment Income Tax— Individuals, Estates, and Trusts Attach to your tax return.

OMB No. 1545-2227

2020

	ent of the Treasury Attach to your tax return. Revenue Service (99) Go to www.irs.gov/Form8960 for instructions and the latest information.		Atta	achment Juence No. 72
	shown on your tax return	Your soci		rity number or EIN
VINA	AY REDDY KONDAM	346-1	5-35	26
Part	I Investment Income Section 6013(g) election (see instructions)			
	 Section 6013(h) election (see instructions) Regulations section 1.1411-10(g) election (see instructions) 			
1	Taxable interest (see instructions)		1	
2	Ordinary dividends (see instructions)		2	
3	Annuities (see instructions)	🗋	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)4a	,550.		
b	Adjustment for net income or loss derived in the ordinary course of a non- section 1411 trade or business (see instructions)			
С	Combine lines 4a and 4b	/	4c	-6,550.
5a	Net gain or loss from disposition of property (see instructions) 5a			
b	Net gain or loss from disposition of property that is not subject to netinvestment income tax (see instructions) 5b			
с	Adjustment from disposition of partnership interest or S corporation stock (see			
	instructions)			
d	Combine lines 5a through 5c		5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	-6,550.
Part			_	
9a	Investment interest expenses (see instructions)			
b	State, local, and foreign income tax (see instructions)			
С	Miscellaneous investment expenses (see instructions)		0.1	_
d 10 11 Part	Add lines 9a, 9b, and 9c		9d 10 11	c
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines	13–17.		
	Estates and trusts, complete lines 18a–21. If zero or less, enter -0		12	0.
13	Modified adjusted gross income (see instructions)	,394.		
14	Threshold based on filing status (see instructions)	,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0	,394.		
16	Enter the smaller of line 12 or line 15	🗋	16	0.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and in on your tax return (see instructions)		17	0.
40	Estates and Trusts:			
18a	Net investment income (line 12 above) 1 18a			
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions) 18b			
С	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0- 18c			
19a	Adjusted gross income (see instructions)			
b	Highest tax bracket for estates and trusts for the year (see instructions) 19b			
С	Subtract line 19b from line 19a. If zero or less, enter -0			
20	Enter the smaller of line 18c or line 19c	-	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter her include on your tax return (see instructions)		21	
For Do				Form 8960 (2020)
. JI Fd	perwork Reduction Act Notice, see your tax return instructions. BAA REV 01/15/21 PR	Ĭ		(2020)