

**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 RAJU	Last name DASARI	Your social security number 043-29-0942
If joint return, spouse's first name and middle initial SASIKALA	Last name DASARI	Spouse's social security number 005-97-9275
Home address (number and street). If you have a P.O. box, see instructions. 1324 S FINLEY ROAD 1N		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. LOMBARD		State IL
Foreign country name		Foreign province/state/county
Foreign postal code		Foreign postal code
		ZIP code 60148
		Foreign postal code

**Presidential Election Campaign**  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse

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

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

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

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(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
	ANVITHAA	DASARI	948-92-6913	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	ADVITHI	DASARI	948-92-6948	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	ANISH	DASARI	190-31-7171	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.  <b>Standard Deduction for—</b> • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction, see instructions.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2		<b>1</b>	267,443.	
	<b>2a</b>	Tax-exempt interest	<b>2a</b>	<b>2b</b>	11.	
	<b>3a</b>	Qualified dividends	<b>3a</b>	634.	<b>3b</b>	827.
	<b>4a</b>	IRA distributions	<b>4a</b>		<b>4b</b>	
	<b>5a</b>	Pensions and annuities	<b>5a</b>		<b>5b</b>	
	<b>6a</b>	Social security benefits	<b>6a</b>		<b>6b</b>	
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			<b>7</b>	10,536.
	<b>8</b>	Other income from Schedule 1, line 9			<b>8</b>	162,055.
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>			<b>9</b>	440,872.
	<b>10</b>	Adjustments to income:				
	<b>a</b>	From Schedule 1, line 22	<b>10a</b>	2,170.		
	<b>b</b>	Charitable contributions if you take the standard deduction. See instructions	<b>10b</b>			
	<b>c</b>	Add lines 10a and 10b. These are your <b>total adjustments to income</b>			<b>10c</b>	2,170.
	<b>11</b>	Subtract line 10c from line 9. This is your <b>adjusted gross income</b>			<b>11</b>	438,702.
	<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)			<b>12</b>	24,800.
<b>13</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A			<b>13</b>	27.	
<b>14</b>	Add lines 12 and 13			<b>14</b>	24,827.	
<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0-			<b>15</b>	413,875.	

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

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	94,363.
17	Amount from Schedule 2, line 3	17	0.
18	Add lines 16 and 17	18	94,363.
19	Child tax credit or credit for other dependents	19	1,050.
20	Amount from Schedule 3, line 7	20	2.
21	Add lines 19 and 20	21	1,052.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	93,311.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	6,299.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	99,610.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	39,448.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	0.
d	Add lines 25a through 25c	25d	39,448.
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	
31	Amount from Schedule 3, line 13	31	172.
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	172.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	39,620.

• 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 <b>overpaid</b>	34																					
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a																					
b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	c Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	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 <b>applied to your 2021 estimated tax</b>	36																					

Amount You Owe

37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	59,990.
<b>Note:</b> 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.)
<input type="text"/>	<input type="text"/>	SOFTWARE ENGINEER	<input type="text"/>
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
<input type="text"/>	<input type="text"/>	HOME MAKER	<input type="text"/>
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/27/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	Firm's EIN
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		(678) 965-9522	30-1017196

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

OMB No. 1545-0074

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
RAJU & SASIKALA DASARI

Your social security number  
043-29-0942

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	162,055.
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	162,055.

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	2,170.
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees deduction. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . .	<b>22</b>	2,170.

**SCHEDULE 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

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

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
RAJU & SASIKALA DASARI

Your social security number  
043-29-0942

**Part I Tax**

<b>1</b>	Alternative minimum tax. Attach Form 6251 . . . . .	<b>1</b>	
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>2</b>	
<b>3</b>	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . . . .	<b>3</b>	

**Part II Other Taxes**

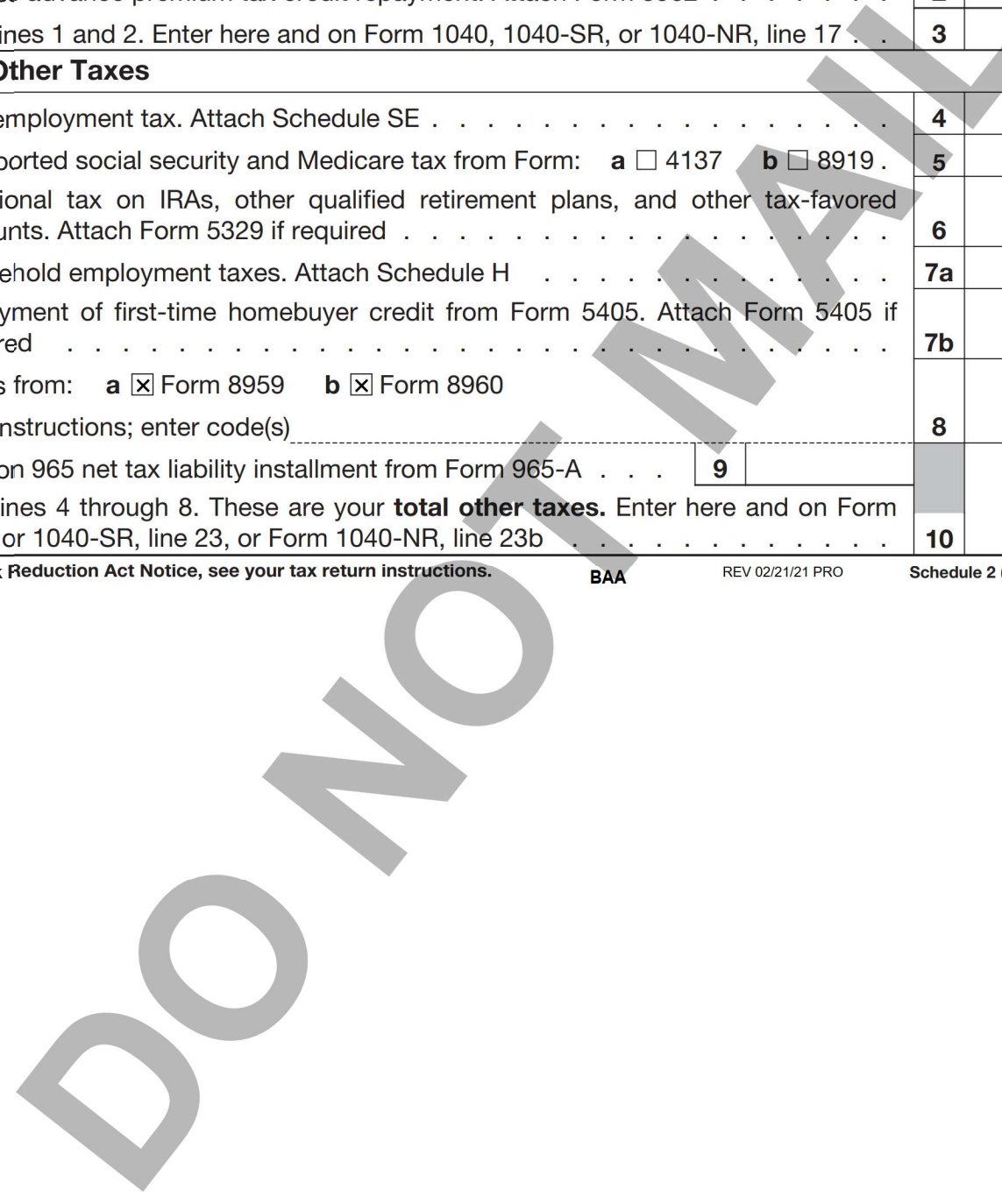
<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	4,340.
<b>5</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919 . . . . .	<b>5</b>	
<b>6</b>	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required . . . . .	<b>6</b>	
<b>7a</b>	Household employment taxes. Attach Schedule H . . . . .	<b>7a</b>	
<b>b</b>	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required . . . . .	<b>7b</b>	
<b>8</b>	Taxes from: <b>a</b> <input checked="" type="checkbox"/> Form 8959 <b>b</b> <input checked="" type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s) _____	<b>8</b>	1,959.
<b>9</b>	Section 965 net tax liability installment from Form 965-A . . . . .	<b>9</b>	
<b>10</b>	Add lines 4 through 8. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . .	<b>10</b>	6,299.

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

BAA

REV 02/21/21 PRO

Schedule 2 (Form 1040) 2020



**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

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

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
RAJU & SASIKALA DASARI

Your social security number  
043-29-0942

**Part I Nonrefundable Credits**

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

**Part II Other Payments and Refundable Credits**

<b>8</b>	Net premium tax credit. Attach Form 8962 . . . . .	<b>8</b>	
<b>9</b>	Amount paid with request for extension to file (see instructions) . . . . .	<b>9</b>	
<b>10</b>	Excess social security and tier 1 RRTA tax withheld . . . . .	<b>10</b>	172.
<b>11</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .	<b>11</b>	
<b>12</b>	Other payments or refundable credits:		
<b>a</b>	Form 2439 . . . . .	<b>12a</b>	
<b>b</b>	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 . . . . .	<b>12b</b>	
<b>c</b>	Health coverage tax credit from Form 8885 . . . . .	<b>12c</b>	
<b>d</b>	Other: _____	<b>12d</b>	
<b>e</b>	Deferral for certain Schedule H or SE filers (see instructions) . . . . .	<b>12e</b>	
<b>f</b>	Add lines 12a through 12e . . . . .	<b>12f</b>	
<b>13</b>	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	<b>13</b>	172.

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

BAA

REV 02/21/21 PRO

Schedule 3 (Form 1040) 2020

DO NOT WRITE IN THESE SPACES

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business  
(Sole Proprietorship)**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

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

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor <b>SASIKALA DASARI</b>		Social security number (SSN) 005-97-9275
<b>A</b> Principal business or profession, including product or service (see instructions) SASI TECHNOLOGIES LLC	<b>B</b> Enter code from instructions ▶ 5   4   1   5   1   0	
<b>C</b> Business name. If no separate business name, leave blank. SASI TECHNOLOGIES LLC	<b>D</b> Employer ID number (EIN) (see instr.) 8   2   5   2   8   0   0   2   4	
<b>E</b> Business address (including suite or room no.) ▶ 1324 S FINLEY ROAD 1A City, town or post office, state, and ZIP code Lombard, IL 60148		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
<b>G</b> Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>H</b> If you started or acquired this business during 2020, check here		<input type="checkbox"/>
<b>I</b> Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>J</b> If "Yes," did you or will you file required Form(s) 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . . ▶ <input type="checkbox"/>	<b>1</b>	223,191.
<b>2</b> Returns and allowances . . . . .	<b>2</b>	
<b>3</b> Subtract line 2 from line 1 . . . . .	<b>3</b>	223,191.
<b>4</b> Cost of goods sold (from line 42) . . . . .	<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>	223,191.
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6 . . . . . ▶	<b>7</b>	223,191.

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b> Advertising . . . . .	<b>8</b>		<b>18</b> Office expense (see instructions)	<b>18</b>	3,337.
<b>9</b> Car and truck expenses (see instructions) . . . . .	<b>9</b>		<b>19</b> Pension and profit-sharing plans . . . . .	<b>19</b>	
<b>10</b> Commissions and fees . . . . .	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions) . . . . .	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion . . . . .	<b>12</b>		<b>b</b> Other business property . . . . .	<b>20b</b>	18,000.
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . .	<b>13</b>	0.	<b>21</b> Repairs and maintenance . . . . .	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19) . . . . .	<b>14</b>	0.	<b>22</b> Supplies (not included in Part III) . . . . .	<b>22</b>	0.
<b>15</b> Insurance (other than health) . . . . .	<b>15</b>		<b>23</b> Taxes and licenses . . . . .	<b>23</b>	
<b>16</b> Interest (see instructions):			<b>24</b> Travel and meals:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel . . . . .	<b>24a</b>	1,310.
<b>b</b> Other . . . . .	<b>16b</b>		<b>b</b> Deductible meals (see instructions) . . . . .	<b>24b</b>	2,400.
<b>17</b> Legal and professional services . . . . .	<b>17</b>	0.	<b>25</b> Utilities . . . . .	<b>25</b>	879.
<b>18</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . . ▶	<b>18</b>		<b>26</b> Wages (less employment credits) . . . . .	<b>26</b>	
<b>19</b> Tentative profit or (loss). Subtract line 18 from line 7 . . . . .	<b>19</b>		<b>27a</b> Other expenses (from line 48) . . . . .	<b>27a</b>	35,210.
<b>20</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .	<b>20</b>		<b>27b</b> <b>Reserved for future use</b> . . . . .	<b>27b</b>	
<b>21</b> <b>Net profit or (loss).</b> Subtract line 20 from line 19. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>21</b>		<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . . ▶	<b>28</b>	61,136.
<b>22</b> If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.	<b>22</b>		<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>	162,055.
	<b>22</b>		<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .	<b>30</b>	
	<b>22</b>		<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>	162,055.
	<b>22</b>		<b>32</b> If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.	<b>32</b>	
	<b>22</b>		<b>32a</b> <input checked="" type="checkbox"/> All investment is at risk.		
	<b>22</b>		<b>32b</b> <input type="checkbox"/> Some investment is not at risk.		

**Part III Cost of Goods Sold** (see instructions)

**33** Method(s) used to value closing inventory:    **a**  Cost    **b**  Lower of cost or market    **c**  Other (attach explanation)

**34** Was there any change in determining quantities, costs, or valuations between opening and closing inventory?     Yes     No  
If "Yes," attach explanation . . . . .

<b>35</b> Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . .	<b>35</b>
<b>36</b> Purchases less cost of items withdrawn for personal use . . . . .	<b>36</b>
<b>37</b> Cost of labor. Do not include any amounts paid to yourself . . . . .	<b>37</b>
<b>38</b> Materials and supplies . . . . .	<b>38</b>
<b>39</b> Other costs . . . . .	<b>39</b>
<b>40</b> Add lines 35 through 39 . . . . .	<b>40</b>
<b>41</b> Inventory at end of year . . . . .	<b>41</b>
<b>42</b> <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .	<b>42</b>

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

**43** When did you place your vehicle in service for business purposes? (month/day/year)    ▶ \_\_\_\_\_

**44** Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:

**a** Business \_\_\_\_\_    **b** Commuting (see instructions) \_\_\_\_\_    **c** Other \_\_\_\_\_

**45** Was your vehicle available for personal use during off-duty hours? . . . . .  Yes     No

**46** Do you (or your spouse) have another vehicle available for personal use?. . . . .  Yes     No

**47a** Do you have evidence to support your deduction? . . . . .  Yes     No

**b** If "Yes," is the evidence written? . . . . .  Yes     No

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

CONSULTANCY CHARGES	27,750.
SALARIES	7,460.
<b>48</b> <b>Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48</b> 35,210.

**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.**  
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return

RAJU & SASIKALA DASARI

Your social security number

043-29-0942

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	4,525,992.	6,845,340.	2,366,608.	47,260.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .	7,286.	7,016.		270.
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( 10,425. )
<b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> 37,105.

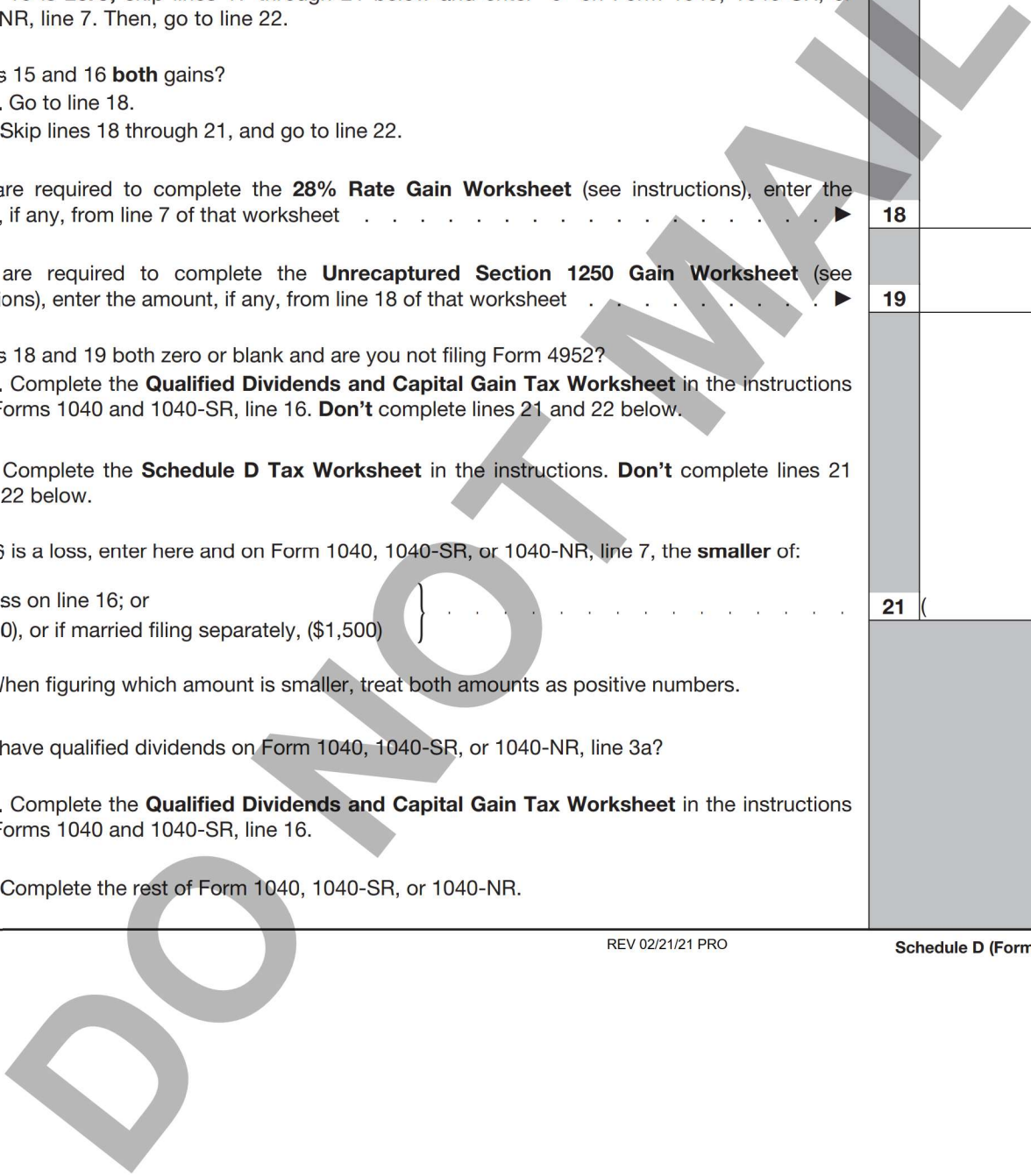
**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	222,979.	774,922.	525,352.	-26,591.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b> 22.
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b> -26,569.



**Part III Summary**

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	10,536.
	<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>		
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input type="checkbox"/> <b>Yes.</b> Go to line 18. <input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶	<b>18</b>	
<b>19</b>	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶	<b>19</b>	
<b>20</b>	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of: <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) }</li> </ul> <b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.	<b>21</b>	( )
<b>22</b>	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		









**SCHEDULE SE  
(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **17**

Department of the Treasury  
Internal Revenue Service (99)

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

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)  
SASIKALA DASARI

Social security number of person  
with self-employment income ► 005-97-9275

**Part I Self-Employment Tax**

**Note:** If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

**A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

**1a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

**b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH **1b** ( )

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

**2** Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 162,055.

**3** Combine lines 1a, 1b, and 2 **3** 162,055.

**4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 149,658.

**Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

**b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

**c** Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 149,658.

**5a** Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

**b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b** 0.

**6** Add lines 4c and 5b **6** 149,658.

**7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2020 **7** 137,700

**8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11 **8a** 140,471.

**b** Unreported tips subject to social security tax from Form 4137, line 10 **8b**

**c** Wages subject to social security tax from Form 8919, line 10 **8c**

**d** Add lines 8a, 8b, and 8c **8d**

**9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9**

**10** Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10**

**11** Multiply line 6 by 2.9% (0.029) **11** 4,340.

**12** **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** **12** 4,340.

**13** **Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 14** **13** 2,170.

**Part II Optional Methods To Figure Net Earnings** (see instructions)

**Farm Optional Method.** You may use this method **only** if **(a)** your gross farm income<sup>1</sup> wasn't more than \$8,460, **or (b)** your net farm profits<sup>2</sup> were less than \$6,107.

**14** Maximum income for optional methods **14** 5,640

**15** Enter the **smaller** of: two-thirds (2/3) of gross farm income<sup>1</sup> (not less than zero) **or** \$5,640. Also, include this amount on line 4b above **15**

**Nonfarm Optional Method.** You may use this method **only** if **(a)** your net nonfarm profits<sup>3</sup> were less than \$6,107 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

**16** Subtract line 15 from line 14 **16**

**17** Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income<sup>4</sup> (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above **17**

<sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B. <sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.  
<sup>2</sup> From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method. <sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

**Part III Maximum Deferral of Self-Employment Tax Payments**

If line 4c is zero, skip lines 18 through 20, and enter -0- on line 21.

<b>18</b>	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020 . . .	<b>18</b>	
<b>19</b>	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18	<b>19</b>	
<b>20</b>	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31, 2020 . . . . .	<b>20</b>	
<b>21</b>	Combine lines 19 and 20 . . . . .	<b>21</b>	

If line 5b is zero, skip line 22 and enter -0- on line 23.

<b>22</b>	Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020 . . .	<b>22</b>	
<b>23</b>	Multiply line 22 by 92.35% (0.9235) . . . . .	<b>23</b>	0.
<b>24</b>	Add lines 21 and 23 . . . . .	<b>24</b>	0.
<b>25</b>	Enter the smaller of line 9 or line 24 . . . . .	<b>25</b>	0.
<b>26</b>	Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form 1040) . . . . .	<b>26</b>	0.

BAA

REV 02/21/21 PRO

Schedule SE (Form 1040) 2020

DO NOT MAIL

**Qualified Business Income Deduction**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to your tax return.**

▶ **Go to [www.irs.gov/Form8995A](http://www.irs.gov/Form8995A) for instructions and the latest information.**

Name(s) shown on return

RAJU & SASIKALA DASARI

Your taxpayer identification number

043-29-0942

**Note:** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions. Use this form if your taxable income, before your qualified business income deduction, is above \$163,300 (\$326,600 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

**Part I Trade, Business, or Aggregation Information**

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
B		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
C		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

**Part II Determine Your Adjusted Qualified Business Income**

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions . . . . .	2		
3 Multiply line 2 by 20% (0.20). If your taxable income is \$163,300 or less (\$326,600 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13 . . . . .	3		
4 Allocable share of W-2 wages from the trade, business, or aggregation . . . . .	4		
5 Multiply line 4 by 50% (0.50) . . . . .	5		
6 Multiply line 4 by 25% (0.25) . . . . .	6		
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property . . . . .	7		
8 Multiply line 7 by 2.5% (0.025) . . . . .	8		
9 Add lines 6 and 8 . . . . .	9		
10 Enter the greater of line 5 or line 9 . . . . .	10		
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10 . . . . .	11		
12 Phased-in reduction. Enter the amount from line 26, if any. See instructions . . . . .	12		
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12 . . . . .	13		
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions . . . . .	14		
15 Qualified business income component. Subtract line 14 from line 13 . . . . .	15		
16 Total qualified business income component. Add all amounts reported on line 15 . . . . . ▶	16		

**Part III Phased-in Reduction**

Complete Part III only if your taxable income is more than \$163,300 but not \$213,300 (\$326,600 and \$426,600 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

		A	B	C
17	Enter the amounts from line 3 . . . . .	17		
18	Enter the amounts from line 10 . . . . .	18		
19	Subtract line 18 from line 17 . . . . .	19		
20	Taxable income before qualified business income deduction . . . . .	20		
21	Threshold. Enter \$163,300 (\$326,600 if married filing jointly) . . . . .	21		
22	Subtract line 21 from line 20 . . . . .	22		
23	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly) . . . . .	23		
24	Phase-in percentage. Divide line 22 by line 23 . . . . .	24	%	
25	Total phase-in reduction. Multiply line 19 by line 24 . . . . .	25		
26	Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business . . . . .	26		

**Part IV Determine Your Qualified Business Income Deduction**

27	Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16 . . . . .	27		
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions . . . . .	28	133.	
29	Qualified REIT dividends and PTP (loss) carryforward from prior years . . . . .	29	( )	
30	Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0- . . . . .	30	133.	
31	REIT and PTP component. Multiply line 30 by 20% (0.20) . . . . .	31	27.	
32	Qualified business income deduction before the income limitation. Add lines 27 and 31 . . . . .	32		27.
33	Taxable income before qualified business income deduction . . . . .	33	413,902.	
34	Net capital gain. See instructions . . . . .	34	634.	
35	Subtract line 34 from line 33. If zero or less, enter -0- . . . . .	35		413,268.
36	Income limitation. Multiply line 35 by 20% (0.20) . . . . .	36		82,654.
37	Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36 . . . . .	37		27.
38	DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37 . . . . .	38		
39	Total qualified business income deduction. Add lines 37 and 38 . . . . .	39		27.
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0- . . . . .	40	( 0. )	



**Additional Medicare Tax**

Department of the Treasury  
Internal Revenue Service

▶ 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](http://www.irs.gov/Form8959) for instructions and the latest information.

**2020**  
Attachment  
Sequence No. **71**

Name(s) shown on return

Your social security number

RAJU & SASIKALA DASARI

043-29-0942

**Part I Additional Medicare Tax on Medicare Wages**

<b>1</b>	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	<b>1</b>	269,973.	
<b>2</b>	Unreported tips from Form 4137, line 6	<b>2</b>		
<b>3</b>	Wages from Form 8919, line 6	<b>3</b>		
<b>4</b>	Add lines 1 through 3	<b>4</b>	269,973.	
<b>5</b>	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	<b>5</b>	250,000.	
<b>6</b>	Subtract line 5 from line 4. If zero or less, enter -0-	<b>6</b>		19,973.
<b>7</b>	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	<b>7</b>		180.

**Part II Additional Medicare Tax on Self-Employment Income**

<b>8</b>	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.)	<b>8</b>	149,658.	
<b>9</b>	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	<b>9</b>	250,000.	
<b>10</b>	Enter the amount from line 4	<b>10</b>	269,973.	
<b>11</b>	Subtract line 10 from line 9. If zero or less, enter -0-	<b>11</b>	0.	
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0-	<b>12</b>		149,658.
<b>13</b>	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	<b>13</b>		1,347.

**Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation**

<b>14</b>	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	<b>14</b>		
<b>15</b>	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	<b>15</b>		
<b>16</b>	Subtract line 15 from line 14. If zero or less, enter -0-	<b>16</b>		
<b>17</b>	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	<b>17</b>		

**Part IV Total Additional Medicare Tax**

<b>18</b>	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 8 (check box a) (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V	<b>18</b>		1,527.
-----------	--	-----------	--	--------

**Part V Withholding Reconciliation**

<b>19</b>	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	<b>19</b>	3,915.	
<b>20</b>	Enter the amount from line 1	<b>20</b>	269,973.	
<b>21</b>	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	<b>21</b>	3,915.	
<b>22</b>	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	<b>22</b>		0.
<b>23</b>	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	<b>23</b>		
<b>24</b>	<b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions)	<b>24</b>		0.

**Net Investment Income Tax—  
Individuals, Estates, and Trusts**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

Name(s) shown on your tax return

RAJU & SASIKALA DASARI

Your social security number or EIN

043-29-0942

- 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)

<b>1</b>	Taxable interest (see instructions)		<b>1</b>	11.
<b>2</b>	Ordinary dividends (see instructions)		<b>2</b>	827.
<b>3</b>	Annuities (see instructions)		<b>3</b>	
<b>4a</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	<b>4a</b>		
<b>b</b>	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	<b>4b</b>		
<b>c</b>	Combine lines 4a and 4b		<b>4c</b>	
<b>5a</b>	Net gain or loss from disposition of property (see instructions)	<b>5a</b>	10,536.	
<b>b</b>	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	<b>5b</b>		
<b>c</b>	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	<b>5c</b>		
<b>d</b>	Combine lines 5a through 5c		<b>5d</b>	10,536.
<b>6</b>	Adjustments to investment income for certain CFCs and PFICs (see instructions)		<b>6</b>	
<b>7</b>	Other modifications to investment income (see instructions)		<b>7</b>	
<b>8</b>	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		<b>8</b>	11,374.

**Part II Investment Expenses Allocable to Investment Income and Modifications**

<b>9a</b>	Investment interest expenses (see instructions)	<b>9a</b>		
<b>b</b>	State, local, and foreign income tax (see instructions)	<b>9b</b>		
<b>c</b>	Miscellaneous investment expenses (see instructions)	<b>9c</b>		
<b>d</b>	Add lines 9a, 9b, and 9c		<b>9d</b>	
<b>10</b>	Additional modifications (see instructions)		<b>10</b>	
<b>11</b>	Total deductions and modifications. Add lines 9d and 10		<b>11</b>	

**Part III Tax Computation**

<b>12</b>	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-		<b>12</b>	11,374.
<b>Individuals:</b>				
<b>13</b>	Modified adjusted gross income (see instructions)	<b>13</b>	438,702.	
<b>14</b>	Threshold based on filing status (see instructions)	<b>14</b>	250,000.	
<b>15</b>	Subtract line 14 from line 13. If zero or less, enter -0-	<b>15</b>	188,702.	
<b>16</b>	Enter the smaller of line 12 or line 15		<b>16</b>	11,374.
<b>17</b>	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)		<b>17</b>	432.
<b>Estates and Trusts:</b>				
<b>18a</b>	Net investment income (line 12 above)	<b>18a</b>		
<b>b</b>	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	<b>18b</b>		
<b>c</b>	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	<b>18c</b>		
<b>19a</b>	Adjusted gross income (see instructions)	<b>19a</b>		
<b>b</b>	Highest tax bracket for estates and trusts for the year (see instructions)	<b>19b</b>		
<b>c</b>	Subtract line 19b from line 19a. If zero or less, enter -0-	<b>19c</b>		
<b>20</b>	Enter the smaller of line 18c or line 19c		<b>20</b>	
<b>21</b>	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)		<b>21</b>	

# Passive Activity Loss Limitations

Department of the Treasury  
Internal Revenue Service (99)

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

**2020**  
Attachment  
Sequence No. **858**

Name(s) shown on return

RAJU & SASIKALA DASARI

Identifying number

043-29-0942

## Part I 2020 Passive Activity Loss

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

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

<b>1a</b> Activities with net income (enter the amount from Worksheet 1, column (a)) . . . . .	<b>1a</b>		
<b>b</b> Activities with net loss (enter the amount from Worksheet 1, column (b)) . . . . .	<b>1b</b>	( )	
<b>c</b> Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)) . . . . .	<b>1c</b>	( )	
<b>d</b> Combine lines 1a, 1b, and 1c . . . . .	<b>1d</b>		

**Commercial Revitalization Deductions From Rental Real Estate Activities**

<b>2a</b> Commercial revitalization deductions from Worksheet 2, column (a) . . . . .	<b>2a</b>	( )	
<b>b</b> Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b) . . . . .	<b>2b</b>	( )	
<b>c</b> Add lines 2a and 2b . . . . .	<b>2c</b>	( )	

**All Other Passive Activities**

<b>3a</b> Activities with net income (enter the amount from Worksheet 3, column (a)) . . . . .	<b>3a</b>	0 .	
<b>b</b> Activities with net loss (enter the amount from Worksheet 3, column (b)) . . . . .	<b>3b</b>	( 0 . )	
<b>c</b> Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) . . . . .	<b>3c</b>	( )	
<b>d</b> Combine lines 3a, 3b, and 3c . . . . .	<b>3d</b>		

<b>4</b> Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used . . . . .	<b>4</b>	0 .
--	----------	-----

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

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

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

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

<b>5</b> Enter the <b>smaller</b> of the loss on line 1d or the loss on line 4 . . . . .	<b>5</b>	
<b>6</b> Enter \$150,000. If married filing separately, see instructions . . . . .	<b>6</b>	
<b>7</b> Enter modified adjusted gross income, but not less than zero. See instructions . . . . .	<b>7</b>	
<b>Note:</b> If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.		
<b>8</b> Subtract line 7 from line 6 . . . . .	<b>8</b>	
<b>9</b> Multiply line 8 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions . . . . .	<b>9</b>	
<b>10</b> Enter the <b>smaller</b> of line 5 or line 9 . . . . .	<b>10</b>	0 .
If line 2c is a loss, go to Part III. Otherwise, go to line 15.		

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

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

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

## Part IV Total Losses Allowed

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

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

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
<b>Total.</b> Enter on Form 8582, lines 1a, 1b, and 1c . . . . . ▶					

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

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

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Sasikala Dasari	0.	0.		0.	
<b>Total.</b> Enter on Form 8582, lines 3a, 3b, and 3c . . . . . ▶	0.	0.			

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

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
<b>Total</b> . . . . . ▶			1.00		

**Worksheet 5—Allocation of Unallowed Losses** (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
<b>Total</b> . . . . . ▶			1.00	

Name(s) shown on return  
RAJU & SASIKALA DASARI

Your social security number  
043-29-0942

**Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less**

**QuickZoom** to Form(s) 8949, Short-Term Gain (Loss) Transactions . . . . . ▶  
**QuickZoom** to Schedule D, Short-Term Gain (Loss) Regular Tax Totals . . . . . ▶

Short-Term Totals:	Sales Price	Adjstd Basis	Gn(Ls) Adjstmt	Gain (Loss)
<b>1 a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank . . . . .				
<b>b</b> Short-term totals from all Forms 8949 with box A checked . . . . .	4,525,992.	6,845,340.		-2,319,348.
<b>2</b> Short-term totals from all Forms 8949 with box B checked . . . . .				
<b>3</b> Short-term totals from all Forms 8949 with box C checked . . . . .	7,286.	7,016.		270.
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824: <b>A</b> Form(s) 6252, Installment Sale Income . . . . . <b>B</b> Form(s) 4684, Casualties and Thefts . . . . . <b>C</b> Form(s) 6781, Gains and Losses from Section 1256 Contracts and Straddles . . . . . <b>D</b> Form(s) 8824, Like-Kind Exchanges . . . . . <b>E</b> Sale of Incentive Stock Option stock (not entered elsewhere) . . . . . <b>F</b> Other . . . . . Total . . . . .			<b>4</b>	
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .			<b>5</b>	
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 10 of your <b>Capital Loss Carryover Worksheet</b> . . . . .			<b>6</b>	-10,425.
<b>7</b> <b>Net short-term capital gain or (loss)</b> . Combine lines 1 thru 6 in column (f). . . ▶			<b>7</b>	-2,329,503.

**Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year**

**QuickZoom** to Form(s) 8949, Long-Term Gain (Loss) Transactions . . . . . ▶  
**QuickZoom** to Schedule D, Long-Term Gain (Loss) Regular Tax Totals . . . . . ▶

Long-Term Totals:	Sales Price	Adjstd Basis	Gn(Ls) Adjstmt	Gain (Loss)
<b>8 a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank . . . . .				
<b>b</b> Long-term totals from all Forms 8949 with box D checked . . . . .	222,979.	774,922.		-551,943.
<b>9</b> Long-term totals from all Forms 8949 with box E checked . . . . .				
<b>10</b> Long-term totals from all Forms 8949 with box F checked . . . . .				

11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824: <b>A</b> Form 4797, Sales of Business Property (Gain from Pt I) . . . . . <b>B</b> Form(s) 6252, Installment Sale Income . . . . . <b>C</b> Form(s) 4684, Casualties and Thefts . . . . . <b>D</b> Form(s) 6781, Gains and Losses from Section 1256 Contracts and Straddles . . . . . <b>E</b> Form(s) 8824, Like-Kind Exchanges . . . . . <b>F</b> Form(s) 2439, Notice to Shareholder of Undistributed Long-Term Capital Gains . . . . . <b>G</b> Sale of Incentive Stock Option stock (not entered elsewhere) . . . . . <b>H</b> Other . . . . . Total . . . . .	11	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .	12	
13	Capital gain distributions . . . . .	13	22.
14	Long-term capital loss carryover. Enter the amount, if any, from line 15 of your <b>Capital Loss Carryover Worksheet</b> . . . . .	14	0.
15	<b>Net long-term capital gain or (loss).</b> Combine lines 8 thru 14 in column (f) . . ▶	15	-551,921.

**Part III Summary**

16	Combine lines 7 and 15 and enter the result . . . . . If line 16 is: • A <b>gain</b> , enter the amount on line 22 below. Then go to line 17 below. • A <b>loss</b> , skip lines 17 through 20 below. Then go to line 21. • <b>Zero</b> , skip lines 17 through 21 below and enter -0- on line 22 below.	16	-2,881,424.
17	Are lines 15 and 16 <b>both</b> gains? <input type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> . . . . .	18	0.
19	Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> . . . . .	19	
20	Are lines 18 and 19 <b>both</b> zero or blank? <input type="checkbox"/> <b>Yes.</b> <input type="checkbox"/> <b>No.</b>		
21	If line 16 is a loss, enter here and on line 22 below, the <b>smaller</b> of: • The loss on line 16, or • (\$3,000), or, if married filing separately, (\$1,500) ] . . . . . <b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.	21	-3,000.
22	Do you have qualified dividends on Form 1040, line 9b? <input type="checkbox"/> <b>Yes.</b> <input type="checkbox"/> <b>No.</b> <b>Capital gain (loss) as refigured for the Alternative Minimum Tax.</b> If line 16 is a gain or zero, enter line 16. If line 16 is a loss, enter line 21. . . . . ▶		-3,000.

- QuickZoom to the **Qualified Dividends and Capital Gain Tax Worksheet** . . . . . ▶
- QuickZoom to the **Schedule D Tax Worksheet** . . . . . ▶
- QuickZoom to the **Unrecaptured Section 1250 Gain Worksheet** . . . . . ▶
- QuickZoom to the **28% Rate Gain Worksheet** . . . . . ▶
- QuickZoom to the **Capital Loss Carryover Worksheet** . . . . . ▶
- QuickZoom to **Form 6251, Alternative Minimum Tax** . . . . . ▶

# Tax History Report

▶ Keep for your records

**2020**

Name(s) Shown on Return

RAJU & SASIKALA DASARI

Five Year Tax History:					
	2016	2017	2018	2019	2020
Filing status . . . . .			MFJ	MFJ	MFJ
Total income . . . . .			174,950.	217,454.	440,872.
Adjustments to income					2,170.
Adjusted gross income			174,950.	217,454.	438,702.
Tax expense . . . . .			7,613.	9,726.	10,000.
Interest expense . . .					
Contributions . . . . .					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .			24,000.	24,400.	24,800.
Exemption amount . .			0.	0.	0.
QBI deduction . . . . .					27.
Taxable income . . . .			150,950.	193,054.	413,875.
Tax . . . . .			25,088.	34,662.	94,363.
Alternative min tax . .					
Total credits . . . . .			1,345.	3,000.	1,052.
Other taxes . . . . .					6,299.
Payments . . . . .			16,405.	25,022.	39,620.
Form 2210 penalty . . .			179.	37.	
Amount owed . . . . .			7,517.	6,677.	59,990.
Applied to next year's estimated tax . .					
Refund . . . . .					
Effective tax rate % . .			13.57	14.56	21.27
**Tax bracket % . . . .			22.0	24.0	32.0

\*\*Tax bracket % is based on Taxable income.

IRS e-file Authentication Statement

2020

Keep for your records

Table with 2 columns: Name(s) Shown on Return (RAJU & SASIKALA DASARI) and Social Security Number (043-29-0942)

A - Practitioner PIN Authorization

Note - PIN information is entered in Part VI of the Federal Information Worksheet. This worksheet only serves as a record of the PIN information transmitted in the electronic return.

QuickZoom to the Federal Information Worksheet to enter PIN information

Table with 2 columns: Description (Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, ERO entered Secondary Taxpayer's PIN, ERO entered PIN(s) on behalf of taxpayer(s)) and checkbox (X)

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN 587278 Self-Select PIN 61989

C - Signature of Taxpayer/Spouse

Perjury Statement:

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

Consent to Disclosure:

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: (1) acknowledgment of receipt or reason for rejection of transmission; (2) refund offset; (3) reason for any delay in processing or refund; and, (4) date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, with my Self-Select PIN below.

Table with 2 columns: Description (QuickZoom to the Federal Information Worksheet to enter PIN numbers, Taxpayer's PIN (5 numbers), Spouse's PIN (5 numbers), Date) and value (90942, 79275, 01/02/2021)

D - Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund (35 character limit) Date



Part I – Personal Information

**Taxpayer:**  
 Last name . . . . . DASARI  
 First name . . . . . RAJU  
 Middle initial . . . . . Suffix . . . . .  
 Social security no. . . . . 043-29-0942  
 Occupation . . . . . SOFTWARE ENGINEER  
 Date of birth . . . . . 06/05/1981 (mm/dd/yyyy)  
 Age as of 1-1-2021 . . . . . 39  
 Date of death . . . . .  
 Legally blind . . . . .  
 E-mail address . . . . . RAJUD.REDDY @GMAIL.COM  
 Work phone . . . . . (908) 413-0736 Ext  
 Cell phone . . . . . (908) 413-0736  
 Home phone . . . . .  
 Fax number . . . . .

**Spouse:**  
 Last name (if different) . DASARI  
 First name . . . . . SASIKALA  
 Middle initial . . . . . Suffix . . . . .  
 Social security no. . . . . 005-97-9275  
 Occupation . . . . . HOME MAKER  
 Date of birth . . . . . 06/10/1980 (mm/dd/yyyy)  
 Age as of 1-1-2021 . . . . . 40  
 Date of death . . . . .  
 Legally blind . . . . .  
 E-mail address . . . . . RAJUD.REDDY @GMAIL.COM  
 Work phone . . . . . Ext  
 Cell phone . . . . . (908) 413-0736  
**Note:** Work phone is transmitted for electronic funds withdrawal.

Best contact phone number . . . . .  
 Print phone number on Form 1040 . . .  Home  Taxpayer work  Spouse work  
 Print Form 1040-SR instead of Form 1040 . . . . .  Yes  No

**US Address:**  
 Address . . . . . 1324 S FINLEY ROAD 1N Apt no. . . . .  
 City . . . . . LOMBARD State . . . . . IL ZIP code . . . . . 60148  
**Foreign Address:** Check this box to use foreign address . .   
 Address . . . . . Apt no. . . . .  
 City . . . . .  
 Foreign code . . . . . Foreign country . . . . .  
 Foreign province/country . . . . . Foreign postal code . . . . .  
 Foreign phone . . . . .  
 APO/FPO/DPO address . .  APO  FPO  DPO

Part II – Federal Filing Status

- 1 Single
- 2 Married filing jointly
- 3 Married filing separately
  - Taxpayer did **not** live with spouse at any time during year
  - Taxpayer eligible to claim spouse's exemption (state use), blind, or over age 65 (see Help)
- 4 Head of household
  - If qualifying person is child but not dependent:
  - Child's First name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suff \_\_\_\_\_
  - Child's social security number . . . . .
- 5 Qualifying widow(er)
  - Year spouse died  2018  2019
  - Enter the qualifying person's name:
  - Child's First name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suff \_\_\_\_\_
  - Child's social security number . . . . .

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

First name Last name	MI Suff	Social security number *Relationship	Date of birth (mm/dd/yyyy)  Date of death (mm/dd/yyyy)**	A G E  E I C	Dependent Identity Protection PIN (see tax help)		Qualified child/dep care exps incurred and paid 2020  Code	Not qual credit other dep.  Not qual for child tax credit Or non U.S.***
					Lived with taxpyr in U.S.	Educ Tuition and Fees		
ANVITHAA DASARI		948-92-6913 Daughter	04/03/2010	10			L I T	X
ADVITHI DASARI		948-92-6948 Daughter	04/03/2010	10			L I T	X
ANISH DASARI		190-31-7171 Son	05/14/2019	1			L I T	

\* **Caution:** If claiming child other than taxpayer's see **Relationship** in Help  
 \*\* The health care shared responsibility payment calculation does not include individuals after date of death  
 \*\*\* **Caution:** If this person is NOT a U.S. citizen, U.S. national, or a U.S. resident check this box

Identity Verification Worksheet

2020

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return (RAJU & SASIKALA DASARI) and Social Security Number (043-29-0942)

Driver's License or State Id Information

Required for electronic filing, either complete the driver's license or state id detail information below or select the appropriate box for taxpayer and spouse to indicate why driver's license or state id information is not present.

Note: Providing identification numbers helps the IRS and states verify taxpayer identity which can prevent unnecessary delays in tax return processing.

All identity verification information should be entered here and will automatically flow to the state return.

Taxpayer/Spouse does not have a driver's license or state id

- Input boxes for Taxpayer and Spouse

Note: Alabama does not allow this option

Taxpayer/Spouse did not provide driver's license or state id information

- Input boxes for Taxpayer and Spouse

Note: Alabama, New York and Ohio do not allow this option

Check to confirm transferred driver's license or state id information (which appears in green) is correct . . . . . [ ]

Note: Transfer not available for returns with Alabama, Iowa, or New York state taxes. See tax help for more information.

Driver's License Detail

Taxpayer:

Issuing state: IL
License number: D26072081160
Issue date: 07/10/2015
Expiration date: 06/05/2020
Does not expire: [ ]
NY Document number (first 3 chars)\*: [ ]

Spouse:

Issuing state: [ ]
License number: [ ]
Issue date: [ ]
Expiration date: [ ]
Does not expire: [ ]
NY Document number (first 3 chars)\*: [ ]

State Identification Card Detail

Taxpayer:

Issuing state: [ ]
Identification number: [ ]
Issue date: [ ]
Expiration date: [ ]
Does not expire: [ ]
NY Document number (first 3 chars)\*: [ ]

Spouse:

Issuing state: [ ]
Identification number: [ ]
Issue date: [ ]
Expiration date: [ ]
Does not expire: [ ]
NY Document number (first 3 chars)\*: [ ]

\* Enter the first 3 characters of the NY document number, which is the 8 or 10 number/letter combination found at the bottom of the NY license (or NY state ID) or on the back if it was issued after January 28, 2014.

Additional Verification Information

Use these fields to record the client status and method used to verify the taxpayer and spouse identity.

**Identity Verification Method** (select one):

- In person
- Remote via email, phone, or fax
- Both in person and remote
- Identity not verified

**Documents Used to Verify Primary Taxpayer Identity:**

- Driver's license (complete detail above)
- State issued identification card (complete detail above)
- Passport
- Account statement from financial institution
- Utility billing statement
- Credit card billing statement

**Documents Used to Verify Spouse Identity** (If you file joint return):

- Driver's license (complete detail above)
- State issued identification card (complete detail above)

---

---

DO NOT MAIL

Electronic Filing Information Worksheet

2020

Keep for your records

Name(s) Shown on Return
RAJU & SASIKALA DASARI

Social Security Number
043-29-0942

Payment by Check (Form 1040-V) - Federal Balance Due

Date Form 1040-V was given to client

Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the Federal Information Worksheet.

Calculates to the EFIN for the ERO that is responsible for filing this return based on the preparer code. For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) can be changed but is required.
587278

ERO Name: GLOBAL TAXES LLC
ERO Address: 2530 Pebble Creek Ln
City: Cumming, State: GA, ZIP Code: 30041
ERO Electronic Filers Identification Number (EFIN): 587278
ERO Employer Identification Number: 30-1017196
ERO Social Security Number or PTIN:

Paid Preparer Information

Firm Name: GLOBAL TAXES LLC
Name: SYAM PRIYA RAM SAGAR GUPTA TALLAM
Address: 2530 Pebble Creek Ln
City: Cumming, State: GA, ZIP Code: 30041
Social Security Number or PTIN: P02082703
Employer Identification Number: 30-1017196
Phone Number: (678) 965-9522
Fax Number:
E-mail Address: SYAM@GTAXFILE.COM

Non Paid Preparer Information

If the return was prepared or reviewed through an IRS tax assistance program, self-prepared by the taxpayer, or was prepared by another person who was not paid to prepare the return, check one of the following boxes that applies to this return.

IRS-reviewed
IRS-prepared
Prepared by taxpayer or other non-paid preparer

Amended Returns

- Check this box to file another federal amended return electronically
File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically

\* Select the state and/or city amended return(s) to file electronically.

Table with columns for State/City and checkboxes. Includes Georgia, Michigan, New York, Vermont, and Wisconsin.

**Miscellaneous Electronic Filing Items**

If the return was rejected for dependent name and SSN mismatch (business rule R0000-504-01) or Schedule EIC qualifying child name and SSN mismatch (business rule SEIC-F1040-501-01), check this box to retransmit this return as an imperfect return. . . . .

Enter an 'in care of addressee' if applicable . . . . .

Name of personal representative for deceased returns . . . . .

If married filing joint and one spouse is deceased, is the surviving spouse also the personal representative? . . . . .  Yes  No

Check this box if your client is in the U.S. Armed Forces with a stateside address . . . . .

Select the appropriate combat zone from the picklist if the taxpayer (or spouse) last served in an area designated as a combat zone or qualified hazardous duty area. . . . .

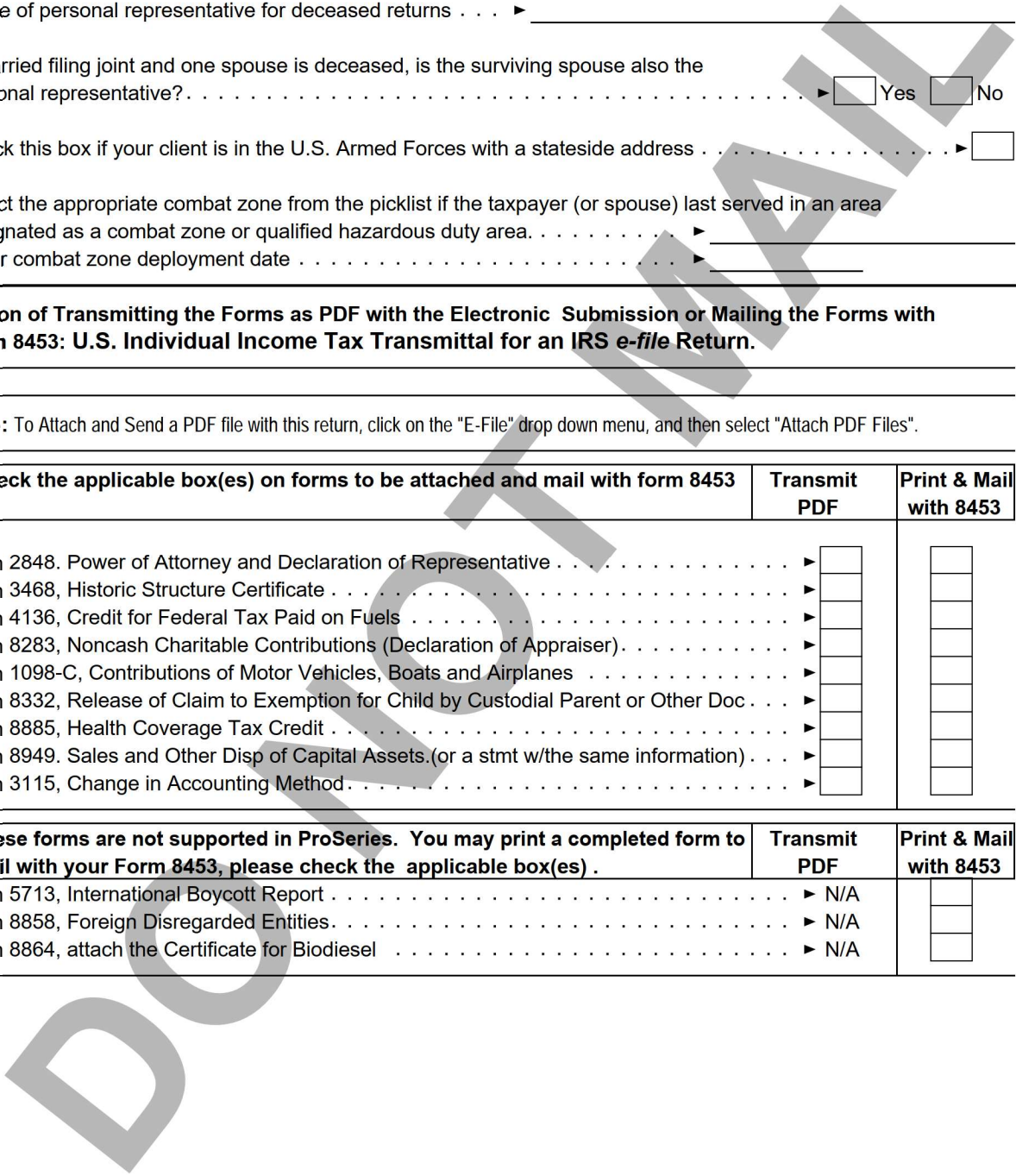
Other combat zone deployment date . . . . .

**Option of Transmitting the Forms as PDF with the Electronic Submission or Mailing the Forms with Form 8453: U.S. Individual Income Tax Transmittal for an IRS e-file Return.**

**Note:** To Attach and Send a PDF file with this return, click on the "E-File" drop down menu, and then select "Attach PDF Files".

Check the applicable box(es) on forms to be attached and mail with form 8453	Transmit PDF	Print & Mail with 8453
Form 2848, Power of Attorney and Declaration of Representative . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 3468, Historic Structure Certificate . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 4136, Credit for Federal Tax Paid on Fuels . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 8283, Noncash Charitable Contributions (Declaration of Appraiser). . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 1098-C, Contributions of Motor Vehicles, Boats and Airplanes . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 8332, Release of Claim to Exemption for Child by Custodial Parent or Other Doc. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 8885, Health Coverage Tax Credit . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 8949, Sales and Other Disp of Capital Assets.(or a stmt w/the same information) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 3115, Change in Accounting Method. . . . .	<input type="checkbox"/>	<input type="checkbox"/>

These forms are not supported in ProSeries. You may print a completed form to mail with your Form 8453, please check the applicable box(es) .	Transmit PDF	Print & Mail with 8453
Form 5713, International Boycott Report . . . . .	N/A	<input type="checkbox"/>
Form 8858, Foreign Disregarded Entities. . . . .	N/A	<input type="checkbox"/>
Form 8864, attach the Certificate for Biodiesel . . . . .	N/A	<input type="checkbox"/>



► Keep for your records

Name(s) Shown on Return RAJU & SASIKALA DASARI	Social Security Number 043-29-0942
---	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
3I INFOTECH INC		129,502.	14,604.	129,502.	5,691.
SASI TECHNOLOGIES LLC	X	8,000.		8,000.	243.
INFOSYS LIMITED	X	129,941.	24,844.	129,941.	6,431.
<b>Totals</b>		267,443.	39,448.	267,443.	12,365.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	129,502.	137,941.	267,443.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.	0.	0.
2	Total federal tax withheld . . . . .	14,604.	24,844.	39,448.
3 & 7	Total social security wages/tips . . . . .	129,502.	140,471.	269,973.
4	Total social security tax withheld . . . . .	8,029.	8,709.	16,738.
5	Total Medicare wages and tips . . . . .	129,502.	140,471.	269,973.
6	Total Medicare tax withheld . . . . .	1,878.	2,037.	3,915.
8	Total allocated tips . . . . .			
9	Not used . . . . .			
10 a	Total dependent care benefits . . . . .			
b	Offsite dependent care benefits . . . . .			
c	Onsite dependent care benefits . . . . .			
11	Total distributions from nonqualified plans . . . . .			
12 a	Total from Box 12 . . . . .		2,560.	2,560.
b	Elective deferrals to qualified plans . . . . .		2,530.	2,530.
c	Roth contrib. to 401(k), 403(b), 457(b) plans . . . . .			
d	Deferrals to government 457 plans . . . . .			
e	Deferrals to non-government 457 plans . . . . .			
f	Deferrals 409A nonqual deferred comp plan . . . . .			
g	Income 409A nonqual deferred comp plan . . . . .			
h	Uncollected Medicare tax . . . . .			
i	Uncollected social security and RRTA tier 1 . . . . .			
j	Uncollected RRTA tier 2 . . . . .			
k	Income from nonstatutory stock options . . . . .			
l	Non-taxable combat pay . . . . .			
m	QSEHRA benefits . . . . .			
n	Total other items from box 12 . . . . .		30.	30.
14 a	Total deductible mandatory state tax . . . . .			
b	Total deductible charitable contributions . . . . .			
c	Total state deductible employee expenses . . . . .			
d	Total RR Compensation . . . . .			
e	Total RR Tier 1 tax . . . . .			
f	Total RR Tier 2 tax . . . . .			
g	Total RR Medicare tax . . . . .			
h	Total RR Additional Medicare tax . . . . .			
i	Total RRTA tips . . . . .			
j	Total other items from box 14 . . . . .			
k	Total sick leave subject to \$511 limit . . . . .			
l	Total sick leave subject to \$200 limit . . . . .			
m	Total emergency family leave wages . . . . .			
16	Total state wages and tips . . . . .	129,502.	137,941.	267,443.
17	Total state tax withheld . . . . .	5,691.	6,674.	12,365.
19	Total local tax withheld . . . . .			

Name as shown on return RAJU DASARI	Social Security Number 043-29-0942
--	---------------------------------------

Employer EIN . . . . . 22-3703452  
 Employer Name . . . . . 3I INFOTECH INC  
 Name (continued) . . . . .  
 Street Address or P. O. Box 450 RARITAN CENTER PARKWAY  
 City EDISON State NJ ZIP 08837  
 Foreign Province/County . . . . .  
 Foreign Postal Code . . . . .  
 Foreign Country . . . . .

Spouse's W-2  Do not transfer this W-2 to next year  
 Automatically calculate lines 3 through 6 and line 16.  
**Caution:** Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1 Wages, tips, other comp . . . . . 129,502.	2 Federal income tax withheld . . . . . 14,604.
3 Social security wages . . . . . 129,502.	4 Social sec tax withheld . . . . . 8,029.
5 Medicare wages and tips . . . . . 129,502.	6 Medicare tax withheld . . . . . 1,878.
7 Social security tips . . . . .	8 Allocated tips . . . . .

13 b  Retirement plan  
 Foreign source income eligible for exclusion on Form 2555  
 Active duty military pay

Box 12 Code	Box 12 Amount	If Box 12 code is:
		A: Enter amount attributable to RRTA Tier 2 tax . . . . .
		M: Enter amount attributable to RRTA Tier 2 tax . . . . .
		P: Double-click to link to Form 3903, line 4 . . . . .
		R: Enter MSA contribution for Taxpayer . . . . .
		Spouse . . . . .
		W: Enter HSA contribution for Taxpayer . . . . .
		Spouse . . . . .
		G: <input type="checkbox"/> Employer is not a state or local government

State	Box 15 Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
IL	223703452	129,502.	5,691.

I confirm that the state withholding identification number(s) are accurate . . . . .

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

9 Dependent care benefits (Check if employer furnished care at work) . . . ▶ <input type="checkbox"/>	9	
10 Dependent care benefits — Amount forfeited from flexible spending account . . .	10	
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.) . . . . .	11	

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

Keep for your records

RAJU DASARI	043-29-0942	Page 2
Employer Name . . . . 3I INFOTECH INC		

Part I – Statutory employees

A <input type="checkbox"/> Box 13a. Statutory employee	
B <input type="checkbox"/> Deducting expenses in connection with this income	
C <input type="checkbox"/> If deducting expenses, double-click to link to Schedule C . . . . .	C

Part II – Clergy, church employees, members of recognized religious sects

**Clergy only:**

D Enter your designated housing or parsonage allowance . . . . .	D
E Enter the smallest of (a) your designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value . . . . .	E
F If no FICA was withheld, check the applicable box below	
1 <input type="checkbox"/> Pay self-employment tax on housing or parsonage allowance only	
2 <input type="checkbox"/> Pay self-employment tax on W-2 income only	
3 <input type="checkbox"/> Pay self-employment tax on W-2 income and housing allowance	
4 <input type="checkbox"/> Exempt from SE tax and have an approved exemption Form 4361	

**Non-Clergy:**

G If no FICA was withheld, check the applicable box below	
1 <input type="checkbox"/> Pay self-employment tax on this W-2 income	
2 <input type="checkbox"/> Exempt from self-employment tax and have an approved Form 4029	

Part III – Unreported Tip Income

H 1 Tips \$20 or more in a month which were not reported to employer . . . . .	H1
2 Tips less than \$20 in a month which were not required to be reported . . . . .	H2
3 Value of non-cash tips, such as tickets or passes, not reported to employer . . . . .	H3
4 Actual amount of allocated tips if different than the amount in box 8 . . . . .	H4
5 Tips paid out through a tip-sharing arrangement . . . . .	H5
6 <input type="checkbox"/> Employer is a federal, state, or local government and tips are only subject to Medicare tax	

Part IV – Substitute Form W-2

a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 . . . . . ▶

b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

\_\_\_\_\_

\_\_\_\_\_

c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

\_\_\_\_\_

\_\_\_\_\_

d QuickZoom to completed Form 4852 for reference . . . . . ▶

Part V – Inmate in a Penal Institution

J a Pay from work performed while an inmate in a penal institution . . . . .

Part VI – Additional Information for Electronic Filing and Certain States (See Help)

13 c  Third-party sick pay

Non-standard W-2 (handwritten, typewritten, or altered in any way)

Corrected W-2

Income from Paid Family Leave

Control number (optional) . . . . . \_\_\_\_\_

Employee information: Correct to match employee information on W-2

Employee's SSN. . . . . 043-29-0942

First name M.I. Last name Suff.

RAJU DASARI

Address City St ZIP code

1324 S FINLEY ROAD 1N LOMBARD IL 60148

Foreign Province/County Foreign Postal Code

Foreign Country



Name as shown on return
SASIKALA DASARI

Social Security Number
005-97-9275

Employer EIN . . . . . 82-5280024
Employer Name . . . . . SASI TECHNOLOGIES LLC
Name (continued) . . . . .
Street Address or P. O. Box 1324 S FINLEY ROAD 1N
City . LOMBARD State IL ZIP . 60148
Foreign Province/County . . . . .
Foreign Postal Code . . . . .
Foreign Country . . . . .

[X] Spouse's W-2
[X] Automatically calculate lines 3 through 6 and line 16.
Do not transfer this W-2 to next year
Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1 Wages, tips, other comp . . . . . 8,000.
2 Federal income tax withheld . . . . .
3 Social security wages . . . . . 8,000.
4 Social sec tax withheld . . . . . 496.
5 Medicare wages and tips . . . . . 8,000.
6 Medicare tax withheld . . . . . 116.
7 Social security tips . . . . .
8 Allocated tips . . . . .

13 b Retirement plan
Foreign source income eligible for exclusion on Form 2555
Active duty military pay

Table with 2 columns: Box 12 Code, Box 12 Amount. Includes instructions for codes A, M, P, R, W, G and a checkbox for 'Employer is not a state or local government'.

Table with 4 columns: State, Box 15 Employer's state I.D. no., Box 16 State wages, tips, etc., Box 17 State income tax. Values: IL, 82-5280024000, 8,000., 243.

I confirm that the state withholding identification number(s) are accurate . . . . . [X]

Table with 4 columns: Box 20 Locality name, Box 18 Local wages, tips, etc., Box 19 Local income tax, Associated State.

9 Dependent care benefits (Check if employer furnished care at work) . . . . . [ ]
10 Dependent care benefits — Amount forfeited from flexible spending account . . . . .
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.) . . . . .

Table with 3 columns: Box 14 Description or Code on Actual Form W-2, Amount, ProSeries Identification of Description or Code.

Keep for your records

SASIKALA DASARI	005-97-9275	Page 2
Employer Name . . . . . SASI TECHNOLOGIES LLC		

Part I – Statutory employees

A <input type="checkbox"/>	Box 13a. Statutory employee	
B <input type="checkbox"/>	Deducting expenses in connection with this income	
C <input type="checkbox"/>	If deducting expenses, double-click to link to Schedule C . . . . .	C

Part II – Clergy, church employees, members of recognized religious sects

<b>Clergy only:</b>		
D <input type="checkbox"/>	Enter your designated housing or parsonage allowance . . . . .	D
E <input type="checkbox"/>	Enter the smallest of (a) your designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value . . . . .	E
F <input type="checkbox"/>	If no FICA was withheld, check the applicable box below	
1 <input type="checkbox"/>	Pay self-employment tax on housing or parsonage allowance only	
2 <input type="checkbox"/>	Pay self-employment tax on W-2 income only	
3 <input type="checkbox"/>	Pay self-employment tax on W-2 income and housing allowance	
4 <input type="checkbox"/>	Exempt from SE tax and have an approved exemption Form 4361	
<b>Non-Clergy:</b>		
G <input type="checkbox"/>	If no FICA was withheld, check the applicable box below	
1 <input type="checkbox"/>	Pay self-employment tax on this W-2 income	
2 <input type="checkbox"/>	Exempt from self-employment tax and have an approved Form 4029	

Part III – Unreported Tip Income

H 1 <input type="checkbox"/>	Tips \$20 or more in a month which were not reported to employer . . . . .	H1
2 <input type="checkbox"/>	Tips less than \$20 in a month which were not required to be reported . . . . .	H2
3 <input type="checkbox"/>	Value of non-cash tips, such as tickets or passes, not reported to employer . . . . .	H3
4 <input type="checkbox"/>	Actual amount of allocated tips if different than the amount in box 8 . . . . .	H4
5 <input type="checkbox"/>	Tips paid out through a tip-sharing arrangement . . . . .	H5
6 <input type="checkbox"/>	Employer is a federal, state, or local government and tips are only subject to Medicare tax	

Part IV – Substitute Form W-2

a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 . . . . . ▶

b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

\_\_\_\_\_

\_\_\_\_\_

c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

\_\_\_\_\_

\_\_\_\_\_

d QuickZoom to completed Form 4852 for reference . . . . . ▶

Part V – Inmate in a Penal Institution

J a Pay from work performed while an inmate in a penal institution . . . . .

Part VI – Additional Information for Electronic Filing and Certain States (See Help)

13 c  Third-party sick pay

Non-standard W-2 (handwritten, typewritten, or altered in any way)

Corrected W-2

Income from Paid Family Leave

Control number (optional) . . . . . \_\_\_\_\_

Employee information: Correct to match employee information on W-2

Employee's SSN. . . . . 005-97-9275

First name M.I. Last name Suff.

SASIKALA DASARI

Address City St ZIP code

1324 S FINLEY ROAD 1N LOMBARD IL 60148

Foreign Province/County Foreign Postal Code

Foreign Country

Name as shown on return
SASIKALA DASARI

Social Security Number
005-97-9275

Employer EIN . . . . . 58-1760235
Employer Name . . . . . INFOSYS LIMITED
Name (continued) . . . . .
Street Address or P. O. Box 2400 N GLENVILLE DR C150
City RICHARDSON State TX ZIP 75082
Foreign Province/County . . . . .
Foreign Postal Code . . . . .
Foreign Country . . . . .

[X] Spouse's W-2
[X] Automatically calculate lines 3 through 6 and line 16.
Do not transfer this W-2 to next year
Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1 Wages, tips, other comp . . . . . 129,941.
2 Federal income tax withheld . . . . . 24,844.
3 Social security wages . . . . . 132,471.
4 Social sec tax withheld . . . . . 8,213.
5 Medicare wages and tips . . . . . 132,471.
6 Medicare tax withheld . . . . . 1,921.
7 Social security tips . . . . .
8 Allocated tips . . . . .

13 b [X] Retirement plan
Foreign source income eligible for exclusion on Form 2555
Active duty military pay

Table with 3 columns: Box 12 Code, Box 12 Amount, and If Box 12 code is: (A, M, P, R, W, G)

Table with 4 columns: State, Box 15 Employer's state I.D. no., Box 16 State wages, tips, etc., Box 17 State income tax

I confirm that the state withholding identification number(s) are accurate . . . . . [X]

Table with 4 columns: Box 20 Locality name, Box 18 Local wages, tips, etc., Box 19 Local income tax, Associated State

9 Dependent care benefits (Check if employer furnished care at work) . . . . . [ ]
10 Dependent care benefits — Amount forfeited from flexible spending account . . . . .
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.) . . . . .

Table with 3 columns: Box 14 Description or Code on Actual Form W-2, Amount, ProSeries Identification of Description or Code

Keep for your records

SASIKALA DASARI	005-97-9275	Page 2
Employer Name . . . . . <u>INFOSYS LIMITED</u>		

Part I – Statutory employees

A <input type="checkbox"/> Box 13a. Statutory employee	
B <input type="checkbox"/> Deducting expenses in connection with this income	
C <input type="checkbox"/> If deducting expenses, double-click to link to Schedule C . . . . .	C

Part II – Clergy, church employees, members of recognized religious sects

Clergy only:

D <input type="checkbox"/> Enter your designated housing or parsonage allowance . . . . .	D
E <input type="checkbox"/> Enter the smallest of (a) your designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value . . . . .	E
F <input type="checkbox"/> If no FICA was withheld, check the applicable box below	
1 <input type="checkbox"/> Pay self-employment tax on housing or parsonage allowance only	
2 <input type="checkbox"/> Pay self-employment tax on W-2 income only	
3 <input type="checkbox"/> Pay self-employment tax on W-2 income and housing allowance	
4 <input type="checkbox"/> Exempt from SE tax and have an approved exemption Form 4361	

Non-Clergy:

G <input type="checkbox"/> If no FICA was withheld, check the applicable box below	
1 <input type="checkbox"/> Pay self-employment tax on this W-2 income	
2 <input type="checkbox"/> Exempt from self-employment tax and have an approved Form 4029	

Part III – Unreported Tip Income

H 1 <input type="checkbox"/> Tips \$20 or more in a month which were not reported to employer . . . . .	H1
2 <input type="checkbox"/> Tips less than \$20 in a month which were not required to be reported . . . . .	H2
3 <input type="checkbox"/> Value of non-cash tips, such as tickets or passes, not reported to employer . . . . .	H3
4 <input type="checkbox"/> Actual amount of allocated tips if different than the amount in box 8 . . . . .	H4
5 <input type="checkbox"/> Tips paid out through a tip-sharing arrangement . . . . .	H5
6 <input type="checkbox"/> Employer is a federal, state, or local government and tips are only subject to Medicare tax	

Part IV – Substitute Form W-2

a  If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 . . . . . ▶

b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

\_\_\_\_\_

\_\_\_\_\_

c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

\_\_\_\_\_

\_\_\_\_\_

d **QuickZoom** to completed Form 4852 for reference . . . . . ▶

Part V – Inmate in a Penal Institution

J a  Pay from work performed while an inmate in a penal institution . . . . .

Part VI – Additional Information for Electronic Filing and Certain States (See Help)

13 c  Third-party sick pay

Non-standard W-2 (handwritten, typewritten, or altered in any way)

Corrected W-2

Income from Paid Family Leave

Control number (optional) . . . . .

Employee information: Correct to match employee information on W-2

Employee's SSN. . . . . 005-97-9275

First name SASIKALA M.I. Last name DASARI Suff. \_\_\_\_\_

Address 1324 S FINLEY ROAD 1N City LOMBARD St IL ZIP code 60148

Foreign Province/County \_\_\_\_\_ Foreign Postal Code \_\_\_\_\_

Foreign Country \_\_\_\_\_

# Interest and Dividends Summary

**2020**

▶ Keep for your records

Name(s) Shown on Return  
RAJU & SASIKALA DASARI

Social Security Number  
043-29-0942

Interest Summary	Total Interest	Tax-Exempt	U.S. Government	Priv Actvy Bond
1 Seller-financed mortgage . . . . .				
2 From Schedule B, Part I. . . . .	11.			
3 From Schedule B, Part II . . . . .				
4 From K-1 Worksheets . . . . .				
5 Exempt-int.divs (net of adj.) . . . . .				
6 From Forms 6252 . . . . .				
7 From Forms 8814 . . . . .				
8 <b>Subtotal</b> . . . . .	11.			
<b>Less Adjustments:</b>				
9 U.S. savings bond interest previously reported . . . . .				
10 Nominee distribution . . . . .				
11 OID adjustment . . . . .				
12 ABP adjustment . . . . .				
13 Accrued interest . . . . .				
14 Other adjustment . . . . .				
15 Series EE & I bond exclusion . . . . .				
16 <b>Total Adjustments</b> . . . . .				
17 Total to Schedule B, line 2 ▶	11.			
18 Total to Form 1040, line 2a ▶				
19 Total U.S. govt. interest . . . ▶				
20 Total to Form 6251, line 2g ▶				

Dividends Summary	Ordinary	Qualified	Capital Gains	Nontaxable
1 From Schedule B . . . . .	827.	634.	22.	30.
2 From K-1 Worksheets . . . . .				
<b>Subtotal</b> . . . . .	827.	634.		
<b>Less Adjustments:</b>				
4 Nominee distribution . . . . .				
5 Other adjustment . . . . .				
6 <b>Total Adjustments</b> . . . . .				
7 Total to Schedule B, line 6 ▶	827.			
8 Total qualified dividends. . . ▶		634.		
9 Total capital gains . . . . . ▶			22.	
10 Total nontaxable dividends . ▶				30.

Capital Gains Summary	28% rate	Sec. 1250	Sec. 1202 50%	Sec. 1202 60%
1 From Schedule B . . . . .				
<b>Less Adjustments:</b>				
2 Nominee distribution . . . . .				
3 Other adjustment . . . . .				
4 <b>Total Adjustments</b> . . . . .				
5 Total to Schedule D . . . . . ▶				

Capital Gains Summary	Sec. 1202 75%	Sec. 1202 100%
1 From Schedule B . . . . .		
<b>Less Adjustments:</b>		
2 Nominee distribution . . . . .		
3 Other adjustment . . . . .		
4 <b>Total Adjustments</b> . . . . .		
5 Total to Schedule D . . . . . ▶		

Name(s) Shown on Return
RAJU & SASIKALA DASARI

Social Security Number
043-29-0942

TSJ T

Payer . . . . ROBINHOOD SECURITIES LLC

A Additional 1099-DIV information:

- 1a Box 2c - Section 1202 gain eligible for 50% exclusion on QSB stock
1b Section 1202 gain eligible for 60% exclusion (QSB Empowerment Zone stock)
1c Section 1202 gain eligible for 75% exclusion on QSB stock
1d Section 1202 gain eligible for 100% exclusion on QSB stock
2 Box 2d - Collectibles (28%) gain
3 Box 5 - Section 199A dividends 132.
4 Box 6 - Investment expenses
5 US Govt. Interest included in total dividends.
6 FATCA filing requirement

B Withholding information:

- 1 Federal income tax withheld Federal
2 State 3 State identification no. 4 State tax withheld
3 I confirm that the state withholding identification number(s) are accurate

C Exempt-interest dividends: (included on line 2a of Form 1040 or 1040-NR)

- 1 Total exempt-interest dividends (do not include in box 1 or box 3)
2 Private activity bond amount included in line C-1 above
OR
3 Percent of private activity bond amount included in line C-1 above. (Enter 75 percent as 75.00%) %
4 State (postal code) for exempt-interest dividends

D Adjustment information:

- 1 Select type of adjustment: N Nominee H Other D ESOP distribution
2 Amount of Adjustment

E Margin interest expense for Form 4952:

- 1 Margin interest paid

F Foreign tax information: All income is assumed passive. See Help.

- 1 Box 7 - Foreign tax paid in U.S. dollars
Check this box if foreign tax is from a mutual fund or regulated investment company. See Tax Help for additional information.
2 Box 8 - Foreign country or U.S. possession
3 Report on Schedule A OR
DoubleClick to link to a copy of Form 1116
4 For Form 1116, select which column A B C
5 Select whether taxes were paid (P) or accrued (A)
6 Date paid or accrued
7 Total foreign source income from Box 1a- Total Ordinary dividends

Additional Payer and Recipient Information

Payer's TIN
Payer's address and ZIP code
Street
City
State ZIP Code
Foreign Country
Recipient's address and ZIP code
Transfer address from Federal Information Wks
Street
City
State ZIP Code
Foreign Country

Name(s) Shown on Return
RAJU & SASIKALA DASARI

Social Security Number
043-29-0942

TSJ T

Payer . . . . J.P. MORGAN SECURITIES LLC

A Additional 1099-DIV information:

- 1a Box 2c - Section 1202 gain eligible for 50% exclusion on QSB stock
1b Section 1202 gain eligible for 60% exclusion (QSB Empowerment Zone stock)
1c Section 1202 gain eligible for 75% exclusion on QSB stock
1d Section 1202 gain eligible for 100% exclusion on QSB stock
2 Box 2d - Collectibles (28%) gain
3 Box 5 - Section 199A dividends
4 Box 6 - Investment expenses
5 US Govt. Interest included in total dividends
6 FATCA filing requirement

B Withholding information:

- 1 Federal income tax withheld
2 State State identification no. State tax withheld
3 I confirm that the state withholding identification number(s) are accurate

C Exempt-interest dividends: (included on line 2a of Form 1040 or 1040-NR)

- 1 Total exempt-interest dividends (do not include in box 1 or box 3)
2 Private activity bond amount included in line C-1 above
OR
3 Percent of private activity bond amount included in line C-1 above. (Enter 75 percent as 75.00%)
4 State (postal code) for exempt-interest dividends

D Adjustment information:

- 1 Select type of adjustment: N Nominee H Other D ESOP distribution
2 Amount of Adjustment

E Margin interest expense for Form 4952:

- 1 Margin interest paid

F Foreign tax information: All income is assumed passive. See Help.

- 1 Box 7 - Foreign tax paid in U.S. dollars
Check this box if foreign tax is from a mutual fund or regulated investment company. See Tax Help for additional information.
2 Box 8 - Foreign country or U.S. possession
3 Report on Schedule A
DoubleClick to link to a copy of Form 1116
4 For Form 1116, select which column
5 Select whether taxes were paid (P) or accrued (A)
6 Date paid or accrued
7 Total foreign source income from Box 1a- Total Ordinary dividends

Additional Payer and Recipient Information

Payer's TIN, Payer's address and ZIP code, Recipient's address and ZIP code, Street, City, State, ZIP Code, Foreign Country

**Forms 1099-MISC / 1099-NEC Summary**

**2020**

▶ Keep for your records

Name(s) Shown on Return  
RAJU & SASIKALA DASARI

Social Security Number  
043-29-0942

Box	Description	Taxpayer	Spouse	Total
<b>Form 1099-MISC Summary</b>				
1	Total Rents . . . . .			
	▶ Schedule C . . . . .			
	▶ Schedule E . . . . .			
	▶ Form 4835 . . . . .			
	▶ Other Income . . . . .			
2	Total Royalties . . . . .			
	▶ Schedule C . . . . .			
	▶ Schedule E . . . . .			
3	Total Other income . . . . .			
	▶ Schedule C . . . . .			
	▶ Schedule F . . . . .			
	▶ Form 4835 . . . . .			
	For Form 1040:			
	▶ Winnings (Prizes, etc.) . . . . .			
	▶ Tribal Gaming . . . . .			
	▶ Alaska Permanent Fund . . . . .			
	▶ Other Income . . . . .			
4	Federal tax withheld . . . . .			
5	Fishing boat proceeds . . . . .			
6	Medical and health care payments . . . . .			
8	Substitute payments . . . . .			
9	Total Crop insurance proceeds . . . . .			
	▶ Schedule F . . . . .			
	▶ Form 4835 . . . . .			
10	Gross proceeds paid to an attorney . . . . .			
	▶ Taxable amount . . . . .			
12	Section 409A deferrals . . . . .			
13	Excess golden parachute payments . . . . .			
14	Nonqualified deferred compensation . . . . .			
15	State tax withheld — total . . . . .			
<b>Total</b>	Boxes 1-3, 5-14 . . . . .			
<b>Form 1099-NEC Summary</b>				
1	Total Nonemployee compensation . . . . .	175,367.		175,367.
	▶ Schedule C . . . . .	175,367.		175,367.
	▶ Schedule F . . . . .			
	▶ Wages . . . . .			
	▶ Other Income . . . . .			
4	Federal tax withheld . . . . .			
5	State tax withheld — total . . . . .			



**Form 1099-NEC  
Nonemployee Compensation Worksheet**

**2020**

Name(s) Shown on Return RAJU DASARI	Social Security Number 043-29-0942
--	---------------------------------------

**Payer's EIN** 68-0298229 **or** **SSN** \_\_\_\_\_  
**Payer's Name** . . . . . R SYSTEMS INC.  
**Name (cont.)** . \_\_\_\_\_

**Spouse's 1099-NEC**  **Do not transfer this 1099-NEC to next year**

**Box 1** Nonemployee compensation . . . . . 161,927.  
Double click to link to: Schedule C . ▶ SASI TECHNOLOGIES LLC  
Schedule F . ▶ \_\_\_\_\_  
 Report on line 1 of Form 1040 or Form 1040-NR and Form 8919  
If checked, enter Reason Code for Form 8919 (see Help) . . . . . \_\_\_\_\_  
Code on 8919 . . . . . \_\_\_\_\_  
If Reason Code A or C, enter determination date . . . . . \_\_\_\_\_  
 Other Income \_\_\_\_\_

**Box 4** Federal income tax withheld . . . . . \_\_\_\_\_

**First state**  
**Box 5** State tax withheld . . . . . \_\_\_\_\_  
**Box 6** State . IL Payer's state no. . . . . \_\_\_\_\_  
**Box 7** State income . . . . . 161,927.  
**Second state**  
**Box 5** State tax withheld . . . . . \_\_\_\_\_  
**Box 6** State . \_\_\_\_\_ Payer's state no. . . . . \_\_\_\_\_  
**Box 7** State income . . . . . \_\_\_\_\_  
I confirm that the state withholding identification number(s) are accurate . . . . .

FATCA filing requirement . . . . .

**Additional Payer and Recipient Information**

Payer's address and ZIP code	Recipient's address and ZIP code
_____	Transfer address from Federal Information Wks . <input type="checkbox"/>
Street _____	Street _____
City _____	City _____
State _____ ZIP Code _____	State _____ ZIP Code _____
Foreign Country _____	Foreign Country _____

## Form 1099-NEC Nonemployee Compensation Worksheet

**2020**

Name(s) Shown on Return  
RAJU DASARI

Social Security Number  
043-29-0942

**Payer's EIN** 56-2498060 or **SSN** \_\_\_\_\_  
**Payer's Name** . . . . . GYANSYS INC.  
**Name (cont.)** . \_\_\_\_\_

**Spouse's 1099-NEC**  **Do not transfer this 1099-NEC to next year**

<b>Box 1</b>	Nonemployee compensation . . . . . <span style="float: right;">13,440.</span> Double click to link to: <b>Schedule C</b> . ▶ <u>SASI TECHNOLOGIES LLC</u> <b>Schedule F</b> . ▶ _____ <input type="checkbox"/> Report on line 1 of Form 1040 or Form 1040-NR and Form 8919 If checked, enter Reason Code for Form 8919 (see Help) . . . . . _____ Code on 8919 . . . . . _____ If Reason Code A or C, enter determination date . . . . . _____ <input type="checkbox"/> Other Income _____
--------------	---

<b>Box 4</b>	Federal income tax withheld . . . . . _____
--------------	---

	<b>First state</b>
<b>Box 5</b>	State tax withheld . . . . . _____
<b>Box 6</b>	State . _____ Payer's state no. . . . . _____
<b>Box 7</b>	State income . . . . . _____
	<b>Second state</b>
<b>Box 5</b>	State tax withheld . . . . . _____
<b>Box 6</b>	State . _____ Payer's state no. . . . . _____
<b>Box 7</b>	State income . . . . . _____
	I confirm that the state withholding identification number(s) are accurate . . . . . <input type="checkbox"/>

FATCA filing requirement . . . . .

**Additional Payer and Recipient Information**

<b>Payer's address and ZIP code</b>	<b>Recipient's address and ZIP code</b>
Street _____	Transfer address from Federal Information Wks . <input type="checkbox"/>
City _____	Street _____
State _____ ZIP Code _____	City _____
Foreign Country _____	State _____ ZIP Code _____
	Foreign Country _____

Name as Shown on Return RAJU & SASIKALA DASARI	Social Security No. 043-29-0942
---	------------------------------------

- Note:**
- To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2020 and meet the other requirements listed in the instructions for Form 1040.
  - If applicable, first complete Form 2555, Foreign Earned Income and enter any exclusion of income from U.S. Possessions on the Federal Information Worksheet.

**Part 1**

<b>1</b>	Number of qualifying children under age 17 with the required social security number: <u>1</u> X \$2,000. Enter the result . . . . .	<b>1</b>	<u>2,000.</u>		
<b>2</b>	Number of other dependents, including qualifying children without the required social security number: <u>2</u> X \$500. Enter the result . . . . .	<b>2</b>	<u>1,000.</u>	<b>3</b>	<u>3,000.</u>
<b>3</b>	Add lines 1 and 2 . . . . .				
<b>4</b>	Enter the amount from Form 1040 or 1040-SR, line 11 . . . . .	<b>4</b>	<u>438,702.</u>		
<b>5</b>	<b>1040 filers:</b> enter the total of any — • Exclusion of income from Puerto Rico, and • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15. . . . .	<b>5</b>	<u>0.</u>		
<b>6</b>	<b>1040-NR filers:</b> Enter -0-. Add lines 4 and 5. Enter the total . . . . .	<b>6</b>	<u>438,702.</u>		
<b>7</b>	Enter the amount shown below for your filing status. • Married filing jointly — \$400,000 • All other filing statuses — \$200,000 . . . . .	<b>7</b>	<u>400,000.</u>		
<b>8</b>	Is the amount on line 6 more than the amount on line 7? <input type="checkbox"/> <b>No.</b> Leave line 8 blank. Enter -0- on line 9. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 7 from line 6 . . . . . If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.	<b>8</b>	<u>39,000.</u>		
<b>9</b>	Multiply the amount on line 8 by 5% (.05). Enter the result . . . . .	<b>9</b>			<u>1,950.</u>
<b>10</b>	Is the amount on line 3 more than the amount on line 9? <input type="checkbox"/> <b>No. Stop.</b> You cannot take the child tax credit or credit for other dependents on line 19 of Form 1040, 1040-SR or 1040-NR. You also cannot take the additional child tax credit on line 28 of Form 1040, 1040-SR or 1040-NR. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 9 from line 3. Enter the result. <i>Go to Part 2.</i> . . . . .	<b>10</b>			<u>1,050.</u>

**Part 2**

<b>11</b>	Enter the amount from line 18 of Form 1040 or 1040-SR . . . . .	<b>11</b>			<u>94,363.</u>
<b>12</b>	Add the amounts from — Schedule 3, line 1 . . . . . Schedule 3, line 2 . . . . . + Schedule 3, line 3 . . . . . + Schedule 3, line 4 . . . . . + Form 5695, line 30 . . . . . + Form 8910, line 15 . . . . . + Form 8936, line 23 . . . . . + Schedule R, line 22 . . . . . + Enter the total . . . . .	<b>12</b>	<u>2.</u>		
<b>13</b>	Subtract line 12 from line 11 . . . . .		<u>2.</u>	<b>13</b>	<u>94,361.</u>
<b>14</b>	Are you claiming any of the following credits? • Mortgage interest credit, Form 8839 • Adoption Credit, Form 8839 • Residential energy efficient property credit, Form 5695, Part I • District of Columbia first-time homebuyer credit, Form 8859 <input checked="" type="checkbox"/> <b>No.</b> Enter -0- <input type="checkbox"/> <b>Yes.</b> If you are filing Form 2555, enter -0-. Otherwise, Complete the <i>Line 14 Worksheet</i> below to figure the amount to enter here. . . . .			<b>14</b>	<u>0.</u>
<b>15</b>	Subtract line 14 from line 13. Enter the result . . . . .	<b>15</b>			<u>94,361.</u>
<b>16</b>	Is the amount on line 10 of this worksheet more than the amount on line 15? <input checked="" type="checkbox"/> <b>No.</b> Enter the amount from line 10 <input type="checkbox"/> <b>Yes.</b> Enter the amount from line 15. See the <b>TIP</b> below. . . . .			<b>16</b>	<u>1,050.</u>

**This is your child tax credit and credit for other dependents**

Enter this amount on  
Form 1040, line 19  
Form 1040-SR, line 19  
Form 1040-NR, line 19

**TIP:** You may be able to take the **additional child tax credit** on line 28 of Form 1040, 1040-SR or 1040-NR only if you answered 'Yes' on line 16 and line 1 is more than zero.

- First, complete your Form 1040, 1040-SR or 1040-NR through line 27 (also complete Schedule 3, line 10)
- Then, use Schedule 8812 to figure any additional child tax credit.

# Qualified Business Income Deduction Summary

**2020**

▶ Keep for your records

Name(s) Shown on Return <u>RAJU &amp; SASIKALA DASARI</u>	Social Security Number <u>043-29-0942</u>
--	--

<b>QuickZoom</b> to QBI Component Worksheet . . . . . ▶	
<b>QuickZoom</b> to Form 8995. . . . . ▶	
<b>QuickZoom</b> to Form 8995-A . . . . . ▶	
<b>1</b> Trade or business name	Net QBI
_____	
_____	
<b>2</b> Net qualified business income (QBI) from qualified trades or businesses . . . . .	
<b>3</b> Loss from previous year . . . . .	
<b>4</b> Sum of activities with gains (only positive amounts from table on line 1) . . . . .	
<b>5</b> Sum of activities with losses (only negative amounts from table on line 1) . . . . .	
<b>6</b> Check if using Simplified Computation (Form 8995) <input type="checkbox"/>	
<b>7</b> QBI component from Form 8995 line 5 or Form 8995A line 16 . . . . .	
<b>8</b> QBI loss carryover from Form 8895 line 16 or Form 8995A Schedule C line 6 . . . . .	
<b>9</b> Total REIT dividends . . . . .	133.
<b>10</b> PTP Income from non-SSTBs . . . . .	
<b>11</b> PTP Income from SSTBs . . . . .	
<b>12</b> Allowed PTP Income from SSTBs . . . . .	
<b>13</b> Total Allowed PTP income (sum of line 10 and line 12). . . . .	
<b>14</b> Carryover REIT/PTP losses from prior year . . . . .	
<b>15</b> Total REIT/PTP income . . . . .	133.
<b>16</b> 20% of total REIT/PTP income . . . . .	27.
<b>17</b> Disallowed REIT/PTP loss . . . . .	0.
<b>18</b> Combined QBI Amount (QBI component plus 20% of REIT/PTP income). . . . .	27.
<b>19</b> Taxable income before qualified business income deduction. . . . .	413,902.
<b>20</b> Net capital gains . . . . .	634.
<b>21</b> Taxable income minus net capital gains. If zero or less, enter -0- . . . . .	413,268.
<b>22</b> 20% of taxable income minus net capital gains . . . . .	82,654.
<b>23</b> QBI deduction before DPAD. . . . .	27.
<i>Lesser of Combined QBI Amount or 20% of taxable income minus cap gains</i>	
<b>24</b> Section 199A(g) deduction for domestic production activities . . . . .	
<b>25</b> <b>Total 199A (QBI) deduction</b> (sum of lines 23 and 24) . . . . .	27.

**Form 1040 Qualified Dividends and Capital Gain Tax Worksheet**

**2020**

**Line 16**

► Keep for your records

Name(s) Shown on Return RAJU & SASIKALA DASARI	Social Security Number 043-29-0942
---	---------------------------------------

<b>1</b>	Enter the amount from Form 1040 or 1040-SR, line 15. . . . .	<b>1</b>	413,875.
<b>2</b>	Enter the amount from Form 1040 or 1040-SR, line 3a . . . . .	<b>2</b>	634.
<b>3</b>	Are you filing Schedule D? <input checked="" type="checkbox"/> <b>Yes.</b> Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- . . . . .	<b>3</b>	0.
	<input type="checkbox"/> <b>No.</b> Enter the amount from Form 1040 or 1040-SR, line 7.		
<b>4</b>	Add lines 2 and 3 . . . . .	<b>4</b>	634.
<b>5</b>	Subtract line 4 from line 1. If zero or less, enter -0- . . . . .	<b>5</b>	413,241.
<b>6</b>	Enter: \$40,000 if single or married filing separately, \$80,000 if married filing jointly or qualifying widow(er), \$53,600 if head of household.	<b>6</b>	80,000.
<b>7</b>	Enter the smaller of line 1 or line 6 . . . . .	<b>7</b>	80,000.
<b>8</b>	Enter the smaller of line 5 or line 7 . . . . .	<b>8</b>	80,000.
<b>9</b>	Subtract line 8 from line 7 (this amount taxed at 0%) . . . . .	<b>9</b>	0.
<b>10</b>	Enter the smaller of line 1 or line 4 . . . . .	<b>10</b>	634.
<b>11</b>	Enter the amount from line 9 . . . . .	<b>11</b>	0.
<b>12</b>	Subtract line 11 from line 10. . . . .	<b>12</b>	634.
<b>13</b>	Enter: \$441,450 if single, \$248,300 if married filing separately, \$496,600 if married filing jointly or qualifying widow(er), \$469,050 if head of household.	<b>13</b>	496,600.
<b>14</b>	Enter the smaller of line 1 or line 13 . . . . .	<b>14</b>	413,875.
<b>15</b>	Add lines 5 and 9 . . . . .	<b>15</b>	413,241.
<b>16</b>	Subtract line 15 from line 14. If zero or less, enter -0- . . . . .	<b>16</b>	634.
<b>17</b>	Enter the smaller of line 12 or line 16 . . . . .	<b>17</b>	634.
<b>18</b>	Multiply line 17 by 15% (0.15) . . . . .	<b>18</b>	95.
<b>19</b>	Add lines 9 and 17. . . . .	<b>19</b>	634.
<b>20</b>	Subtract line 19 from line 10 . . . . .	<b>20</b>	0.
<b>21</b>	Multiply line 20 by 20% (0.20) . . . . .	<b>21</b>	0.
<b>22</b>	Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet. . . . .	<b>22</b>	94,268.
<b>23</b>	Add lines 18, 21, and 22 . . . . .	<b>23</b>	94,363.
<b>24</b>	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. . . . .	<b>24</b>	94,471.
<b>25</b>	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 23 or line 24 here and on Form 1040 or 1040-SR, line 16. . . . .	<b>25</b>	94,363.

**Capital Loss Carryover Worksheet**

Capital Loss Carryover from 2019 to 2020

► Keep for your records

Name(s) Shown on Return RAJU & SASIKALA DASARI	Social Security Number 043-29-0942
---	---------------------------------------

	Regular Tax	Alternative Minimum Tax
<b>1</b> Enter the amount from your 2019 Form 1040, line 11b. If a loss, enter as a negative amount . . . . .	<b>1</b> 193,054.	217,454.
<b>2</b> Enter the loss from your 2019 Schedule D, line 21, as a positive amount . . . . .	<b>2</b> 3,000.	3,000.
<b>3</b> Combine lines 1 and 2. If zero or less, enter -0-. . . . .	<b>3</b> 196,054.	220,454.
<b>4</b> Enter the <b>smaller</b> of line 2 or line 3 . . . . .	<b>4</b> 3,000.	3,000.
<b>If line 7 of your 2019 Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.</b>		
<b>5</b> Enter the loss from your 2019 Schedule D, line 7, as a positive amount. . . . .	<b>5</b> 13,492.	13,492.
<b>6</b> Enter any gain from your 2019 Schedule D, line 15. If a loss, enter -0- . . . . .	<b>6</b> 67.	67.
<b>7</b> Add lines 4 and 6 . . . . .	<b>7</b> 3,067.	3,067.
<b>8 Short-term capital loss carryover for 2020.</b> Subtract line 7 from line 5. If zero or less, enter -0-. If more than zero, also enter on Schedule D, line 6, as a negative amount . . . . . ►	<b>8</b> 10,425.	10,425.
<b>If line 15 of your 2019 Schedule D is a loss, go to line 9; otherwise, skip lines 9 thru 13.</b>		
<b>9</b> Enter the loss from your 2019 Schedule D, line 15, as a positive amount . . . . .	<b>9</b>	
<b>10</b> Enter any gain from your 2019 Schedule D, line 7. If a loss, enter -0- . . . . .	<b>10</b> 0.	0.
<b>11</b> Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	<b>11</b> 0.	0.
<b>12</b> Add lines 10 and 11 . . . . .	<b>12</b> 0.	0.
<b>13 Long-term capital loss carryover for 2020.</b> Subtract line 12 from line 9. If zero or less, enter -0-. If more than zero, also enter on Schedule D, line 14, as a negative amount . . . . . ►	<b>13</b> 0.	0.

DO

# Capital Loss Carryforward Worksheet

**2021**

Capital Loss Carryforward from 2020 to 2021

▶ Keep for your records

Name(s) Shown on Return RAJU & SASIKALA DASARI	Social Security Number 043-29-0942
---	---------------------------------------

		Regular Tax	Alternative Minimum Tax
<b>1</b> Enter the amount from 2020 Form 1040, line 15. If a loss, enter as a negative amount . . . . .	<b>1</b>	413,875.	425,139.
<b>2</b> Enter the loss from 2020 Schedule D, line 21, as a positive amount . . . . .	<b>2</b>		3,000.
<b>3</b> Combine lines 1 and 2. If zero or less, enter -0- . . . . .	<b>3</b>	413,875.	428,139.
<b>4</b> Enter the <b>smaller</b> of line 2 or line 3 . . . . .	<b>4</b>	0.	3,000.
<b>If line 7 of 2020 Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9</b>			
<b>5</b> Enter the loss from 2020 Schedule D, line 7, as a positive amount. . . . .	<b>5</b>		2,329,503.
<b>6</b> Enter any gain from 2020 Schedule D, line 15. If a loss, enter -0- . . . . .	<b>6</b>	0.	0.
<b>7</b> Add lines 4 and 6 . . . . .	<b>7</b>	0.	3,000.
<b>8 Short-term capital loss carryforward to 2021.</b> Subtract line 7 from line 5. If zero or less, enter -0- . . . . . ▶	<b>8</b>	0.	2,326,503.
<b>If line 15 of Schedule D is a loss, go to line 9; otherwise, skip lines 9 thru 13.</b>			
<b>9</b> Enter the loss from 2020 Schedule D, line 15, as a positive amount . . . . .	<b>9</b>	26,569.	551,921.
<b>10</b> Enter any gain from 2020 Schedule D, line 7. If a loss, enter -0- . . . . .	<b>10</b>	37,105.	0.
<b>11</b> Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	<b>11</b>	0.	0.
<b>12</b> Add lines 10 and 11 . . . . .	<b>12</b>	37,105.	0.
<b>13 Long-term capital loss carryforward to 2021.</b> Subtract line 12 from line 9. If zero or less, enter -0- . . . . . ▶	<b>13</b>	0.	551,921.

DONOT

# Form 1099-B Worksheet

▶ Keep for your records

**2020**

Name(s) Shown on Return  
RAJU & SASIKALA DASARI

Social Security No.  
043-29-0942

**Name of reporting financial institution** ▶ Robinhood Crypto LLC  
**Acct Number** . . . . . ▶ \_\_\_\_\_ **Reporter's Tax ID** . . . ▶ \_\_\_\_\_  
**Owner of account** . . . . . ▶ S  
**Transactions were not reported to IRS** . ▶

<b>Form 8949 Reporting Exception Transactions</b>					
<i>Any transactions that are eligible to be reported directly on Schedule D, bypassing Form 8949, may be summarized here.</i>					
<b>Box A transactions to report directly on Sch D, Line 1a (short term)</b>	<table border="1" style="width: 100%;"><tr><th>Proceeds</th><th>Cost Basis</th></tr><tr><td> </td><td> </td></tr></table>	Proceeds	Cost Basis		
Proceeds	Cost Basis				
<b>Box D transactions to report directly on Sch D, Line 8a (long term)</b>	<table border="1" style="width: 100%;"><tr><th>Proceeds</th><th>Cost Basis</th></tr><tr><td> </td><td> </td></tr></table>	Proceeds	Cost Basis		
Proceeds	Cost Basis				
<i>(Do not duplicate any transactions summarized above when making entries in the table below.)</i>					

<b>Quick Entry Table</b>									
<i>If you have additional sale info to enter for a sale, double-click on any field in the table to QuickZoom to the associated Capital Gain (Loss) Adjustments Worksheet. (See field help for more details.)</i>									
Sale#	Property Description			Sales Price (Proceeds)	Cost or Other Basis		Disallowed Wash Sale		
8949 Box	Date Sold	Date Acquired							
Adjustment Amount*	Adjustment Code(s)*	Holding Period	Basis Reported to IRS?		Reported on Form 1099B?				
1	Robinhood Crypto LLC								
	12/31/20	01/01/20	6,905.51	6,649.46					
		S	Yes	X No	Yes		X No		
			Yes	No	Yes		No		
			Yes	No	Yes		No		
			Yes	No	Yes		No		
			Yes	No	Yes		No		

<b>Sale Results for Form 8949</b>								
#	8949 Box	Description	Sale Proceeds	Cost Basis	Adj. Code(s)	Adjustment Amount	Gain or (Loss)	S/L
1	C	Robinhood Crypto LLC	6,906.	6,649.			257.	S

<b>Brokerage Statement (Form 1099-B or substitute) Summary Table</b>						
<i>This table shows gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with the brokerage statement they may have been reported on. Note that individual sales are rounded off to the nearest dollar. As result, the various summarized values below may differ slightly from statement totals.</i>						
Sale Type	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A						
Box B						
Box C	6,906.	6,649.	257.		257.	
Box D						
Box E						
Box F						
<b>Totals</b>	6,906.	6,649.	257.		257.	



**Additional Summary Data**

*Includes summary of withholding found on related Capital Gain (Loss) Adjustment Worksheets.*

Total Federal Backup Withholding . . . . . \_\_\_\_\_

**State ID**

State Backup Withholding . . . . . \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total State Backup Withholding . . . . . \_\_\_\_\_

Total Collectible Gain/(Loss) . . . . . \_\_\_\_\_

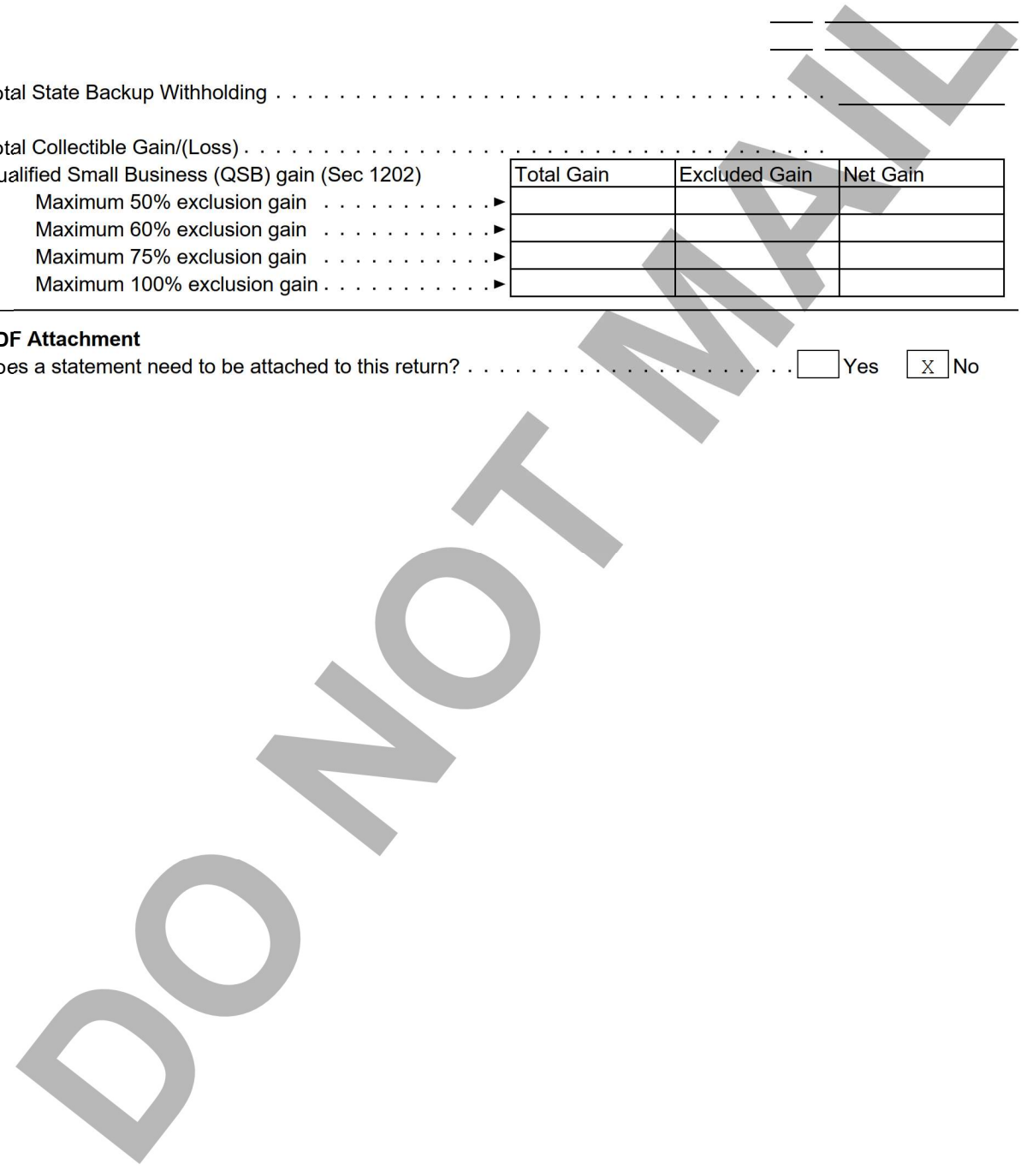
Qualified Small Business (QSB) gain (Sec 1202)

Total Gain	Excluded Gain	Net Gain

- Maximum 50% exclusion gain . . . . . ▶
- Maximum 60% exclusion gain . . . . . ▶
- Maximum 75% exclusion gain . . . . . ▶
- Maximum 100% exclusion gain . . . . . ▶

**PDF Attachment**

Does a statement need to be attached to this return? . . . . .  Yes  No



**Form 1099-B Worksheet**

► Keep for your records

**2020**

Name(s) Shown on Return  
RAJU & SASIKALA DASARI

Social Security No.  
043-29-0942

Name of reporting financial institution ► Robinhood Securities LLC  
 Acct Number . . . . . ► \_\_\_\_\_ Reporter's Tax ID . . . . . ► \_\_\_\_\_  
 Owner of account . . . . . ► S  
 Transactions were not reported to IRS . . . . . ►

**Form 8949 Reporting Exception Transactions**  
 Any transactions that are eligible to be reported directly on Schedule D, bypassing Form 8949, may be summarized here.

	Proceeds	Cost Basis
Box A transactions to report directly on Sch D, Line 1a (short term)		
Box D transactions to report directly on Sch D, Line 8a (long term)		

(Do not duplicate any transactions summarized above when making entries in the table below.)

**Quick Entry Table**  
 If you have additional sale info to enter for a sale, double-click on any field in the table to QuickZoom to the associated Capital Gain (Loss) Adjustments Worksheet. (See field help for more details.)

Sale#	Property Description		Date Sold	Date Acquired	Sales Price (Proceeds)	Cost or Other Basis	Disallowed Wash Sale	
8949 Box	Adjustment Amount*	Adjustment Code(s)*	Holding Period	Basis Reported to IRS?	Reported on Form 1099B?			
1	Robinhood Securities LLC							
A		12/31/20	01/01/20	2,678,621.33	5,023,123.74	2,335,809.30		
			S	Yes X	No	Yes X	No	
2	Robinhood Securities LLC							
C		12/31/20	01/01/20	12.74	14.77			
			S	Yes	X No	Yes	X No	
3	Robinhood Securities LLC							
D		12/31/20	01/01/19	222,927.51	774,585.10	525,210.28		
			L	Yes X	No	Yes X	No	
				Yes	No	Yes	No	

**Sale Results for Form 8949**

#	8949 Box	Description	Sale Proceeds	Cost Basis	Adj. Code(s)	Adjustment Amount	Gain or (Loss)	S/L
1	A	Robinhood Securities LLC	2,678,621.	5,023,124.	W	2,335,809.	-8,694.	S
2	C	Robinhood Securities LLC	13.	15.			-2.	S
3	D	Robinhood Securities LLC	222,928.	774,585.	W	525,210.	-26,447.	L

**Brokerage Statement (Form 1099-B or substitute) Summary Table**  
 This table shows gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with the brokerage statement they may have been reported on. Note that individual sales are rounded off to the nearest dollar. As result, the various summarized values below may differ slightly from statement totals.

Sale Type	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A	2,678,621.	5,023,124.	-2,344,503.	2,335,809.	-8,694.	W
Box B						
Box C	13.	15.	-2.		-2.	
Box D	222,928.	774,585.	-551,657.	525,210.	-26,447.	W
Box E						
Box F						
<b>Totals</b>	<b>2,901,562.</b>	<b>5,797,724.</b>	<b>-2,896,162.</b>	<b>2,861,019.</b>	<b>-35,143.</b>	

**Additional Summary Data**

*Includes summary of withholding found on related Capital Gain (Loss) Adjustment Worksheets.*

Total Federal Backup Withholding . . . . . \_\_\_\_\_

**State ID**

State Backup Withholding . . . . . \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total State Backup Withholding . . . . . \_\_\_\_\_

Total Collectible Gain/(Loss) . . . . . \_\_\_\_\_

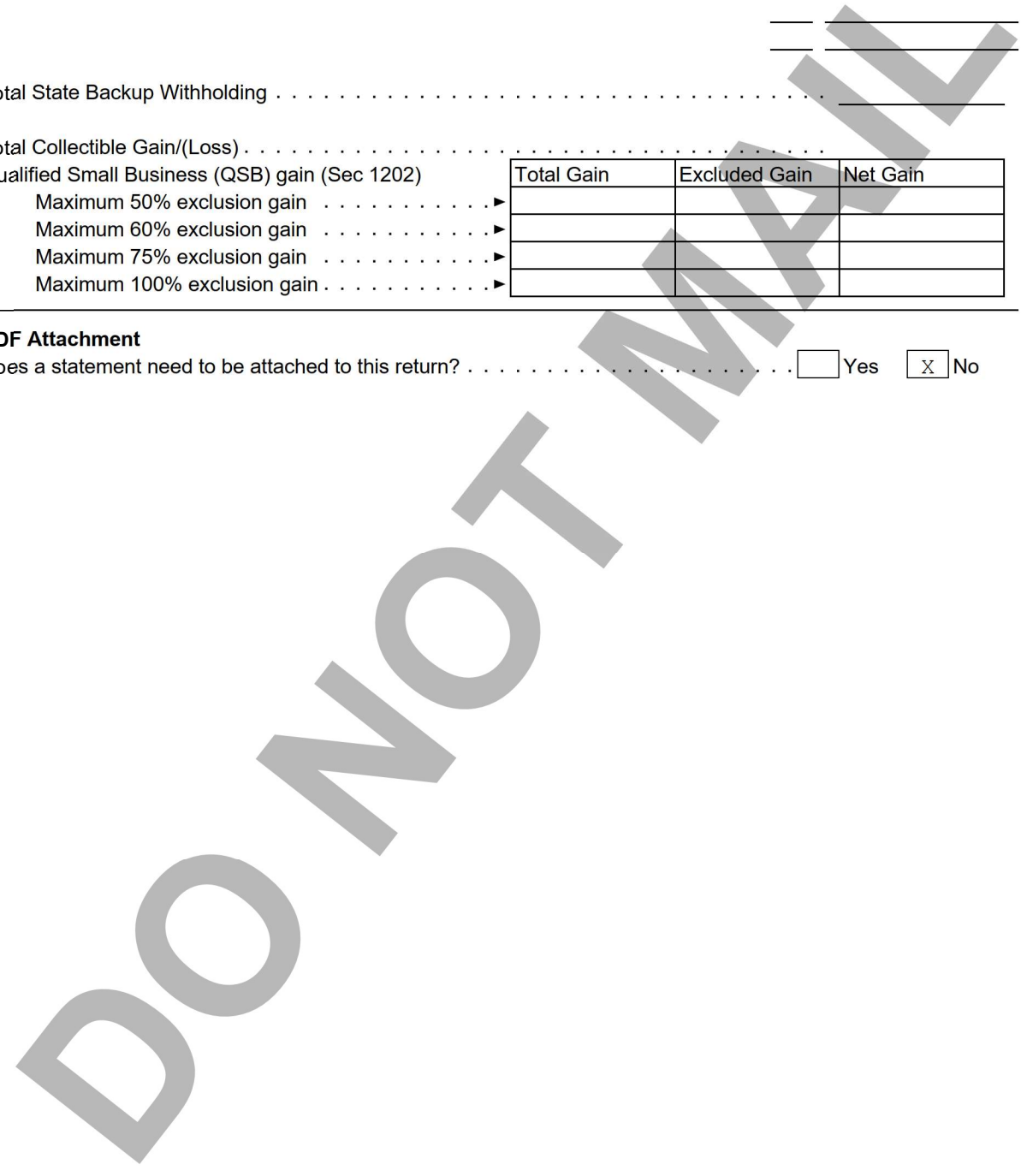
Qualified Small Business (QSB) gain (Sec 1202)

Total Gain	Excluded Gain	Net Gain

- Maximum 50% exclusion gain . . . . . ▶
- Maximum 60% exclusion gain . . . . . ▶
- Maximum 75% exclusion gain . . . . . ▶
- Maximum 100% exclusion gain . . . . . ▶

**PDF Attachment**

Does a statement need to be attached to this return? . . . . .  Yes  No



# Form 1099-B Worksheet

▶ Keep for your records

**2020**

Name(s) Shown on Return  
RAJU & SASIKALA DASARI

Social Security No.  
043-29-0942

**Name of reporting financial institution** ▶ J.P. MORGAN SECURITIES LLC  
**Acct Number** . . . . . ▶ \_\_\_\_\_ **Reporter's Tax ID** . . . ▶ \_\_\_\_\_  
**Owner of account** . . . . . ▶ S  
**Transactions were not reported to IRS** . ▶

**Form 8949 Reporting Exception Transactions**  
*Any transactions that are eligible to be reported directly on Schedule D, bypassing Form 8949, may be summarized here.*

	Proceeds	Cost Basis
<b>Box A transactions to report directly on Sch D, Line 1a (short term)</b>		
<b>Box D transactions to report directly on Sch D, Line 8a (long term)</b>		

(Do not duplicate any transactions summarized above when making entries in the table below.)

**Quick Entry Table**  
*If you have additional sale info to enter for a sale, double-click on any field in the table to QuickZoom to the associated Capital Gain (Loss) Adjustments Worksheet. (See field help for more details.)*

Sale#	Property Description		Date Sold	Date Acquired	Sales Price (Proceeds)	Cost or Other Basis	Disallowed Wash Sale
8949 Box	Adjustment Amount*	Adjustment Code(s)*	Holding Period	Basis Reported to IRS?	Reported on Form 1099B?		
1	J.P. MORGAN SECURITIES LLC						
A		12/31/20	01/01/20	1,543,021.65	1,480,197.86	9,148.00	
			S	Yes X	No	Yes X	No
				Yes	No	Yes	No
				Yes	No	Yes	No
				Yes	No	Yes	No
				Yes	No	Yes	No

**Sale Results for Form 8949**

#	8949 Box	Description	Sale Proceeds	Cost Basis	Adj. Code(s)	Adjustment Amount	Gain or (Loss)	S/L
1	A	J.P. MORGAN SECURITIES LLC	1,543,022.	1,480,198.	W	9,148.	71,972.	S

**Brokerage Statement (Form 1099-B or substitute) Summary Table**  
*This table shows gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with the brokerage statement they may have been reported on. Note that individual sales are rounded off to the nearest dollar. As result, the various summarized values below may differ slightly from statement totals.*

Sale Type	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A	1,543,022.	1,480,198.	62,824.	9,148.	71,972.	W
Box B						
Box C						
Box D						
Box E						
Box F						
<b>Totals</b>	<b>1,543,022.</b>	<b>1,480,198.</b>	<b>62,824.</b>	<b>9,148.</b>	<b>71,972.</b>	

**Additional Summary Data**

*Includes summary of withholding found on related Capital Gain (Loss) Adjustment Worksheets.*

Total Federal Backup Withholding . . . . . \_\_\_\_\_

**State ID**

State Backup Withholding . . . . . \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total State Backup Withholding . . . . . \_\_\_\_\_

Total Collectible Gain/(Loss) . . . . . \_\_\_\_\_

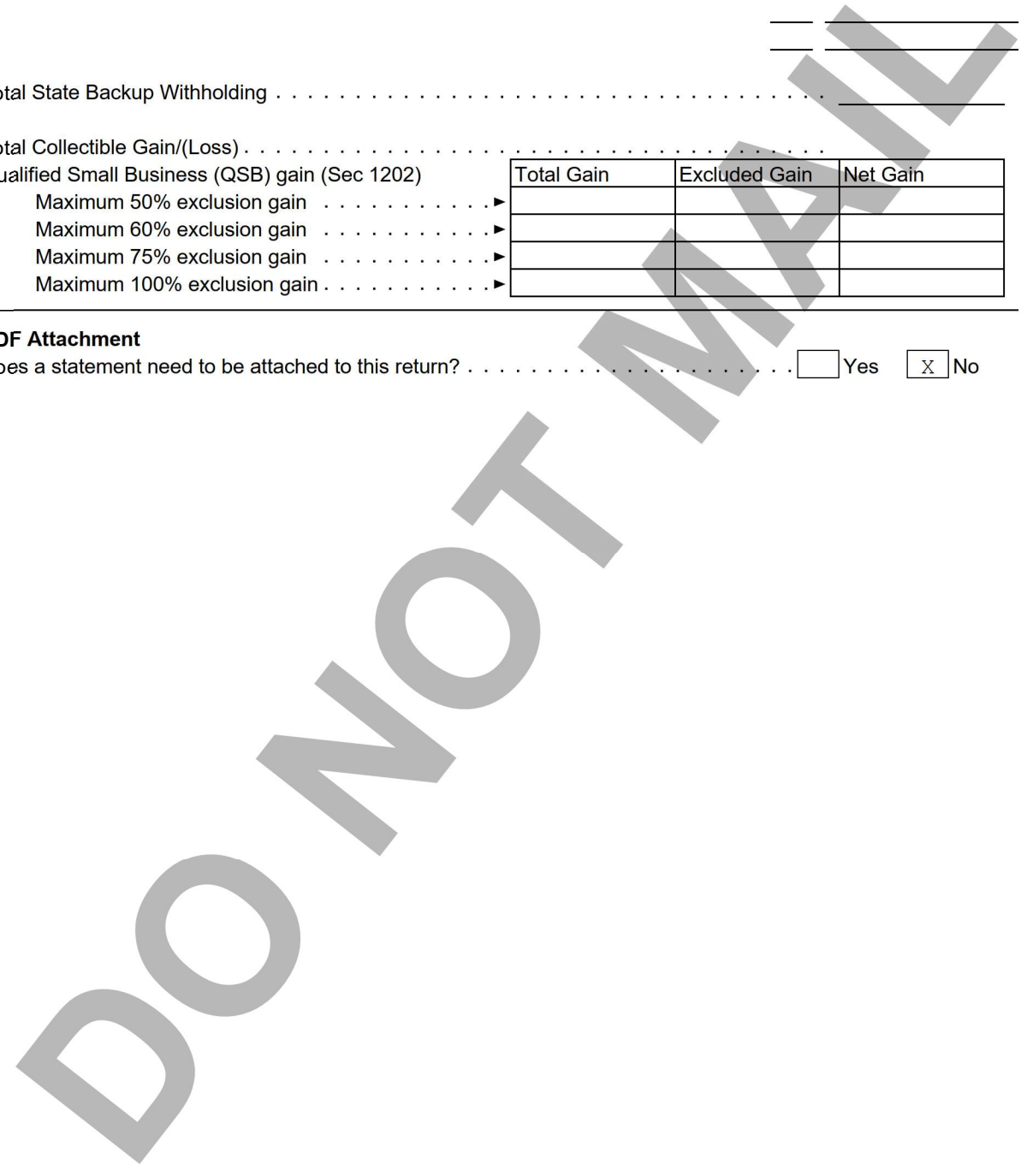
Qualified Small Business (QSB) gain (Sec 1202)

Total Gain	Excluded Gain	Net Gain

- Maximum 50% exclusion gain . . . . . ▶
- Maximum 60% exclusion gain . . . . . ▶
- Maximum 75% exclusion gain . . . . . ▶
- Maximum 100% exclusion gain . . . . . ▶

**PDF Attachment**

Does a statement need to be attached to this return? . . . . .  Yes  No



# Form 1099-B Worksheet

▶ Keep for your records

**2020**

Name(s) Shown on Return  
RAJU & SASIKALA DASARI

Social Security No.  
043-29-0942

**Name of reporting financial institution** ▶ ROBINHOOD CRYPTO LLC  
**Acct Number** . . . . . ▶ \_\_\_\_\_ **Reporter's Tax ID** . . . ▶ \_\_\_\_\_  
**Owner of account** . . . . . ▶ T  
**Transactions were not reported to IRS** . ▶

**Form 8949 Reporting Exception Transactions**  
*Any transactions that are eligible to be reported directly on Schedule D, bypassing Form 8949, may be summarized here.*

	Proceeds	Cost Basis
<b>Box A transactions to report directly on Sch D, Line 1a (short term)</b>		
<b>Box D transactions to report directly on Sch D, Line 8a (long term)</b>		

(Do not duplicate any transactions summarized above when making entries in the table below.)

**Quick Entry Table**  
*If you have additional sale info to enter for a sale, double-click on any field in the table to QuickZoom to the associated Capital Gain (Loss) Adjustments Worksheet. (See field help for more details.)*

Sale#	Property Description			Sales Price (Proceeds)	Cost or Other Basis	Disallowed Wash Sale	
8949 Box	Date Sold	Date Acquired					
Adjustment Amount*	Adjustment Code(s)*	Holding Period	Basis Reported to IRS?		Reported on Form 1099B?		
1	ROBINHOOD CRYPTO LLC						
	12/31/20	01/01/20	366.97	351.97			
			Yes	X No	Yes	X No	
			Yes	No	Yes	No	
			Yes	No	Yes	No	
			Yes	No	Yes	No	
			Yes	No	Yes	No	

**Sale Results for Form 8949**

#	8949 Box	Description	Sale Proceeds	Cost Basis	Adj. Code(s)	Adjustment Amount	Gain or (Loss)	S/L
1	C	ROBINHOOD CRYPTO LLC	367.	352.			15.	S

**Brokerage Statement (Form 1099-B or substitute) Summary Table**  
*This table shows gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with the brokerage statement they may have been reported on. Note that individual sales are rounded off to the nearest dollar. As result, the various summarized values below may differ slightly from statement totals.*

Sale Type	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A						
Box B						
Box C	367.	352.	15.		15.	
Box D						
Box E						
Box F						
<b>Totals</b>	367.	352.	15.		15.	

**Additional Summary Data**

*Includes summary of withholding found on related Capital Gain (Loss) Adjustment Worksheets.*

Total Federal Backup Withholding . . . . . \_\_\_\_\_

**State ID**

State Backup Withholding . . . . . \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total State Backup Withholding . . . . . \_\_\_\_\_

Total Collectible Gain/(Loss) . . . . . \_\_\_\_\_

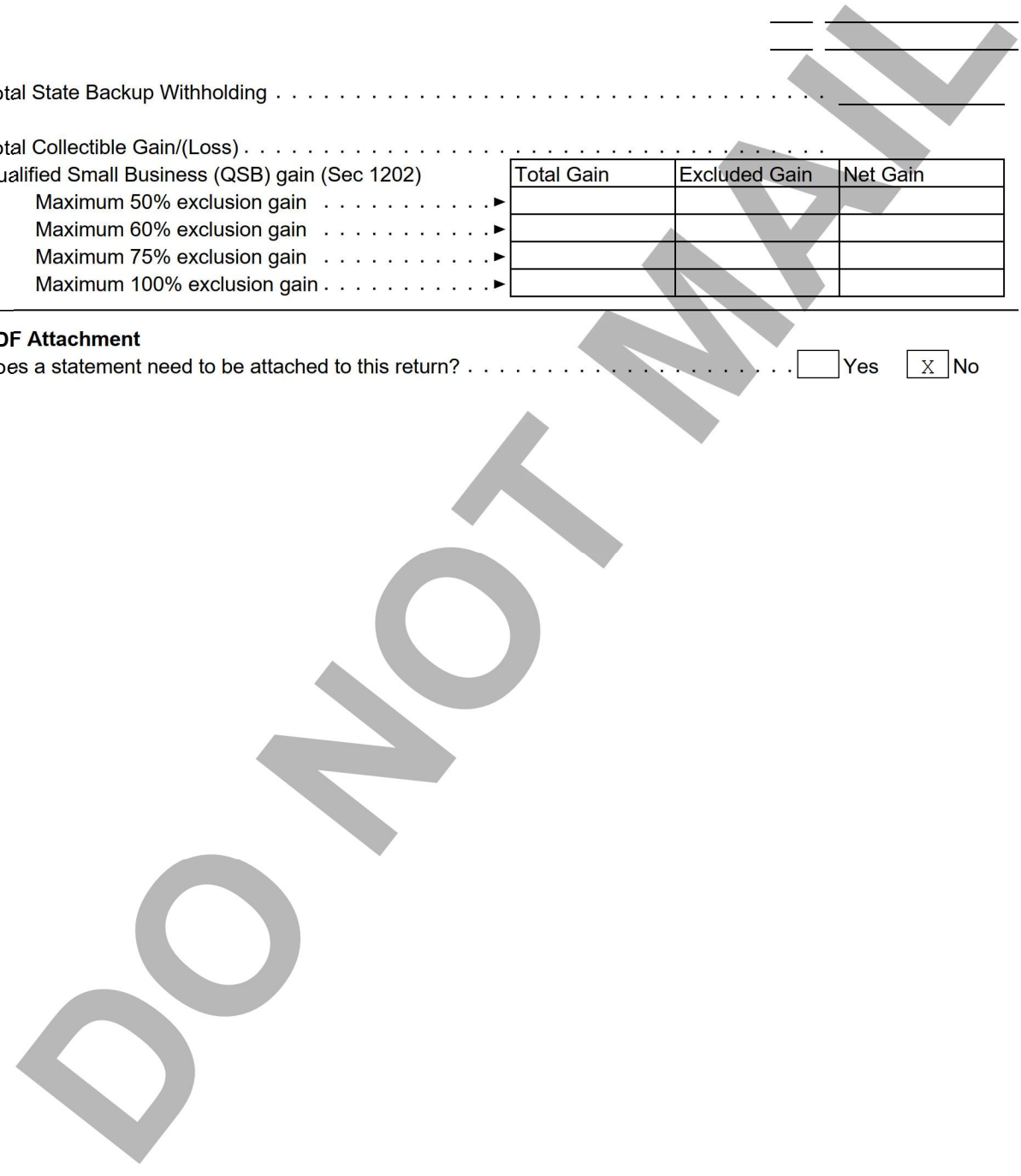
Qualified Small Business (QSB) gain (Sec 1202)

Total Gain	Excluded Gain	Net Gain

- Maximum 50% exclusion gain . . . . . ▶
- Maximum 60% exclusion gain . . . . . ▶
- Maximum 75% exclusion gain . . . . . ▶
- Maximum 100% exclusion gain . . . . . ▶

**PDF Attachment**

Does a statement need to be attached to this return? . . . . .  Yes  No



**Form 1099-B Worksheet**

► Keep for your records

**2020**

Name(s) Shown on Return  
RAJU & SASIKALA DASARI

Social Security No.  
043-29-0942

Name of reporting financial institution ► ROBINHOOD SECURITIES LLC  
 Acct Number . . . . . ► \_\_\_\_\_ Reporter's Tax ID . . . . . ► \_\_\_\_\_  
 Owner of account . . . . . ► T  
 Transactions were not reported to IRS . . . . . ►

**Form 8949 Reporting Exception Transactions**  
 Any transactions that are eligible to be reported directly on Schedule D, bypassing Form 8949, may be summarized here.

	Proceeds	Cost Basis
Box A transactions to report directly on Sch D, Line 1a (short term)		
Box D transactions to report directly on Sch D, Line 8a (long term)		

(Do not duplicate any transactions summarized above when making entries in the table below.)

**Quick Entry Table**  
 If you have additional sale info to enter for a sale, double-click on any field in the table to QuickZoom to the associated Capital Gain (Loss) Adjustments Worksheet. (See field help for more details.)

Sale#	Property Description		Date Sold	Date Acquired	Sales Price (Proceeds)	Cost or Other Basis	Disallowed Wash Sale
8949 Box	Adjustment Amount*	Adjustment Code(s)*	Holding Period	Basis Reported to IRS?	Reported on Form 1099B?		
1	ROBINHOOD SECURITIES LLC						
A		12/31/20	01/01/20	304,348.85	342,018.07	21,650.98	
			S	Yes X	No	Yes X	No
2	ROBINHOOD SECURITIES LLC						
D		12/31/20	01/01/19	50.51	337.01	141.96	
			L	Yes X	No	Yes X	No
				Yes	No	Yes	No
				Yes	No	Yes	No

**Sale Results for Form 8949**

#	8949 Box	Description	Sale Proceeds	Cost Basis	Adj. Code(s)	Adjustment Amount	Gain or (Loss)	S/L
1	A	ROBINHOOD SECURITIES LLC	304,349.	342,018.	W	21,651.	-16,018.	S
2	D	ROBINHOOD SECURITIES LLC	51.	337.	W	142.	-144.	L

**Brokerage Statement (Form 1099-B or substitute) Summary Table**  
 This table shows gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with the brokerage statement they may have been reported on. Note that individual sales are rounded off to the nearest dollar. As result, the various summarized values below may differ slightly from statement totals.

Sale Type	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A	304,349.	342,018.	-37,669.	21,651.	-16,018.	W
Box B						
Box C						
Box D	51.	337.	-286.	142.	-144.	W
Box E						
Box F						
<b>Totals</b>	<b>304,400.</b>	<b>342,355.</b>	<b>-37,955.</b>	<b>21,793.</b>	<b>-16,162.</b>	



**Additional Summary Data**

*Includes summary of withholding found on related Capital Gain (Loss) Adjustment Worksheets.*

Total Federal Backup Withholding . . . . . \_\_\_\_\_

**State ID**

State Backup Withholding . . . . . \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total State Backup Withholding . . . . . \_\_\_\_\_

Total Collectible Gain/(Loss) . . . . . \_\_\_\_\_

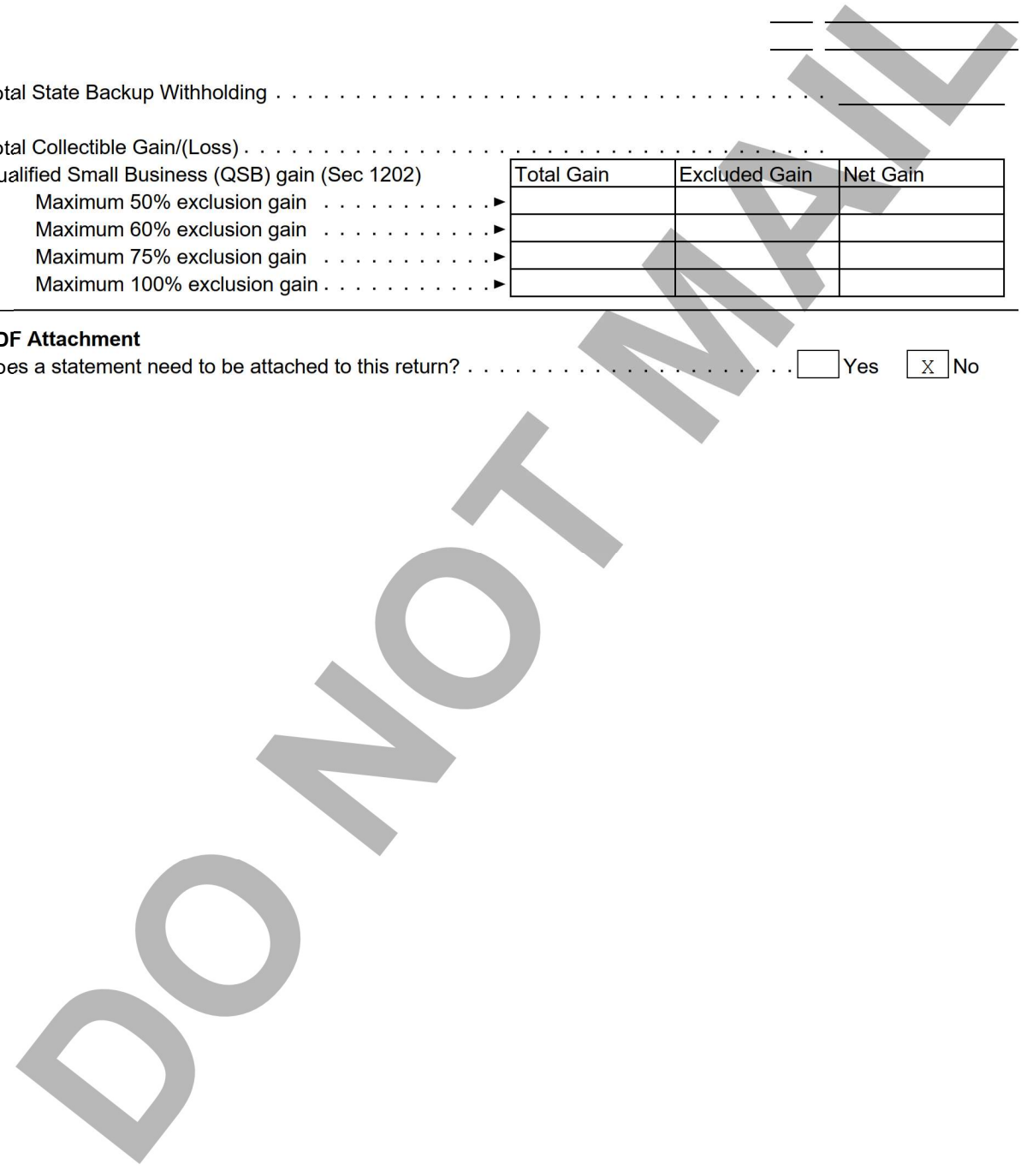
Qualified Small Business (QSB) gain (Sec 1202)

Total Gain	Excluded Gain	Net Gain

- Maximum 50% exclusion gain . . . . . ▶
- Maximum 60% exclusion gain . . . . . ▶
- Maximum 75% exclusion gain . . . . . ▶
- Maximum 100% exclusion gain . . . . . ▶

**PDF Attachment**

Does a statement need to be attached to this return? . . . . .  Yes  No



# Tax Payments Worksheet

**2020**

▶ Keep for your records

Name(s) Shown on Return <b>RAJU &amp; SASIKALA DASARI</b>	Social Security Number <b>043-29-0942</b>
--	--

**Estimated Tax Payments for 2020** (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	07/15/20		07/15/20			07/15/20		
2	07/15/20		07/15/20			07/15/20		
3	09/15/20		09/15/20			09/15/20		
4	01/15/21		01/15/21			01/15/21		
5								
<b>Tot Estimated Payments . . .</b>								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2020 . . . .					
7	Credited by estates and trusts . . . .					
8	<b>Totals</b> Lines 1 through 7 . . . . .					
9	2020 extensions . . . . .					

Taxes Withheld From:				Federal	State	Local
10	Forms W-2 . . . . .			39,448.	12,365.	
11	Forms W-2G . . . . .					
12	Forms 1099-R . . . . .					
13	Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G . . . . .					
14	Schedules K-1 . . . . .					
15	Forms 1099-INT, DIV and OID . . . . .					
16	Social Security and Railroad Benefits . . . . .					
17	Form 1099-B . . . . .	St	Loc			
18 a	Other withholding . . . . .	St	Loc			
b	Other withholding . . . . .	St	Loc			
c	Other withholding . . . . .	St	Loc			
d	Additional Medicare Tax. . . . .			0.		
19	<b>Total Withholding</b> Lines 10 through 18d . . . . .			39,448.	12,365.	
20	<b>Total Tax Payments for 2020</b> . . . . .			39,448.	12,365.	

Prior Year Taxes Paid In 2020 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2019 extensions . . . . .				
22	2019 estimated tax paid after 12/31/2019 . . . . .				
23	Balance due paid with 2019 return . . . . .	831.	XX		
24	Other (amended returns, installment payments, etc) . . . . .				

# Earned Income Worksheet

**2020**

▶ Keep for your records

Name(s) Shown on Return RAJU & SASIKALA DASARI	Social Security Number 043-29-0942
---	---------------------------------------

## Part I – Earned Income Credit Worksheet Computation

	Taxpayer	Spouse	Total
<b>1 If filing Schedule SE:</b>			
<b>a</b> Net self-employment income . . . . .		162,055.	162,055.
<b>b</b> Optional Method and Church Employee income . . . . .			
<b>c</b> Add lines 1a and 1b . . . . .		162,055.	162,055.
<b>d</b> One-half of self-employment tax . . . . .		2,170.	2,170.
<b>e</b> Subtract line 1d from line 1c . . . . .		159,885.	159,885.
<b>2 If not required to file Schedule SE:</b>			
<b>a</b> Net farm profit or (loss) . . . . .			
<b>b</b> Net nonfarm profit or (loss) . . . . .			
<b>c</b> Add lines 2a and 2b . . . . .			
<b>3 If filing Schedule C as a statutory employee,</b> enter the amount from line 1 of that Schedule C . . . . .			
<b>4</b> Add lines 1e, 2c and 3. To EIC Wks, line 5 . . . . .		159,885.	159,885.

## Part II – Form 2441 and Standard Deduction Worksheet Computations

<b>5</b> Net self-employment earnings (line 4 above) . . . . .		159,885.	159,885.
<b>6</b> Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	129,502.	137,941.	267,443.
<b>7 a</b> Taxable employer-provided adoption benefits . . . . .			
<b>b</b> Foreign earned income exclusion . . . . .			
<b>8</b> Add lines 5 through 7b. To Form 2441, lines 18 and 19 . . . . .	129,502.	297,826.	427,328.
<b>9 a</b> Taxable dependent care benefits . . . . .			
<b>b</b> Nontaxable combat pay . . . . .			
<b>10</b> Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	129,502.	297,826.	427,328.
<b>11</b> Scholarship or fellowship income not on W-2 . . . . .			
<b>12</b> SE exempt earnings less nontaxable income . . . . .			
<b>13</b> Distributions from nonqualified/Sec. 457 plans . . . . .			
<b>14</b> Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .	129,502.	297,826.	427,328.

## Part III – IRA Deduction Worksheet Computation

<b>15</b> Net self-employment income or (loss) . . . . .		159,885.	159,885.
<b>16</b> Wages, salaries, tips, etc . . . . .	129,502.	137,941.	267,443.
<b>17</b> Net self-employment loss . . . . .			
<b>18</b> Alimony received . . . . .			
<b>19</b> Nontaxable combat pay . . . . .			
<b>20</b> Foreign earned income exclusion . . . . .			
<b>21</b> Keogh, SEP or SIMPLE deduction . . . . .			
<b>22</b> Combine lines 15 through 21. To IRA Wks, In 2. . . . .	129,502.	297,826.	427,328.

## Part IV – Schedule 8812 and Child Tax Credit Line 14 Worksheet Computations

<b>23</b> Self-employed, church and statutory employees . . . . .		159,885.	159,885.
<b>24</b> Wages, salaries, tips, etc . . . . .	129,502.	137,941.	267,443.
<b>25</b> Nontaxable combat pay . . . . .			
<b>26</b> Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2. . . . .	129,502.	297,826.	427,328.

# Schedule SE Adjustments Worksheet

**2020**

▶ Keep for your records

Name(s) Shown on Return RAJU & SASIKALA DASARI	Social Security Number 043-29-0942
---	---------------------------------------

	(a) Taxpayer	(b) Spouse
<b>QuickZoom</b> to the Long Schedule SE . . . . . ▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>A</b> Approved Form 4029. Exempt from SE tax on all income . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>B</b> Chapter 11 bankruptcy <b>net</b> profit or loss for Schedule SE, line 3 . . . . .		
<b>C</b> <b>QuickZoom</b> to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help). . . . .		
<b>Part I</b> <b>Farm Profit or (Loss)</b> Schedule SE, line 1		
1 Total Schedules F . . . . .		
2 Farm partnerships, Schedules K-1 . . . . .		
3 Other SE farm profit or (loss) (See Help) . . . . .		
4 Less SE exempt farm profit or (loss) (See Help) . . . . .		
5 <b>Total for Schedule SE, line 1</b> . . . . .		
6 Conservation Reserve Program payments not subject to self-employment tax reported on:		
<b>a</b> Schedule F, line 4b . . . . .		
<b>b</b> Schedule K-1 (Form 1065), box 20, code AH . . . . .		
<b>c</b> Total CRP payments not subject to SE tax . . . . .		
<b>Part II</b> <b>Nonfarm Profit or (Loss)</b> Schedule SE, line 2		
1 <b>a</b> Total Schedules C . . . . .		162,055.
<b>b</b> Less SE exempt Schedules C (approved Form 4361) . . . . .		
2 Nonfarm partnerships, Schedules K-1 . . . . .		
3 Forms 6781 . . . . .		
4 Other SE income reported as income on Form 1040, line 7 . . . . .		
5 <b>a</b> Clergy Form W-2 wages . . . . .		
<b>b</b> Clergy housing allowance . . . . .		
<b>c</b> Less clergy business deductions . . . . .		
<b>d</b> <b>QuickZoom</b> to the Explanation statement for entry on line 5c. . . . .		
6 Other SE nonfarm profit or (loss) (See Help) . . . . .		
7 Less other SE exempt nonfarm profit or (loss) (See Help) . . . . .		
8 <b>Total for Schedule SE, line 2</b> . . . . .		162,055.
9 Exempt Notary Public income for Schedule SE, line 3 (See Help). . . . .		
<b>Part III</b> <b>Farm Optional Method</b> Schedule SE, page 2, Part II		
1 Use Farm Optional Method . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F . . . . .		
3 Gross farming or fishing income from partnership Schedules K-1 . . . . .		
4 Other gross farming or fishing self-employment income . . . . .		
5 <b>Total</b> gross income for Farm Optional Method . . . . .		
<b>Part IV</b> <b>Nonfarm Optional Method</b> Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C . . . . .		
3 Gross nonfarm income from partnership Schedules K-1 . . . . .		
4 Other gross nonfarm self-employment income . . . . .		
5 <b>Total</b> gross income for Nonfarm Optional Method . . . . .		

# Federal Carryover Worksheet

**2020**

▶ Keep for your records

Name(s) Shown on Return RAJU & SASIKALA DASARI	Social Security Number 043-29-0942
---	---------------------------------------

**2019 State and Local Income Tax Information**

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
IL			7,947.	775.		
AR			1,779.	56.		
<b>Totals . .</b>			9,726.	831.		

**2019 State Extension Information**

(a) State	(b) Paid With Extension

**2019 Locality Extension Information**

(a) Locality	(b) Paid With Extension

**2019 State Estimates Information**

(a) State	(c) Estimates Paid After 12/31

**2019 Locality Estimates Information**

(a) Locality	(c) Estimates Paid After 12/31

**2019 State Taxes Due Information**

(a) State	(e) Paid With Return
IL	775.
AR	56.

**2019 Locality Taxes Due Information**

(a) Locality	(e) Paid With Return

**2019 State Refund Applied Information**

(a) State	(g) Applied Amount

**2019 Locality Refund Applied Information**

(a) Locality	(g) Applied Amount

**2019 State Tax Refund Information**

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment
IL	7,947.	
AR	1,779.	

**2019 Locality Tax Refund Information**

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Other Tax and Income Information		2019	2020
1	Filing status . . . . .	2 MFJ	2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .		
3	Itemized deductions . . . . .	9,726.	10,000.
4	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .	217,454.	438,702.
6	Tax liability for Form 2210 or Form 2210-F . . . . .	31,662.	99,610.
7	Alternative minimum tax . . . . .		0.
8	Federal overpayment applied to next year estimated tax . . . . .		

QuickZoom to the IRA Information Worksheet for IRA information . . . . . ▶

Excess Contributions		2019	2020
9 a	Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .		
b	Spouse's excess Archer MSA contributions as of 12/31 . . . . .		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .		
b	Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .		
11 a	Taxpayer's excess HSA contributions as of 12/31 . . . . .		
b	Spouse's excess HSA contributions as of 12/31 . . . . .		

Loss and Expense Carryovers		2019	2020
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss . . . . .	10,425.	
b	AMT Short-term capital loss . . . . .	10,425.	2,326,503.
13 a	Long-term capital loss . . . . .	0.	
b	AMT Long-term capital loss . . . . .	0.	551,921.
14 a	Net operating loss available to carry forward . . . . .		
b	AMT Net operating loss available to carry forward . . . . .		
15 a	Investment interest expense disallowed . . . . .		
b	AMT Investment interest expense disallowed . . . . .		
16	Nonrecaptured net Section 1231 losses from:	a	2020 . . . . .
		b	2019 . . . . .
		c	2018 . . . . .
		d	2017 . . . . .
		e	2016 . . . . .
		f	2015 . . . . .
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2020 . . . . .
		b	2019 . . . . .
		c	2018 . . . . .
		d	2017 . . . . .
		e	2016 . . . . .
		f	2015 . . . . .

Name(s) Shown on Return  
RAJU & SASIKALA DASARI

Social Security Number  
043-29-0942

Description	Amount
<b>Income</b>	
Wages . . . . .	267,443.
Interest income before Series EE bond exclusion . . . . .	11.
Dividend income . . . . .	827.
Tax refund . . . . .	
Alimony received . . . . .	
Nonpassive business income or loss . . . . .	162,055.
Royalty and nonpassive rental activities income or loss . . . . .	
Nonpassive partnership income or loss . . . . .	
Nonpassive S corporation income or loss . . . . .	
Nonpassive farm rental income or loss . . . . .	
Nonpassive farm income or loss . . . . .	
Nonpassive estate and trust income or loss . . . . .	
Real estate mortgage investment conduits . . . . .	
Business gains and losses from nonpassive activities . . . . .	
Capital gains and losses . . . . .	10,536.
Taxable IRA distributions . . . . .	
Taxable pension distributions . . . . .	
Unemployment compensation . . . . .	
Other income . . . . .	
<b>Total income</b> . . . . .	<b>440,872.</b>
<b>Adjustments</b>	
Educator expenses . . . . .	
Certain business expenses of reservists, performing artists, and government officials . . . . .	
Health savings account deduction . . . . .	
Moving expenses . . . . .	
Self-employed SEP, SIMPLE, and qualified plans . . . . .	
Self-employed health insurance deduction . . . . .	
Penalty on early withdrawals of savings . . . . .	
Alimony paid . . . . .	
Other adjustments . . . . .	
<b>Total adjustments</b> . . . . .	
<b>Modified adjusted gross income</b> . . . . .	<b>440,872.</b>







**Two-Year Comparison**

**2020**

Name(s) Shown on Return RAJU & SASIKALA DASARI	Social Security Number
---	------------------------

Income	2019	2020	Difference	%
Wages, salaries, tips, etc . . . . .	222,609.	267,443.	44,834.	20.14
Interest and dividend income . . . . .	224.	838.	614.	274.11
State tax refund . . . . .				
Business income (loss) . . . . .	-2,383.	162,055.	164,438.	999.00
Capital and other gains (losses) . . . . .	-3,000.	10,536.	13,536.	451.20
IRA distributions . . . . .				
Pensions and annuities . . . . .				
Rents and royalties . . . . .				
Partnerships, S Corps, etc . . . . .				
Farm income (loss) . . . . .				
Social security benefits . . . . .				
Income other than the above . . . . .	4.		-4.	-100.00
<b>Total Income</b> . . . . .	217,454.	440,872.	223,418.	102.74
<b>Adjustments to Income</b> . . . . .		2,170.	2,170.	
<b>Adjusted Gross Income</b> . . . . .	217,454.	438,702.	221,248.	101.74
<b>Itemized Deductions</b>				
Medical and dental . . . . .				
Income or sales tax . . . . .	9,726.	13,196.	3,470.	35.68
Real estate taxes . . . . .				
Personal property and other taxes . . . . .				
Interest paid . . . . .				
Gifts to charity . . . . .				
Casualty and theft losses . . . . .				
Miscellaneous . . . . .				
Total Itemized Deductions . . . . .	9,726.	10,000.	274.	2.82
<b>Standard or Itemized Deduction</b> . . . . .	24,400.	24,800.	400.	1.64
<b>Qualified Business Income Deduction</b> . . . . .		27.	27.	
<b>Taxable Income</b> . . . . .	193,054.	413,875.	220,821.	114.38
Income tax . . . . .	34,662.	94,363.	59,701.	172.24
Additional income taxes				
Alternative minimum tax . . . . .		0.	0.	
<b>Total Income Taxes</b> . . . . .	34,662.	94,363.	59,701.	172.24
Nonbusiness credits . . . . .	3,000.	1,052.	-1,948.	-64.93
Business credits . . . . .				
<b>Total Credits</b> . . . . .	3,000.	1,052.	-1,948.	-64.93
Self-employment tax . . . . .		4,340.	4,340.	
Other taxes . . . . .		1,959.	1,959.	
<b>Total Tax After Credits</b> . . . . .	31,662.	99,610.	67,948.	214.60
Withholding . . . . .	25,022.	39,448.	14,426.	57.65
Estimated and extension payments . . . . .				
Earned income credit . . . . .				
Additional child tax credit . . . . .				
Other payments . . . . .		172.	172.	
<b>Total Payments</b> . . . . .	25,022.	39,620.	14,598.	58.34
Form 2210 penalty . . . . .	37.		-37.	-100.00
Applied to next year's estimated tax . . . . .				
<b>Refund</b> . . . . .				
<b>Balance Due</b> . . . . .	6,677.	59,990.	53,313.	798.46

Current year effective tax rate . . . . . 21.27 %

# Schedule C Two-Year Comparison

**2020**

▶ Keep for your records

Proprietor name: SASIKALA DASARI

005-97-9275

Business or profession: SASI TECHNOLOGIES LLC

Note: Transferred data will not be displayed in the prior year column unless you have entered current year data on the Schedule C.

	2019	2019 Percent of Net Sales*	2020	2020 Percent of Net Sales*	2019 to 2020 Comparison <input checked="" type="checkbox"/> as amount <input type="checkbox"/> as percent
<b>Income:</b>					
<b>1</b> Gross receipts or sales . . .	160,280.	100.00	223,191.	100.00	62911.00
<b>2</b> Returns & allowances . . .					
<b>3</b> Net receipts or sales . . .	160,280.	100.00	223,191.	100.00	62911.00
<b>Cost of goods sold:</b>					
<b>4 a</b> Beginning inventory . . .					
<b>b</b> Purchases . . . . .					
<b>c</b> Cost of labor . . . . .					
<b>d</b> Materials & supplies . . .					
<b>e</b> Other costs . . . . .					
<b>f</b> Ending inventory . . . . .					
<b>5</b> Cost of goods sold . . . . .					
<b>6</b> Gross profit . . . . .	160,280.	100.00	223,191.	100.00	62911.00
<b>7</b> Other income . . . . .					
<b>8</b> Gross income . . . . .	160,280.	100.00	223,191.	100.00	62911.00
<b>Expenses:</b>					
<b>9</b> Advertising . . . . .					
<b>10</b> Car & truck expenses . . .					
<b>11</b> Commissions and fees . . .					
<b>12</b> Contract labor . . . . .					
<b>13</b> Depletion . . . . .					
<b>14</b> Depreciation & Sec 179 . . .	2,376.	1.48	0.		-2376.00
<b>15</b> Employee benefits . . . . .	4,000.	2.50	0.		-4000.00
<b>16</b> Insurance . . . . .					
<b>17 a</b> Mortgage interest . . . . .					
<b>b</b> Other interest . . . . .					
<b>18</b> Legal and professional . . .	741.	0.46	0.		-741.00
<b>19</b> Office expense . . . . .	297.	0.19	3,337.	1.50	3040.00
<b>20</b> Pension & profit-sharing . . .					
<b>21</b> Rent or lease:					
<b>a</b> Vehicle/machinery/equip . . .					
<b>b</b> Other business property . . .	5,000.	3.12	18,000.	8.06	13000.00
<b>22</b> Repairs & maintenance . . .					
<b>23</b> Supplies . . . . .	6,738.	4.20	0.		-6738.00
<b>24</b> Taxes and licenses . . . . .					
<b>25 a</b> Travel . . . . .	5,685.	3.55	1,310.	0.59	-4375.00
<b>b</b> Meals & entertainment . . .	321.	0.20	2,400.	1.08	2079.00
<b>26</b> Utilities . . . . .	1,405.	0.88	879.	0.39	-526.00
<b>27</b> Wages (less job credit) . . .					
<b>28</b> Other expenses . . . . .	136,100.	84.91	35,210.	15.78	-100890.00
<b>29</b> Total expenses . . . . .	162,663.	101.49	61,136.	27.39	-101527.00
<b>30</b> Tentative profit (loss) . . .	-2,383.	-1.49	162,055.	72.61	164438.00
<b>31</b> Office in home . . . . .					
<b>32</b> Net profit (loss) . . . . .	-2,383.	-1.49	162,055.	72.61	164438.00
<b>Passive suspended losses:</b>					
Schedule C . . . . .					
Form 4797 . . . . .					
Schedule D . . . . .					

\*Lines 1 through 32 as a percentage of net sales revenue.

# Tax Summary Report

2020

Name(s) Shown on Return

RAJU & SASIKALA DASARI

Filing status . . . . . Married Filing Jointly

Number of exemptions . . . . . 5

**Gross Income**

Wages and salaries . . . . .	267,443.
Interest and dividend income . . . . .	838.
Business income (loss) . . . . .	162,055.
Capital gains (losses) . . . . .	10,536.
Pensions and annuities . . . . .	
Rents, royalties, partnerships, etc . . . . .	
Farm income (loss) . . . . .	
Social security benefits . . . . .	
Other income . . . . .	
<b>Total Gross Income</b> . . . . .	<b>440,872.</b>

**Adjustments to Income** . . . . . 2,170.

**Adjusted Gross Income** . . . . . (Last year's AGI) . . . . . 217,454. 438,702.

**Itemized/Standard Deductions**

Medical and dental . . . . .	
Taxes . . . . .	10,000.
Interest . . . . .	
Contributions . . . . .	
Casualty or theft loss(es) . . . . .	
Miscellaneous . . . . .	
<b>Total Itemized Deductions</b> . . . . .	<b>10,000.</b>
Standard deduction . . . . .	24,800.

**Taxable Income** . . . . . 413,875.

Income tax . . . . .	94,363.
Alternative minimum tax . . . . .	0.
<b>Total Taxes before Credits</b> . . . . .	<b>94,363.</b>
Nonbusiness credits . . . . .	1,052.
Business credits . . . . .	
<b>Total Credits</b> . . . . .	<b>1,052.</b>
Self-employment tax . . . . .	4,340.
Other taxes . . . . .	1,959.

**Total Tax** . . . . . 99,610.

Withholding . . . . .	39,448.
Estimated tax payments . . . . .	
Other payments . . . . .	172.
<b>Total Payments</b> . . . . .	<b>39,620.</b>
Estimated tax penalty . . . . .	
Refund applied to next year's estimated tax . . . . .	

**Amount Overpaid** . . . . . 0.

**Refund** . . . . . 0.

**Amount Applied to Estimate** . . . . . 0.

**Amount Due** . . . . . 59,990.

Tax bracket . . . . .	32.0 %
Effective tax rate . . . . .	21.27 %

Keep for your records

Name(s) Shown on Return
RAJU & SASIKALA DASARI

Your Social Security Number
043-29-0942

Part I 2021 Estimated Tax Amount Options

1 Select One of Six Ways to Calculate the Required Annual Payment for 2021 Estimates:

- a 100% (110%) of 2020 taxes (default, see Tax Help)
b 100% of tax on 2021 estimated taxable income
c 90% of tax on 2021 estimated taxable income
d 66-2/3% of tax on 2021 estimated taxable income (farmers and fishermen)
e Equal to 100% of overpayment (no vouchers)
f Enter total amount you want to use for estimates and check box

2 Selected estimated tax amount:

- a 2021 Required Annual Payment based on your choice above
b Estimated amount of 2021 federal income tax withholding
c Total of estimated tax payments required for 2021 (line 2a less line 2b)

3 Select Estimated Tax Payment option:

- a Calculate estimates if \$1,000 or more (default)
b Calculate estimates if (specify amount) or more
c Calculate estimates regardless of amount
d Do not calculate estimates

Part II Overpayment Application Options

1 Amount of overpayment available (Form 1040 or 1040-SR, line 34) 0.

2 Select Overpayment Application Amount Option:

- a Apply none (refund entire overpayment)
b Apply all (increase estimate if required)
c Apply to extent of total estimated tax and refund excess
d Apply to extent of first quarter amount and refund excess
e Enter amount you want to apply
f Amount applied to 2021 estimated tax
g Overpayment to be refunded (line 1 less line 2f) 0.

3 Select Overpayment Application Sequence:

- a Consecutively
b Evenly

Part III Rounding and Printing Options (see Tax Help for printing ES amounts on Client Letter)

1 Select Rounding Option:

- a Round up to next \$1
b Round up to next \$10
c Round up to next \$100
d Round to nearest \$1

2 Select Voucher Printing Option:

- a Print (per Part I, lines 3a - c)
b Print only name, etc.
c Do not print vouchers

**Part IV Estimated Tax Payment Summary**

	<b>1</b> Apr 15, 2021	<b>2</b> Jun 15, 2021	<b>3</b> Sep 15, 2021	<b>4</b> Jan 18, 2022	<b>Total</b>
<b>1</b> If the client has already made payments, enter amounts . . . . .					
<b>2</b> Indicate which payment is due next.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3</b> Required Payment . . . . .	17,531.	17,531.	17,531.	17,531.	70,124.
<b>4</b> Overpayment applied . . . . .	0.	0.	0.	0.	0.
<b>5</b> Net payment due . . . . .	17,531.	17,531.	17,531.	17,531.	70,124.
<b>6</b> Voucher amounts . . . . .	17,531.	17,531.	17,531.	17,531.	70,124.

**Part V Changes to Income, Deductions and Withholding for 2021**

2020 income and deductions are shown in the '2020 Actual' column below.

**\*Caution:** For each line in the '2021 Estimated' column, enter the estimated 2021 amount **if different** from 2020. Otherwise, the '2020 Actual' amount will be used for that line. If zero, you **must** enter zero.

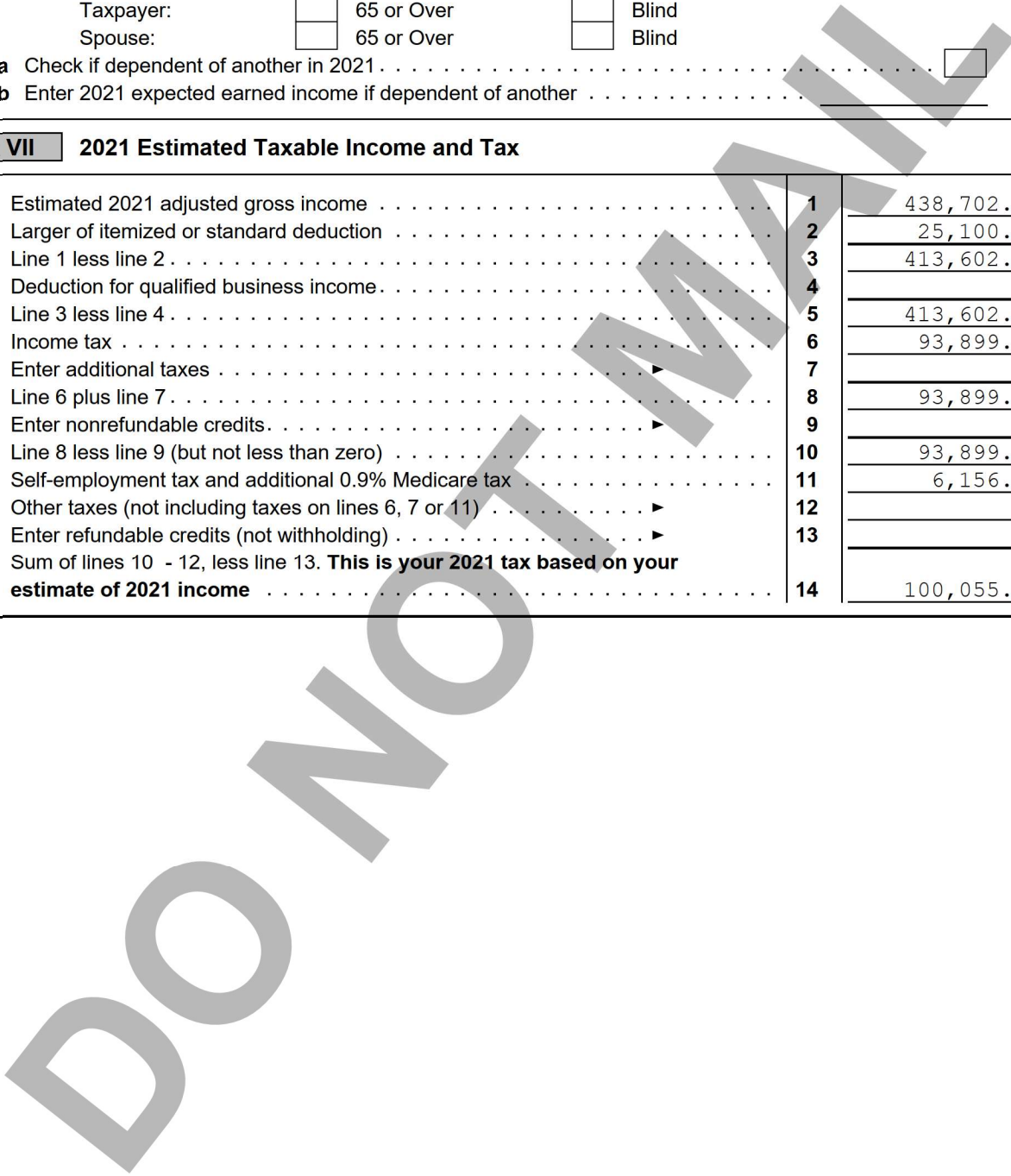
	<b>2020 Actual</b>	<b>2021 Estimated</b>
<b>1 a</b> Adjusted gross income . . . . .	438,702.	
<b>b</b> Foreign income or housing exclusions (info only) . . . . .		
<b>2</b> Net capital gains (losses) included in AGI (info only) . . . . .	10,536.	
<b>3 a</b> Self-employment profit included in AGI for Taxpayer . . . . .		
<b>b</b> Self-employment profit included in AGI for Spouse . . . . .	162,055.	
<b>c</b> Taxpayer's wages subject to Social Security tax included in AGI . .		
Medicare wages for taxpayer (W-2 box 5) included in AGI . . . . .	129,502.	
Add'l 0.9% Medicare tax withheld on taxpayer wages . . . . .		
<b>d</b> Spouse's wages subject to Social Security tax included in AGI . . .	140,471.	
Medicare wages for spouse (W-2 box 5) included in AGI . . . . .	140,471.	
Add'l 0.9% Medicare tax withheld on spouse wages . . . . .		
<b>4 a</b> Total itemized deductions (after limits) . . . . .	10,000.	
<b>b</b> Net qualified disaster loss included on line 4a above (after limits)		
<b>5</b> Federal income tax withholding . . . . .	39,448.	
<b>6</b> Deduction for qualified business income . . . . .	27.	

**Part VI Filing Status and Other Information for 2021**

- 1 Choose 2021 filing status:  
 Single                       Married filing jointly  
 Married filing separately     Head of Household                       Qualifying widow(er)
- 2 Check if required to itemize in 2021 . . . . .
- 3 Check the boxes that will apply in 2021:  
 Taxpayer:                       65 or Over                       Blind  
 Spouse:                       65 or Over                       Blind
- 4 a Check if dependent of another in 2021 . . . . .   
 b Enter 2021 expected earned income if dependent of another . . . . . \_\_\_\_\_

**Part VII 2021 Estimated Taxable Income and Tax**

1	Estimated 2021 adjusted gross income . . . . .	1	438,702.
2	Larger of itemized or standard deduction . . . . .	2	25,100.
3	Line 1 less line 2 . . . . .	3	413,602.
4	Deduction for qualified business income . . . . .	4	
5	Line 3 less line 4 . . . . .	5	413,602.
6	Income tax . . . . .	6	93,899.
7	Enter additional taxes . . . . . ▶	7	
8	Line 6 plus line 7 . . . . .	8	93,899.
9	Enter nonrefundable credits . . . . . ▶	9	
10	Line 8 less line 9 (but not less than zero) . . . . .	10	93,899.
11	Self-employment tax and additional 0.9% Medicare tax . . . . .	11	6,156.
12	Other taxes (not including taxes on lines 6, 7 or 11) . . . . . ▶	12	
13	Enter refundable credits (not withholding) . . . . . ▶	13	
14	Sum of lines 10 - 12, less line 13. <b>This is your 2021 tax based on your estimate of 2021 income</b> . . . . .	14	100,055.



## Smart Worksheets from your 2020 Federal Tax Return

SMART WORKSHEET FOR: Schedule C (SASI TECHNOLOGIES LLC): Profit or Loss from Business

Business Address Information Smart Worksheet		
Business street address. . . <u>1324 S FINLEY ROAD 1A</u>		
City, State, and ZIP Code (do not enter State and ZIP Code if foreign address)		
<u>Lombard</u>	<u>IL</u>	<u>60148</u>
Or, foreign country information: _____		

SMART WORKSHEET FOR: Schedule C (SASI TECHNOLOGIES LLC): Profit or Loss from Business

Carryovers to 2020 Smart Worksheet			
<i>Enter carryovers from prior year below.</i>			
	Regular Tax	QBI	Alternative Minimum Tax
<b>A</b> Section 179 carryover (enter as positive amount) . . .			
<b>At-Risk Loss Carryovers</b> (enter as negative amts)			
<b>B</b> Schedule C suspended loss . . . . .			
<b>C</b> Schedule D short-term suspended loss . . . . .			
<b>D</b> Schedule D long-term suspended loss . . . . .			
<b>E</b> Form 4797 ordinary suspended loss . . . . .			
<b>F</b> Form 4797 long-term suspended loss . . . . .			
<b>Passive Loss Carryovers</b> (enter as negative amts)			
<b>G</b> Schedule C suspended loss . . . . .			
<b>H</b> Schedule D short-term suspended loss . . . . .			
<b>I</b> Schedule D long-term suspended loss . . . . .			
<b>J</b> Form 4797 ordinary suspended loss . . . . .			
<b>K</b> Form 4797 long-term suspended loss . . . . .			

Carryovers to 2020 Additional Info for Section 199A Deduction				
<i>Section 199A (QBI deduction) requires first-in-first-out use of previously disallowed losses. Businesses qualified under Section 199A must complete this section for any previously disallowed losses.</i>				
Percentage of SSTB income (by category)				
<i>Enter 100 for businesses that were SSTBs in the year in question. If non-SSTB with income attributable to SSTB, enter the % attributable to SSTB. Otherwise, enter 0. (Not required if applicable % is 100%.)</i>				
	Applicable %	Operating %	Form 4797 ord	Form 4797 l/t
2018 . . . . .				
2019 . . . . .		0.00	0.00	0.00



SMART WORKSHEET FOR: Schedule C (SASI TECHNOLOGIES LLC): Profit or Loss from Business

Activity Summary Smart Worksheet			
Supporting information provided by program. NO ENTRIES ARE NEEDED.			
		<b>Regular Tax</b>	<b>QBI</b>
			<b>Alternative Minimum Tax</b>
<b>A</b>	Ownership . . . . .	Spouse	
<b>B</b>	At risk status . . . . .	All	
<b>C</b>	Passive status . . . . .	Nonpassive	
<b>Schedule C</b>			
<b>D</b>	Tentative profit (loss) . . . . .	162,055.	162,055.
<b>E</b>	Other adjustments . . . . .		
<b>F</b>	At risk disallowed loss . . . . .		
<b>G</b>	Passive carryover loss . . . . .		
<b>H</b>	Passive disallowed loss . . . . .		
<b>I</b>	Net profit (loss) allowed . . . . .	162,055.	162,055.
<b>Related Dispositions</b>			
<b>J</b>	Tentative profit (loss) . . . . .		
<b>K</b>	At risk disallowed loss . . . . .		
<b>L</b>	Passive carryover loss . . . . .		
<b>M</b>	Passive disallowed loss . . . . .		
<b>N</b>	Net profit (loss) allowed . . . . .		

SMART WORKSHEET FOR: Schedule D AMT: Capital Gains&Losses AMT

(a) Description of Short-Term Property Transaction		(b) Related Box on Form 8949			
(c) Date Acquired	(d) Date Sold	(e) Sales Price	(f) Cost or Other basis	(g) Gain or Loss Adjustment	(h) Gain or (Loss)
Robinhood Crypto LLC		C			
01/01/20	12/31/20	6,906.	6,649.		
Robinhood Securities LLC		A			
01/01/20	12/31/20	2,678,621.	5,023,124.		
Robinhood Securities LLC		C			
01/01/20	12/31/20	13.	15.		
J.P. MORGAN SECURITIES LLC		A			
01/01/20	12/31/20	1,543,022.	1,480,198.		
See Short-term Capital Gains and Losses					
		304,716.	342,370.		

SMART WORKSHEET FOR: Schedule D AMT: Capital Gains&Losses AMT

(a) Description of Long-Term Property Transaction		(b) Related Box on Form 8949			
(c) Date Acquired	(d) Date Sold	(e) Sales Price	(f) Cost or Other basis	(g) Gain or Loss Adjustment	(h) Gain or (Loss)
Robinhood Securities LLC 01/01/19	12/31/20	D 222,928.	774,585.		
ROBINHOOD SECURITIES LLC 01/01/19	12/31/20	D 51.	337.		
		---			
		---			
		---			
		---			

SMART WORKSHEET FOR: Federal Information Worksheet  
Print page 2 . . . . .

SMART WORKSHEET FOR: Federal Information Worksheet  
Print page 3 . . . . .

SMART WORKSHEET FOR: Federal Information Worksheet  
Print page 4 . . . . .

SMART WORKSHEET FOR: Federal Information Worksheet  
Print page 5 . . . . .

SMART WORKSHEET FOR: Federal Information Worksheet  
Print page 6 . . . . .

SMART WORKSHEET FOR: Form W-2 Worksheet (3I INFOTECH INC)

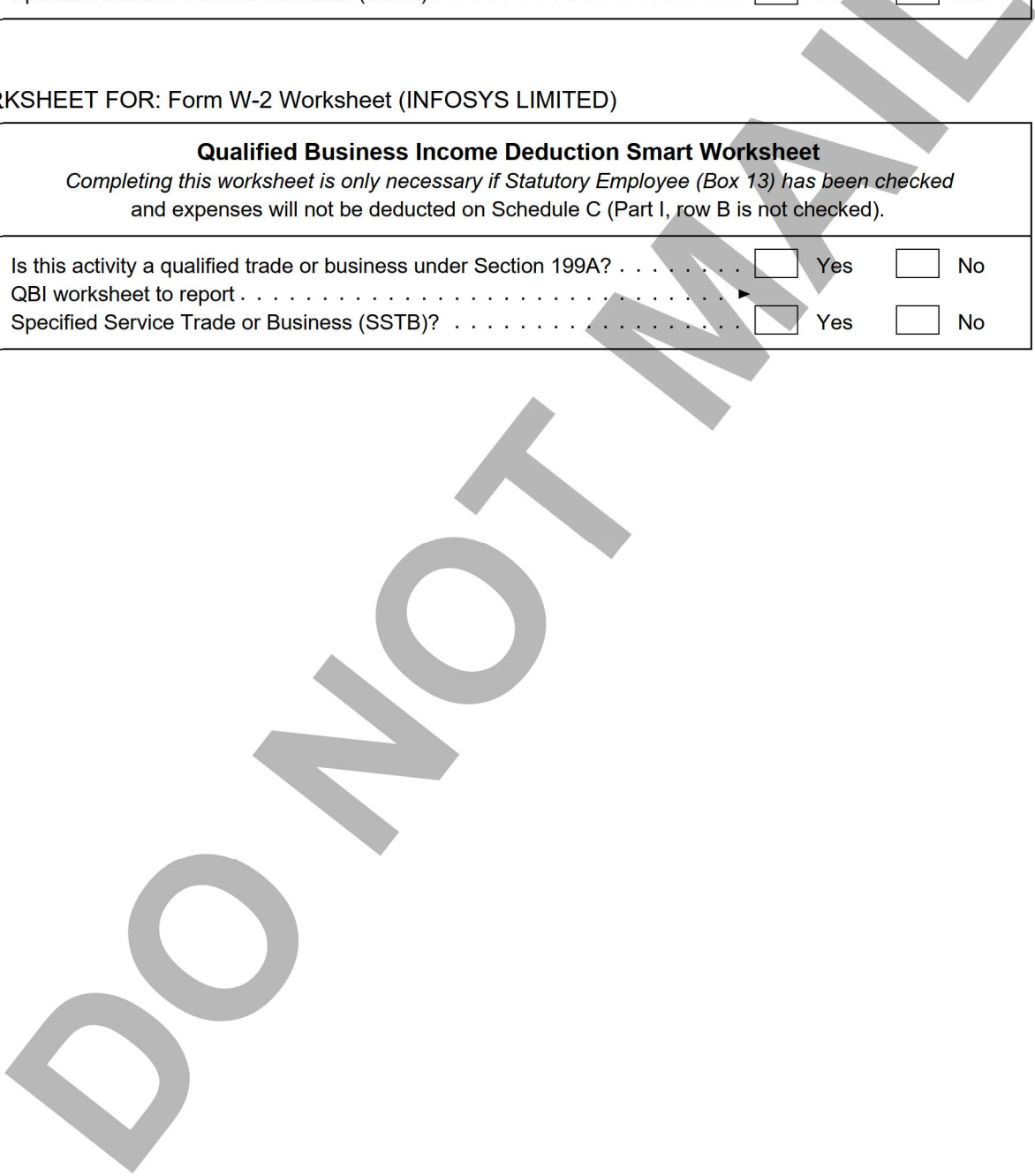
<b>Qualified Business Income Deduction Smart Worksheet</b>		
<i>Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C (Part I, row B is not checked).</i>		
A	Is this activity a qualified trade or business under Section 199A? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
B	QBI worksheet to report . . . . .	<input type="checkbox"/>
C	Specified Service Trade or Business (SSTB)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No

SMART WORKSHEET FOR: Form W-2 Worksheet (SASI TECHNOLOGIES LLC)

<b>Qualified Business Income Deduction Smart Worksheet</b> <i>Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C (Part I, row B is not checked).</i>		
A	Is this activity a qualified trade or business under Section 199A? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
B	QBI worksheet to report . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
C	Specified Service Trade or Business (SSTB)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No

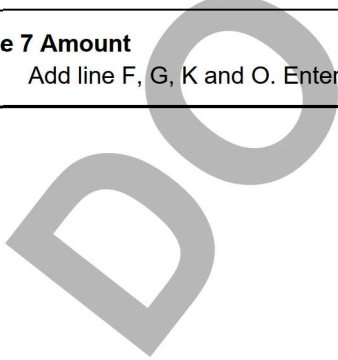
SMART WORKSHEET FOR: Form W-2 Worksheet (INFOSYS LIMITED)

<b>Qualified Business Income Deduction Smart Worksheet</b> <i>Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C (Part I, row B is not checked).</i>		
A	Is this activity a qualified trade or business under Section 199A? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
B	QBI worksheet to report . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
C	Specified Service Trade or Business (SSTB)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No



SMART WORKSHEET FOR: Child Tax Cr and Cr for Other Depend Wks

<b>Line 7 Smart Worksheet</b>	
If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 7.	
<b>Social security tax, Medicare tax, and Additional Medicare Tax on Wages.</b>	
<b>A</b>	Enter the social security tax withheld (Form(s) W-2, box 4) . . . . . 16,738.
<b>B</b>	Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld. . . . . 3,915.
<b>C</b>	Enter any amount from Form 8959, line 7 . . . . . 180.
<b>D</b>	Add line A, B, and C . . . . . 20,833.
<b>E</b>	Enter the Additional Medicare Tax withheld (Form 8959 line 22) . . . . . 0.
<b>F</b>	Subtract line E from line D. . . . . 20,833.
<b>Additional Medicare Tax on Self-Employment Income.</b>	
<b>G</b>	Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13) . . . . . 674.
<b>Tier 1 RRTA taxes as an employee of a railroad</b> (enter amounts on lines H, I, J, and K) <b>or employee representative</b> (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax.	
<b>H</b>	Enter the Tier 1 tax (Form(s) W-2, box 14). . . . . 0.
<b>I</b>	Enter the Medicare Tax (Form(s) W-2, box 14) . . . . . 0.
<b>J</b>	Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line and line N. . . . .
<b>K</b>	Add lines H, I, and J . . . . . 0.
<b>L</b>	Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2020) . . . . .
<b>M</b>	Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2020) . . . . .
<b>N</b>	Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for this line and line J . . . . .
<b>O</b>	Add line L, M, and N . . . . .
<b>Line 7 Amount</b>	
<b>P</b>	Add line F, G, K and O. Enter here and on Line 14 Worksheet, line 7. . . . . 21,507.



SMART WORKSHEET FOR: Capital Loss Carryover Worksheet

**2019 Capital Loss Information Smart Worksheet**

	Regular Tax	Alternative Minimum Tax
<b>A</b> Net short-term capital gain or (loss). (2019 Schedule D, line 7) . . .	-13,492.	-13,492.
<b>B</b> Net long-term capital gain or (loss). (2019 Schedule D, line 15) . . .	67.	67.
<b>C</b> Allowable net capital (loss). (2019 Schedule D, line 21) . . . . .	-3,000.	-3,000.
<b>D</b> Taxable income. (2019 Form 1040, line 11b or Form 1040NR, line 41) . . . . .	193,054.	
<b>E</b> Alternative minimum taxable income before exemptions. (2019 Form 6251, line 4) . . . . .		217,454.
<b>F</b> Ownership: <input checked="" type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint		

SMART WORKSHEET FOR: Estimated Tax Worksheet

**Electronic Funds Withdrawal of Estimated Tax Smart Worksheet (Electronic Filing Only)**

If the client would like to pay one or more installments of estimated tax by electronic funds withdrawal, check a box in the first column of the following table and enter bank information on the Federal Information Worksheet.

	X	Installment Number	Amount	Date
	<input type="checkbox"/>	1	17,531.	April 15, 2021
	<input type="checkbox"/>	2	17,531.	June 15, 2021
	<input type="checkbox"/>	3	17,531.	September 15, 2021
	<input type="checkbox"/>	4	17,531.	January 18, 2022

**QuickZoom** to the Federal Information Worksheet to enter bank information . . . . . ► \_\_\_\_\_

SMART WORKSHEET FOR: Estimated Tax Worksheet

**Resident(s) of Guam or the U.S. Virgin Islands Smart Worksheet**

**A**  Permanent resident of Guam or U.S. Virgin Islands

**B**  Nonpermanent resident of Guam or U.S. Virgin Islands

SMART WORKSHEET FOR: Estimated Tax Worksheet

**Maximum Capital Gains Rate Tax Information Smart Worksheet**

Enter qualified dividends and capital gains (losses) that are included in adjusted gross income.  
Enter net losses as negative numbers.

<b>A</b> Dividends qualifying for lower tax rate included in AGI . . . . .	634.	
<b>B</b> Net short-term gains (losses) . . . . .	37,105.	
<b>C</b> Net long-term gains (losses) . . . . .	-26,569.	
Net 28% rate gains included in net long-term . . . . .		
Unrecaptured Section 1250 gains included in net long-term . . . . .		
<b>D</b> Investment income election . . . . .		

### Additional information from your 2020 Federal Tax Return

**Schedule C (SASI TECHNOLOGIES LLC): Profit or Loss from Business**

**Ln 1a: Other receipts**

**Itemization Statement**

Description	Amount
Tekdmiens	47,824.
<b>Total</b>	<b>47,824.</b>

**Schedule C (SASI TECHNOLOGIES LLC): Profit or Loss from Business**

**Line 18**

**Itemization Statement**

Description	Amount
OFFICE MAINTENANCE (AMAZON PURCHASES)	628.51
OFFICE MAINTENANCE (AMAZON PURCHASES)	179.55
OFFICE MAINTENANCE (BEST BUY)	66.55
OFFICE MAINTENANCE (BUFFALO WINGS)	26.95
OFFICE MAINTENANCE (CLEAR TOKEN)	440.
COMPUTER AND STATIONERY (COSTCO)	1,352.26
CLIENT METTING EXPENSES	295.90
REPAIRS	347.
<b>Total</b>	<b>3,337.</b>

**Schedule C (SASI TECHNOLOGIES LLC): Profit or Loss from Business**

**Line 20b**

**Itemization Statement**

Description	Amount
RENT (12M*\$1500 P.M)	18,000.
<b>Total</b>	<b>18,000.</b>

**Schedule C (SASI TECHNOLOGIES LLC): Profit or Loss from Business**

**Line 24a**

**Itemization Statement**

Description	Amount
AIRINDIA	1,252.54
DOOR DASH	57.23
<b>Total</b>	<b>1,310.</b>

**Schedule C (SASI TECHNOLOGIES LLC): Profit or Loss from Business**

**Line 25**

**Itemization Statement**

Description	Amount
MOBILE (APPLE)	213.93
UTILITY (COMED)	291.71
ENERGY	372.88
<b>Total</b>	<b>879.</b>

**SMART WORKSHEET FOR: Schedule D AMT: Capital Gains&Losses AMT**  
**Short-term Capital Gains and Losses**

**Continuation Statement**

(a) Description of Short-Term Property Transaction		(b) Related Box on Form 8949	(f) Cost or Other basis	(g) Gain or Loss Adjustment	(h) Gain or (Loss)
(c) Date Acquired	(d) Date Sold	(e) Sales Price			
ROBINHOOD CRYPTO LLC		C			
01/01/20	12/31/20	367.	352.		
ROBINHOOD SECURITIES LLC		A			
01/01/20	12/31/20	304,349.	342,018.		
Total		304,716.	342,370.		

DO NOT MAIL



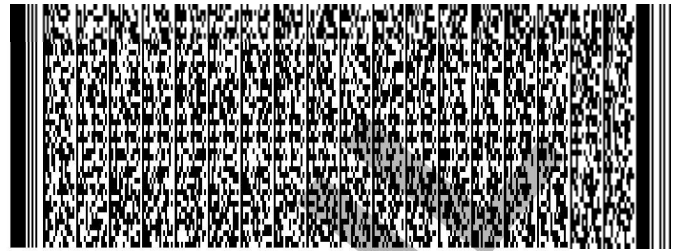
Illinois Department of Revenue  
**2020 Form IL-1040**

Individual Income Tax Return or for fiscal year ending \_\_\_/\_\_\_/\_\_\_

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit [tax.illinois.gov](http://tax.illinois.gov).

**Step 1: Personal Information**

1981  
 043-29-0942 005-97-9275 1980  
 RAJU DASARI  
 SASIKALA DASARI  
 1324 S FINLEY ROAD 1N  
 LOMBARD IL 60148 DUPAGE



- B** Filing status:  Single  Married filing jointly  Married filing separately  Widowed  Head of household  
**C** Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.  You  Spouse  
**D** Check the box if this applies to you during 2020:  Nonresident - Attach Sch. NR  Part-year resident - Attach Sch. NR

**Step 2: Income**

(Whole dollars only)

1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	438,702.00
2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2	.00
3	Other additions. Attach Schedule M.	3	.00
4	<b>Total income.</b> Add Lines 1 through 3.	4	438,702.00

**Step 3: Base Income**

5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5	.00
6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	6	.00
7	Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	7	.00
8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	.00
9	<b>Illinois base income.</b> Subtract Line 8 from Line 4.	9	438,702.00

**Step 4: Exemptions**

10 a	Enter the exemption amount for yourself and your spouse. See instructions.	a	4,650.00
b	Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	b	.00
c	Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	c	.00
d	If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	d	6,975.00
	<b>Exemption allowance.</b> Add Lines a through d.	10	11,625.00

**Step 5: Net Income and Tax**

11	<b>Residents: Net income.</b> Subtract Line 10 from Line 9. <b>Nonresidents and part-year residents:</b> Enter the Illinois net income from Schedule NR. Attach Schedule NR.	11	427,077.00
12	<b>Residents:</b> Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. <b>Nonresidents and part-year residents:</b> Enter the tax from Schedule NR.	12	21,140.00
13	Recapture of investment tax credits. Attach Schedule 4255.	13	.00
14	<b>Income tax.</b> Add Lines 12 and 13. Cannot be less than zero.	14	21,140.00

**Step 6: Tax After Nonrefundable Credits**

15	Income tax paid to another state while an Illinois resident. Attach Schedule CR.	15	.00
16	Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	16	.00
17	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	17	.00
18	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18	0.00
19	<b>Tax after nonrefundable credits.</b> Subtract Line 18 from Line 14.	19	21,140.00

**Step 7: Other Taxes**

20	Household employment tax. See instructions.	20	.00
21	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	21	0.00
22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22	.00
23	<b>Total Tax.</b> Add Lines 19, 20, 21, and 22.	23	21,140.00

IL-1040 2D Front (R-12/20)

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.









**Illinois Department of Revenue**  
**2020 Schedule IL-E/EIC**  
 Attach to your Form IL-1040



**Illinois Exemption and Earned Income Credit**

IL Attachment No. 30

**Read this information first**

Complete this schedule only if you are claiming dependents or are eligible for the Illinois Earned Income Credit. If you fraudulently claim the Earned Income Credit, you may not be allowed to claim the credit for up to ten years. You also may have to pay penalties.

You must have claimed the federal Earned Income Credit in order to claim the Illinois Earned Income Credit. The total amount of Illinois Earned Income Credit may exceed the amount of tax.

**Note** → If claiming the Illinois Earned Income Credit, you must attach a copy of pages 1 and 2 of your federal Form 1040 or 1040-SR to this schedule.

**Step 1: Provide the following information**

RAJU & SASIKALA DASARI

Your name as shown on your Form IL-1040

0 4 3 - 2 9 - 0 9 4 2

Your Social Security number

**Illinois Dependent Exemption Allowance**

**Step 2: Dependent information**

Complete the table for each person you are claiming as a dependent. **Note:** If you are claiming more than ten dependents, complete and attach additional Dependent information tables.

Dependent's first name	Dependent's last name	Social Security number	Dependent's relationship to you	Dependent's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	Eligible for Earned Income Credit
ANVITHAA	DASARI	948-92-6913	Daughter	04/03/2010	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
ADVITHI	DASARI	948-92-6948	Daughter	04/03/2010	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
ANISH	DASARI	190-31-7171	Son	05/14/2019	<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"/>	<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 Multiply the total number of dependents you are claiming by \$2,325. 3 X \$2,325

Enter the result here and on Form IL-1040, Line 10d.

1 6,975.00

**Continue to Page 2 to calculate Illinois Earned Income Credit**





# Illinois Earned Income Credit

Complete this section **only** if you qualify for the Illinois Earned Income Credit. Attach a copy of federal Form 1040 or 1040-SR, Pages 1 and 2.  
Note → If you are not claiming a qualifying child, do not complete the table below.

## Step 3: Qualifying Child Information

Complete the table for qualifying children that are **not** included in Step 2.

Child's first name	Child's last name	Social Security number	Child's relationship to you	Child's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you
					<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"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

1 Enter your wages, salaries and tips from your federal Form 1040 or 1040-SR, Line 1. **1** \_\_\_\_\_ .00

2 Enter your business income or (loss) from your federal Form 1040 or 1040-SR, Schedule 1, Line 3.  
If you report an amount on Line 2, you must answer the question in Line 2a below. **2** \_\_\_\_\_ .00

2a Does your occupation require a city, state, or county issued professional license, registration, or certification? **2a** Yes  No

2b If you answered "Yes" to Line 2a, you must enter the name of the issuing agency and your license, registration, or certification number.

Issuing Agency	License, Registration, or Certification Number

3 If you are filing your 2020 federal return as married filing jointly but are filing your 2020 Illinois return as married filing separately, enter your federal adjusted gross income (AGI) from your married filing jointly federal Form 1040 or 1040-SR, Line 11. **3** \_\_\_\_\_ .00

3a If you entered an amount on Line 3, enter your spouse's Social Security number from your married filing jointly federal return. **3a** \_ \_ \_ - \_ \_ - \_ \_ \_

4 Is the statutory employee box marked on your W-2, Wage and Tax Statement, Box 13? **4** Yes  No

## Step 4: Figure your Illinois Earned Income Credit

5 Enter the amount of federal Earned Income Credit from your federal Form 1040 or 1040-SR, Line 27. **5** \_\_\_\_\_ .00

6 Multiply the amount on Line 5 by 18% (.18). **6** \_\_\_\_\_ .00

7 **Illinois residents:** Enter 1.0.  
**Nonresidents and part-year residents:** Enter the decimal from Schedule NR, Line 48. **7** \_\_\_\_\_ ●

8 Multiply Line 6 by the decimal on Line 7. This is your Illinois Earned Income Credit.  
Enter this amount here and on your Form IL-1040, Line 28. **8** \_\_\_\_\_ .00

**Remember: Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act**



Illinois Department of Revenue

# 2020 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule.

IL Attachment No. 31

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	B
1099-MISC	M	1099-K	K
1099-OID	O	1099-NEC	N

### Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

RAJU DASARI

Your name as shown on Form IL-1040

0 4 3 - 2 9 - 0 9 4 2  
Your Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1 W	22-3703452	\$ 129,502.00	\$ 129,502.00	\$ 5,691.00
2		\$ .00	\$ .00	\$ .00
3		\$ .00	\$ .00	\$ .00
4		\$ .00	\$ .00	\$ .00
5		\$ .00	\$ .00	\$ .00

### Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

SASIKALA DASARI

Your spouse's name as shown on Form IL-1040

0 0 5 - 9 7 - 9 2 7 5  
Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6 W	82-5280024	\$ 8,000.00	\$ 8,000.00	\$ 243.00
7 W	58-1760235 000 1	\$ 129,941.00	\$ 129,941.00	\$ 6,431.00
8		\$ .00	\$ .00	\$ .00
9		\$ .00	\$ .00	\$ .00
10		\$ .00	\$ .00	\$ .00

### Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040, Line 25.

11 \$ 12,365.00

➔ Attach all Schedules IL-WIT to your IL-1040. ➔



Illinois Department of Revenue

Submission ID boxes

Submission ID

2020 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

RAJU SASIKALA DASARI
First name and middle initial Spouse's first name (and last name if different) Last name
1324 S FINLEY ROAD 1N
Mailing address
LOMBARD IL 60148
City State ZIP
0 4 3 - 2 9 - 0 9 4 2
Social Security number
0 0 5 - 9 7 - 9 2 7 5
Spouse's Social Security number
(908) 413-0736
Daytime phone number

Step 2: Complete information from tax return

1 Net income from Form IL-1040, Line 11 1 427,077 | 00
2 Tax from Form IL-1040, Line 14 2 21,140 | 00
3 Illinois Income Tax withheld from Form IL-1040, Line 25 only (enter "0" if none) 3 12,365 | 00
4 Overpayment from Form IL-1040, Line 35 4 | 00
5 Total amount due from Form IL-1040, Line 39 5 8,775 | 00
6 Filing status: Single X Married filing jointly Married filing separately Widowed Head of household

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

7 Routing no. (RN):
8 Account no. (AN):
9 Type of account: Checking Savings
10 Date the payment is to be electronically withdrawn: / /
11 Electronic funds withdrawal amount: | 00
12 Name on account:

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct.
I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2020 Illinois Individual Income Tax return.
I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

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

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

ERO's signature Date 02/27/2021
GLOBAL TAXES LLC
Firm's name or your name if self-employed
2530 Pebble Creek Ln
Mailing address
Cumming GA 30041
City State ZIP
Check if paid preparer: (See instructions.)
P 0 2 0 8 2 7 0 3
Your PTIN
3 0 - 1 0 1 7 1 9 6
Federal employer identification number (FEIN)
(678) 965-9522
Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

Do not mail Form IL-8453 and these documents unless requested for review.



Illinois Information Worksheet

2020

Keep for your own records

Part I - Personal Information

Taxpayer:

First Name . . . . . RAJU
Middle Initial . . . . .
Last Name . . . . . DASARI
Suffix . . . . .
Social Security No. . . 043-29-0942
Date of Birth . . . . . 06/05/1981
Age 65 or Over . . . [ ]
Legally Blind . . . . . [ ]
Date of Death . . . . .
Daytime phone . . . . . (908) 413-0736 \* [X]
Home phone . . . . . \*

Spouse:

First Name . . . . . SASIKALA
Middle Initial . . . . .
Last Name . . . . . DASARI
Suffix . . . . .
Social Security No. . . 005-97-9275
Date of Birth . . . . . 06/10/1980
Age 65 or Over . . . [ ]
Legally Blind . . . . . [ ]
Date of Death . . . . .
Daytime phone . . . . . \*

\* Check one of these boxes to print the daytime phone number on the Illinois forms.

Street Address . . . . . 1324 S FINLEY ROAD 1N Apartment Number . . . . .
City . . . . . LOMBARD State . IL ZIP Code . . . . . 60148
County (Illinois Only) . . DUPAGE

For foreign address, Illinois Department of Revenue requires the following information:

Foreign City . . . . . Foreign Province or State . . . . .
Foreign Country . . . . . Foreign Postal Code . . . . .

Part II - Resident Status

[X] Full-Year Resident
[ ] Nonresident
[ ] Part-Year Resident . . . . . lived in Illinois from . . . . . to . . . . .
also lived in . . . . . from . . . . . to . . . . .
QuickZoom here to Form IL-1040 . . . . .

Part III - Filing Status

[ ] Single
[X] Married filing jointly
[ ] Married filing separately
[ ] Widowed
[ ] Head of Household

Part IV - Other Information

Form IL-2210 Information:

[ ] Check if at least two-thirds of total federal gross income came from farming
[ ] Check if 65 or older and permanently living in a nursing home
[ ] Check if you were not required to file an Illinois income tax return in 2019
[X] Check if you do not want to file Illinois Form IL-2210 (see on-line help)
Enter total tax from last year's Form IL-1040, line 14 and 22 (for IL-2210, line 1, column B) . . . . .
Enter credits from last year's Form IL-1040, lines 15, 16, 17 and 28 (for IL-2210, line 2) . . . . .

First Time Filer:

Yes No

Has client ever filed a tax return in Illinois?

**Part V – Electronic Filing Information**

File **state** return electronically

**Electronic PDF Attachments**

PDF's that you have selected to attach to your state e-file return are listed below.

Description	Filename

Date return was EFiled . . . . . \_\_\_\_\_  
 Date return was accepted by the state . . . . . \_\_\_\_\_  
 Enter the date Form IL-1040-V was given to client . . . . . \_\_\_\_\_  
**QuickZoom** to Form IL-8453: Additional Information Smart Worksheet . . . . . **▶** \_\_\_\_\_

**Part VI – Direct Deposit Information or Electronic Funds Withdrawal Information**

**Yes No**  
  Use **direct deposit** for **state tax refund**  
  Use **electronic funds withdrawal** for **state tax payment** (EF only)  
  Elect to receive a state issued debit card for state refund (if you check **No** then your client will receive a paper check)

If you selected direct deposit or electronic funds withdrawal, fill out the information below:

Name of Financial Institution (optional) . . . . . BANK OF AMERICA  
 Name on account . . . . . \_\_\_\_\_  
 Check the appropriate box:  
 Checking . . . . .  Routing number . . . . . 021200339  
 Savings . . . . .  Account number . . . . . 381038197604  
 Enter the payment date to withdraw from the account above . . . . . \_\_\_\_\_  
 State balance-due amount from this return . . . . . \_\_\_\_\_  
 Enter an amount to withdraw from the account above . . . . . \_\_\_\_\_  
 If partial payment is made, enter remaining balance due . . . . . \_\_\_\_\_

**International ACH Transactions**

**Yes No**  
  Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

**Part VII – Payment by Credit Card**

Check if the balance due will be paid by credit card

**Part VIII – Paid Preparer Information and Third Party Designee Information**

Enter the preparer's assigned code from Preparer's Information Worksheet . . . . . 01

Check if this tax return is . . . . .  self-prepared, or  prepared by a non-paid preparer

**Yes No**  
  Client allows a personal representative to discuss return with the Illinois Department of Revenue  
 If yes, complete information below:

Designee's name . . . . . \_\_\_\_\_  
 Designee's phone number . . . . . \_\_\_\_\_

**Part IX – Extension Status**

**Yes No**  
  Tax return due date extended? If yes, extended due date . . . . . \_\_\_\_\_

**QuickZoom** to Form IL-505-I: Automatic Extension Payment . . . . . **▶** \_\_\_\_\_

# Tax Payments Worksheet

**2020**

▶ Keep for your records

Name RAJU & SASIKALA DASARI	Social Security Number 043-29-0942
--------------------------------	---------------------------------------

## Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment . . . . .		
2	Second Payment . . . . .		
3	Third Payment . . . . .		
4	Fourth Payment . . . . .		
<b>Additional Payments</b>			
5	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
6	Overpayment from previous year applied to current year . . . . .	6	
7	Amount paid with current year extension . . . . .	7	
8	<b>Total tax payments</b> . . . . .	8	

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	9	12,365.
10	State withholding on Forms W-2G . . . . .	10	
11	State withholding on Forms 1099-R . . . . .	11	
12 a	State withholding on Forms 1099-MISC . . . . .	12 a	
b	State withholding on Forms 1099-NEC . . . . .	b	
c	State withholding on Forms 1099-G . . . . .	c	
d	State withholding on Forms 1099-K . . . . .	d	
e	State withholding on Forms 1099-INT, 1099-DIV and 1099-OID . . . . .	e	
13	Other state tax withholding . . . . .	13	
14	<b>Total income tax withheld</b> . . . . .	14	12,365.
15	Date return will be filed and balance paid . . . . .	15	



► Keep for your records

Name(s) Shown on Return  
**RAJU & SASIKALA DASARI**

Your Social Security Number  
**043-29-0942**

**Part I 2021 Estimated Tax Amount Options**

- 1 Select One of Six Ways to Calculate the Required Annual Payment for 2021 Estimates:**
- a 100% of **2020** taxes (2020 actual tax exception) (default, see Tax Help) . . . . .  21,140.
  - b 100% of tax on **2021** estimated taxable income . . . . .  21,486.
  - c 90% of tax on **2021** estimated taxable income . . . . .  19,338.
  - d Taxpayer is a farmer - no estimated payments required . . . . .
  - e Equal to 100% of overpayment (no vouchers) . . . . .  0.
  - f Enter total amount you want to use for estimates and check box . . . . . ►
- 2 Selected estimated tax amount:**
- a **2021** Required Annual Payment based on your choice above . . . . . 21,140.
  - b Estimated amount of **2021** state income tax withholding . . . . . 12,365.
  - c **Total of estimated tax payments required for 2021** (line 2a less line 2b) . . . . . 8,775.
- 3 Select Estimated Tax Payment option:**
- a Calculate estimates if more than **\$1,000** (default) . . . . .
  - b Calculate estimates if \_\_\_\_\_ (specify amount) or more . . . . .
  - c Calculate estimates regardless of amount . . . . .
  - d Do **not** calculate estimates . . . . .

**Part II Overpayment Application Options**

- 1** Amount of overpayment available (Form IL-1040, line 35) . . . . . 0.
- 2 Select Overpayment Application Amount Option:**
- a Apply none (refund entire overpayment) . . . . .
  - b Apply all (increase estimate if required) . . . . .
  - c Apply to extent of total estimated tax and refund excess . . . . . 8,776.
  - d Apply to extent of first quarter amount and refund excess . . . . . 2,194.
  - e Enter amount you want to apply . . . . . ►
  - f Amount applied to **2021** estimated tax . . . . . 0.
  - g Overpayment to be refunded (line 1 less line 2f) . . . . . 0.
- 3 Select Overpayment Application Sequence:**
- a  ◀ Consecutively    b  ◀ Evenly

**Part III Rounding and Printing Options** (see Tax Help for printing ES amounts on Client Letter)

- 1 Select Rounding Option:**
- a  ◀ Round up to next \$1    b  ◀ Round up to next \$10    c  ◀ Round up to next \$100    d  ◀ Round to nearest \$1
- 2 Select Voucher Printing Option:**
- a  ◀ Print (per Part I, lines 3a - c)    b  ◀ Print only name, etc.    c  ◀ Do **not** print vouchers

**Part IV Estimated Tax Payment Summary**

	<b>1</b> Apr 15, 2021	<b>2</b> Jun 15, 2021	<b>3</b> Sep 15, 2021	<b>4</b> Jan 18, 2022	<b>Total</b>
<b>1</b> If you have already made payments, enter amounts					
<b>2</b> Indicate which payment is due next. (e.g. if it is now May 1, 2021, check col. 2) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3</b> Required payment . . . . .	2,194.	2,194.	2,194.	2,194.	8,776.
<b>4</b> Overpayment applied . . . . .	0.	0.	0.	0.	0.
<b>5</b> Net payment due . . . . .	2,194.	2,194.	2,194.	2,194.	8,776.
<b>6</b> Voucher amounts . . . . .	2,194.	2,194.	2,194.	2,194.	8,776.

**Part V Changes to Income, Exemptions, Withholding and Credits for 2021**

2020 income, exemptions, withholding and credits are shown in the '2020 Actual' column below.

**\*Caution:** For each line in the '2021 Estimated' column, enter the 2021 estimated amount **if different** from 2020. Otherwise, the '2020 Actual' amount will be used for that line. If zero, you **must** enter zero.

	2020 Actual	*2021 Estimated
1 Illinois base income . . . . .	438,702.	
2 Total number of exemptions . . . . .	2	
3 Check the boxes you expect to apply for 2021. <input type="checkbox"/> you will be 65 or older <input type="checkbox"/> spouse will be 65 or older <input type="checkbox"/> you will be legally blind <input type="checkbox"/> spouse will be legally blind Total number of boxes checked . . . . .	0	
4 Estimated income tax to be withheld from wages or other income and any pass-through withholding payments paid on your behalf . . . . .	12,365.	
5 Estimated allowable credits for Illinois property tax paid, income tax paid to other states, education expenses, earned income, and tax credits from Schedule 1299-C. . . . .	0.	
6 Do you expect to be a resident of Illinois for all of tax year 2021? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If you check the 'No' box, enter total base income . . . . .		

**Part VI 2021 Estimated Taxable Income and Tax**

1 Enter the Illinois base income you expect to receive in the year 2021. <b>Nonresidents and part-year residents</b> , see Schedule NR, Nonresidents and Part-Year Residents Computation of Illinois Tax . . . . .	<b>1</b>	438,702.
2 Figure your expected exemption allowance. <b>a</b> Enter the total number of exemptions that you expect to claim on your 2021 Illinois income tax return . . . . . <u>2</u> Multiply this number by \$2,325 . . . . .	<b>2 a</b>	4,650.
<b>b</b> Check the boxes that will apply to you in 2021. <input type="checkbox"/> you will be 65 or older <input type="checkbox"/> spouse will be 65 or older <input type="checkbox"/> you will be legally blind <input type="checkbox"/> spouse will be legally blind Add the number of boxes checked . . . . . <u>0</u> Multiply this number by \$1,000 . . . . .	<b>2 b</b>	0.
3 Add lines 2a and 2b. This is your total expected exemption allowance. <b>Nonresidents and part-year residents</b> , see Schedule NR . . . . .	<b>3</b>	4,650.
4 Subtract line 3 from line 1. This is the Illinois net income expected in 2021 . . . . .	<b>4</b>	434,052.
5 Multiply line 4 by 4.95% (.0495) . . . . .	<b>5</b>	21,486.
6 Enter the amount of Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensees surcharges expected in 2021 . . . . .	<b>6</b>	
7 Add lines 5 and 6 . . . . .	<b>7</b>	21,486.
8 Enter the amount of estimated allowable credits for Illinois property tax paid, income tax paid to other states, education expenses, earned income and tax credits from Schedule 1299-C . . . . .	<b>8</b>	0.
9 Subtract line 8 from line 7. <b>This is your 2021 tax based on your estimate of 2021 income</b> . . . . .	<b>9</b>	21,486.

## STATE REQUIRED INFORMATION

### State Required Information

The Illinois Department of Revenue requires the following information be presented to all taxpayers:

**Refund Status:** The Illinois Department of Revenue (IDOR) is required to review returns and ensure the amounts requested as refunds are issued accurately and to the legitimate recipient. Once a return is received by IDOR, many different factors can affect the timing of a refund.

Some returns take longer to review than others for many reasons including, but not limited to,

- when and how the return was filed,
- our current return inventory levels,
- identity theft and fraud security measures,
- the types of income tax credits claimed, and
- the type and amount of a refund.

**Tax Due Expectations:** For payment options visit:

<https://www2.illinois.gov/rev/individuals/pay/Pages/default.aspx>

**Taxpayer Identity and Security:** Driver's license or state identification card information is not required but is preferred to be received with the e-file tax return. It can be used as a security measure to help prevent identity theft and fraud. If no driver's license or state ID card information is available or provided, you should be prompted to indicate this in the software.

# Smart Worksheets from your 2020 Illinois Tax Return

SMART WORKSHEET FOR: Form IL-1040: Illinois Individual Income Tax Return

## Use Tax Smart Worksheet

### Method 1: Use Tax Worksheet

Complete this worksheet to report and pay your use tax on Form IL-1040. If your annual use tax liability is over \$600 (\$1,200 if filing jointly), you must file and pay your use tax with Form ST-44.

Note: Do not include any

- items for which you paid sales tax in another state (but not in another country) of
  - 6.25% or more on Line 1a and
  - 1% or more on Line 2a
- sales tax you paid in another state, on line 4, for items not included in Lines 1a or 2a

<b>1a</b>	Enter the total cost of general merchandise you purchased to use in Illinois on which you did not pay the required amount of Illinois Use Tax . . . . .	<b>1a</b>	0.
<b>1b</b>	Multiply Line 1a by 6.25% (.0625). Round the result to whole dollars . . . . .	<b>1b</b>	0.
<b>2a</b>	Enter the total cost of qualifying food, non-prescription drugs and medical appliances you purchased to use in Illinois on which you did not pay the required amount of Illinois Use Tax . . . . .	<b>2a</b>	
<b>2b</b>	Multiply Line 2a by 1% (.01). Round the result to whole dollars . . . . .	<b>2b</b>	0.
<b>3</b>	Add Lines 1b and 2b. <b>This is your Use Tax on purchases.</b> . . . . .	<b>3</b>	0.
<b>4</b>	Enter the amount of sales tax you paid in another state (not in another country) on the items included on Lines 1a and 2a . . . . .	<b>4</b>	
<b>5</b>	Subtract Line 4 from Line 3. If the result is less than zero, enter zero. . . . .	<b>5</b>	

### Method 2: Use Tax Table

To use the Use Tax Table to calculate Use Tax, check here  Use tax amount based on table below. . . . .

### Method 3: File Separate Form ST-44

If this box is checked, your use tax exceeds \$600 (\$1,200 if filing jointly).  You must file Form ST-44 separately from this return. Use Tax of \$0 will be reported on IL-1040, line 21. If the box is not checked, enter the amount from Method 1 or Method 2 on line 21 below.

### Use Tax Table (Method 2)

If there are no major purchases and do not have receipts to figure purchases, use the table to estimate annual Illinois Use Tax liability.

AGI (from IL-1040, Line 1)	Use Tax
\$0 - \$10,000	\$3
\$10,001 - \$20,000	\$8
\$20,001 - \$30,000	\$13
\$30,001 - \$40,000	\$18
\$40,001 - \$50,000	\$23
\$50,001 - \$75,000	\$31
\$75,001 - \$100,000	\$44
Above \$100,000	Multiply AGI by 0.05% (0.0005)

Keep a copy of this smart worksheet with your records.