

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 SRINIVAS		Last name CHEVVA	Your social security number 899-54-9438	
If joint return, spouse's first name and middle initial SUHRULLEKHA		Last name KATIKIREDDY	Spouse's social security number 844-52-9572	
Home address (number and street). If you have a P.O. box, see instructions. 3 PARK LANE WEST			Apt. no. 10	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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. MENANDS		State NY	ZIP code 12204	
Foreign country name		Foreign province/state/county	Foreign postal code	

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

Standard 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		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
	Last name				Child tax credit	Credit for other dependents
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required. Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	89,211.	
	2a	Tax-exempt interest	2a	2b		
	3a	Qualified dividends	3a	b Taxable interest	2b	
	4a	IRA distributions	4a	b Ordinary dividends	3b	
	5a	Pensions and annuities	5a	b Taxable amount	4b	
	6a	Social security benefits	6a	b Taxable amount	5b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		b Taxable amount	6b	
	8	Other income from Schedule 1, line 9			7	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶			8	-6,420.
	10	Adjustments to income:			9	82,791.
	a	From Schedule 1, line 22	10a			
	b	Charitable contributions if you take the standard deduction. See instructions	10b			
	c	Add lines 10a and 10b. These are your total adjustments to income ▶			10c	
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶			11	82,791.
	12	Standard deduction or itemized deductions (from Schedule A)			12	24,800.
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A			13		
14	Add lines 12 and 13			14	24,800.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15	57,991.	

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	6,562.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	6,562.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	6,562.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	6,562.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	12,379.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	12,379.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	3,000.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	3,000.
33	Add lines 25d, 26, and 32. These are your total payments	33	15,379.

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

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	8,817.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	8,817.
Direct deposit? See instructions.	b	Routing number <u>1 2 1 0 0 0 3 5 8</u> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <u>3 2 5 0 4 1 4 8 0 8 1 4</u>		
	36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe now	37	
For details on how to pay, see instructions.	38	Estimated tax penalty (see instructions)	38	

Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.

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"/>	<input type="text"/>	SOFTWARE ENGINEER	<input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
<input type="text"/>	<input type="text"/>	SOFTWARE ENGINEER	<input type="text"/>
Phone no. <input type="text"/>	Email address <input type="text"/>		

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	02/12/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name <input type="checkbox"/>	Firm's address <input type="checkbox"/>			Phone no. (678) 965-9522
GLOBAL TAXES LLC			2530 Pebble Creek Ln Cumming GA 30041	
Firm's address <input type="checkbox"/>			Firm's EIN <input type="checkbox"/>	
2530 Pebble Creek Ln Cumming GA 30041			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 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
SRINIVAS CHEVVA & SUHRULLEKHA KATIKIREDDY

Your social security number
899-54-9438

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-6,420.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ _____ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-6,420.

Part II Adjustments to Income

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

SCHEDULE E
(Form 1040)

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, 1040-NR, or 1041.**
▶ **Go to www.irs.gov/ScheduleE for instructions and the latest information.**

Name(s) shown on return

SRINIVAS CHEVVA & SUHRULLEKHA KATIKIREDDY

Your social security number

899-54-9438

Part I **Income or Loss From Rental Real Estate and Royalties** **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions **Yes** **No**
B If "Yes," did you or will you file required Form(s) 1099? **Yes** **No**

1a Physical address of each property (street, city, state, ZIP code)
A ISSAIPET MDL;MOGULLAPALLY J.SHANKARBHUPALPALLY TELANGANA IN 506366
B
C

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A	3	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

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

Income:	Properties:	A	B	C
3 Rents received	3	580.		
4 Royalties received	4			
Expenses:				
5 Advertising	5	80.		
6 Auto and travel (see instructions)	6	320.		
7 Cleaning and maintenance	7	250.		
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13	6,200.		
14 Repairs	14	150.		
15 Supplies	15			
16 Taxes	16			
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	7,000.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-6,420.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-6,420.)	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a		580.	
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e		7,000.	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(6,420.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26	-6,420.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020



New York State E-File Signature Authorization for Tax Year 2020

For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name SRINIVAS CHEVVA	Spouse's name (jointly filed return only) SUHRULLEKHA KATIKIREDDY
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Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return*, IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, or NYC-210, *Claim for New York City School Tax Credit*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2), *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2020 Form IT-370 and Tax Year 2021 Form IT-2105*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

Part A – Tax return information

1 Federal adjusted gross income (from applicable line).....	1.	82791.
2 Refund.....	2.	668.
3 Amount you owe.....	3.	
4 Financial institution routing number.....	4.	121000358
5 Financial institution account number.....	5.	325041480814
6 Account type: <input checked="" type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings		

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2020 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2020 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2020 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date
Spouse's signature (jointly filed return only)	Date

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2020 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2020 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2020 New York State electronic return

is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2020 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name GLOBAL TAXES LLC	Date
Paid preparer's signature	Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date



Resident Income Tax Return
New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2020, through December 31, 2020, or fiscal year beginning ... 20 and ending ..

For help completing your return, see the instructions, Form IT-201-I.

Form with fields for: Your first name (SRINIVAS), Spouse's first name (SUHRULLEKHA), Mailing address (3 PARK LANE WEST), Apartment number (10), New York State county of residence (ALBANY), etc.

A Filing status

- 1 Single
2 Married filing joint return (checked)
3 Married filing separate return
4 Head of household
5 Qualifying widow(er)

B Did you itemize your deductions on your 2020 federal income tax return? Yes No (checked)

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No (checked)



D1 Did you have a financial account located in a foreign country? Yes No (checked)

D2 Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2020 federal return? Yes No (checked)

E (1) Did you or your spouse maintain living quarters in NYC during 2020? Yes No (checked)
(2) Enter the number of days spent in NYC in 2020

F NYC residents and NYC part-year residents only (see page 15):
(1) Number of months you lived in NYC in 2020
(2) Number of months your spouse lived in NYC in 2020

G Enter your 2-character special condition code(s) if applicable

H Dependent information (see page 16)

Table with 6 columns: First name, MI, Last name, Relationship, Social Security number, Date of birth. Multiple empty rows for dependent information.

If more than 7 dependents, mark an X in the box.



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number
899549438

Federal income and adjustments (see page 16)

Whole dollars only

1	Wages, salaries, tips, etc.	1	89211 .00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box .. <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	-6420 .00
12	Rental real estate included in line 11	12	-6420 .00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of Social Security benefits (also enter on line 27)	15	.00
16	Other income (see page 16) Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	82791 .00
18	Total federal adjustments to income (see page 16) Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	82791 .00
19a	Recomputed federal adjusted gross income (see page 16, Line 19a worksheet)	19a	82791 .00

New York additions (see page 17)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 17)	21	.00
22	New York's 529 college savings program distributions (see page 17)	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19a through 23	24	82791 .00

New York subtractions (see page 18)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00
26	Pensions of NYS and local governments and the federal government (see page 18)	26	.00
27	Taxable amount of Social Security benefits (from line 15) ...	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion (see page 19)	29	.00
30	New York's 529 college savings program deduction/earnings	30	.00
31	Other (Form IT-225, line 18)	31	.00
32	Add lines 25 through 31	32	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	82791 .00



Standard deduction or itemized deduction (see page 21)

34	Enter your standard deduction (table on page 21) or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	16050 .00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	66741 .00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21)	36	000.00
37	Taxable income (subtract line 36 from line 35)	37	66741 .00

201002203555



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name(s) as shown on page 1
S CHEVVA AND S KATIKIREDDY

Your Social Security number
899549438

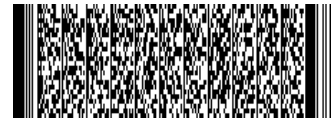
Tax computation, credits, and other taxes

38 Taxable income (from line 37 on page 2)		38	66741 .00
39 NYS tax on line 38 amount (see page 22)		39	3539 .00
40 NYS household credit (page 22, table 1, 2, or 3)	40		.00
41 Resident credit (see page 23)	41		339 .00
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42		.00
43 Add lines 40, 41, and 42		43	339 .00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)		44	3200 .00
45 Net other NYS taxes (Form IT-201-ATT, line 30)		45	.00
46 Total New York State taxes (add lines 44 and 45)		46	3200 .00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

4 NYC taxable income (see page 23)	47		.00
47a NYC resident tax on line 47 amount (see page 23)	47a		.00
48 NYC household credit (page 23)	48		.00
49 Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49		.00
50 Part-year NYC resident tax (Form IT-360.1)	50		.00
51 Other NYC taxes (Form IT-201-ATT, line 34)	51		.00
52 Add lines 49, 50, and 51	52		.00
53 NYC nonrefundable credits (Form IT-201-ATT, line 10)	53		.00
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54		.00
54a MCTMT net earnings base	54a		.00
54b MCTMT	54b		.00
55 Yonkers resident income tax surcharge (see page 26)	55		.00
56 Yonkers nonresident earnings tax (Form Y-203)	56		.00
57 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57		.00
58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57)		58	.00
59 Sales or use tax (see page 27; do not leave line 59 blank)		59	0 .00
60 Voluntary contributions (Form IT-227, Part 2, line 1)		60	.00
61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)		61	3200 .00

See instructions on pages 23 through 26 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Your Social Security number
899549438

62 Enter amount from line 61 **62** 3200 .00

Payments and refundable credits (see pages 28 through 31)

63	Empire State child credit	63	.00
64	NYS/ NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	.00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	.00
69	NYC school tax credit (fixed amount) (also complete F on page 1)	69	.00
69a	NYC school tax credit (rate reduction amount)	69a	.00
70	NYC earned income credit	70	.00
70a	This line intentionally left blank	70a	
71	Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72	To al New York State tax withheld	72	3868 .00
73	To al New York City tax withheld	73	.00
74	Total Yonkers tax withheld	74	.00
7	Total estimated tax payments and amount paid with Form IT-370	75	.00



If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return (see page 13).

Do not send federal Form W-2 with your return.

76 **Total payments** (add lines 63 through 75) **76** 3868 .00

Your refund, amount you owe, and account information (see pages 32 through 34)

77	Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 32)	77	668 .00
78	Amount of line 77 available for refund (subtract line 79 from line 77)	78	668 .00
78a	Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	78a	.00
78b	Total refund after NYS 529 account deposit (subtract line 78a from line 78)	78b	668 .00

Mark one refund choice: **direct deposit** to checking or savings account (fill in line 83) - or - **paper check**

Refund? Direct deposit is the easiest, fastest way to get your refund.

79 Amount of line 77 that you want applied to your 2021 estimated tax (see instructions) **79** .00

See page 33 for payment options.

80 Amount you **owe** (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an **X** in the box and fill in lines 83 and 84. If you pay by check or money order you **must** complete Form IT-201-V and mail it with your return. **80** .00

80 .00

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 33) **81** .00

See page 36 for the proper assembly of your return.

82 Other penalties and interest (see page 33) **82** .00

83 Account information for direct deposit or electronic funds withdrawal (see page 34).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box (see pg. 34)

83a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

83b Routing number 121000358 83c Account number 325041480814

84 Electronic funds withdrawal (see page 34) Date _____ Amount _____ .00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
	Email:		

▼ Paid preparer must complete ▼ (see instructions)	Preparer's NYTPRIN	NYTPRIN excl. code 0 9
Preparer's signature SYAM PRIYA RAM SAGAR GUP	Preparer's printed name SYAM PRIYA RAM SAGAR GUP	
Firm's name (or yours, if self-employed) GLOBAL TAXES LLC	Preparer's PTIN or SSN P02082703	
Address 2530 PEBBLE CREEK LN CUMMING GA 30041	Employer identification number 301017196	Date 02122021
Email: SYAM@GTAXFILE.COM		

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation SOFTWARE ENGINEER	
Spouse's signature and occupation (if joint return) SOFTWARE ENGINEER	
Date	Daytime phone number (408) 334 2979
Email: SRINIVASCH484@GMAIL.COM	

See instructions for where to mail your return.

201004203555



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Department of Taxation and Finance

New York State Resident Credit

Tax Law – Article 22, Section 620

IT-112-R

Complete this form if you want to claim a resident credit for taxes paid to another state, local government, or the District of Columbia.

Name(s) as shown on return S CHEVVA AND S KATIKIREDDY	Identifying number as shown on return 899549438
--	--

Submit this form with Form IT-201, IT-203, or IT-205. Failure to do so will delay any refund to which you may be entitled or, if you owe taxes, could result in late-filing penalties.

Part 1 – Income and adjustments (see instructions)	A		B	
	Amount reported on New York State return		Amount sourced to and taxed by other taxing authority	
	Whole dollars only		Whole dollars only	
1 Wages, salaries, tips, etc.	1	89211.00	1	14138.00
2 Taxable interest income	2	.00	2	.00
3 Ordinary dividends	3	.00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes	4	.00	4	.00
5 Alimony received.....	5	.00	5	.00
6 Business income or loss	6	.00	6	.00
7 Capital gain or loss.....	7	.00	7	.00
8 Other gains or losses	8	.00	8	.00
9 Taxable amount of IRA distributions.....	9	.00	9	.00
10 Taxable amount of pensions and annuities	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.....	11	-6420.00	11	0.00
12 Farm income or loss.....	12	.00	12	.00
13 Unemployment compensation.....	13	.00	13	.00
14 Taxable amount of Social Security benefits	14	.00	14	.00
15 Other income.....	15	.00	15	.00
16 Add lines 1 through 15	16	82791.00	16	14138.00
17 Total federal adjustments to income.....	17	.00	17	.00
18 Federal adjusted gross income (subtract line 17 from line 16).....	18	82791.00	18	14138.00
18a Recomputed federal adjusted gross income (see instr.) ...	18a	.00	18a	
19 New York adjustments (see instructions)	19	.00	19	
20 New York adjusted gross income (see instructions).....	20	82791.00	20	14138.00
21 Capital gain portion of lump-sum distributions (see instr.).....	21	.00	21	.00
22 Add lines 20 and 21	22	82791.00	22	14138.00

NO HANDWRITTEN ENTRIES ON THIS FORM

(continued on page 2)

112001203555



Part 2 – Computing your resident credit for taxes paid to another state, local government, or the District of Columbia

23 Enter the two-letter abbreviation of the other state, including the District of Columbia, where tax was paid (see instructions)..... **23** MO

Also enter the locality name, if applicable

24 Enter the amount of income tax imposed on this year's return for the other state or local government (see instructions)..... **24** 339.00

If the taxes were paid on a group (composite) return, then mark an **X** in the box.....

Enter the group's EIN

25 New York State tax payable (see instructions)..... **25** 3539.00

26 Divide line 22, column B, by line 22, column A (round to the fourth decimal place; see instructions) **26** 0.1708

27 Multiply line 25 by line 26..... **27** 604.00

28 Enter amount from line 24 or line 27, whichever is less (see instructions)..... **28** 339.00

2 Total line 28 amounts from additional Form(s) IT-112-R and line 44 amounts from Form(s) IT-112-C, if any (see instructions) **29** .00

30 Add lines 28 and 29 **30** 339.00

Part 3 – Application of Credit

31 Tax due before credits (see instructions) **31** 3539.00

32 Other credits that you applied before this credit (see instructions) **32** .00

33 Subtract line 32 from line 31 **33** 3539.00

3 Enter the amount from line 30 or line 33, whichever is less (see instructions) **34** 339.00

Part 4 – Information from your return filed with the other state, local government, or the District of Columbia

You are not **required** to submit a copy of the return you filed with the other state or local government with Form IT-201, IT-203, or IT-205. Submitting a copy of the other return is **optional**. However, you may be required to furnish a copy of the other return at a later date. Whether or not you submit a copy of the other return, you **must** complete this section.

35 Enter the total amount of tax withheld for and/or amount of estimated tax payments made to the other state, local government, or the District of Columbia (see instructions)..... **35** .00

36 Enter the amount of overpayment, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions)..... **36** .00

37 Enter the balance due, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions)..... **37** .00

NO HANDWRITTEN ENTRIES ON THIS FORM





Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

899549438

Box b Employer identification number (EIN)

815120318

Box c Employer's information

Employer's name			
DEVUCUBE IT SOLUTIONS LLC			
Employer's address (number and street)			
419 AVENUE OF THE STATES SUITE 600			
City	State	ZIP code	Country (if not United States)
CHESTER	PA	19013	

Box 1 Wages, tips, other compensation

75073.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

31.00

Description

VPDI

Box 14b Amount

197.00

Description

NY PFL

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a

NY State

N|Y

Box 16a NYS wages, tips, etc.

75073.00

Box 17a NYS income tax withheld

3864.00

Other state information:

Box 15b

other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers

information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 2 Locality name

Locality a

Locality b

Do not detach.

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

844529572

Box b Employer identification number (EIN)

581760235

Box c Employer's information

Employer's name			
INFOSYS LIMITED			
Employer's address (number and street)			
2400 N GLENNVILLE DR C150			
City	State	ZIP code	Country (if not United States)
RICHARDSON	TX	75082	

Box 1 Wages, tips, other compensation

14138.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

2.00

Code

C

Box 12b Amount

984.00

Code

D|D

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a

NY State

N|Y

Box 16a NYS wages, tips, etc.

14138.00

Box 17a NYS income tax withheld

4.00

Other state information:

Box 15b

other state

M|O

Box 16b Other state wages, tips, etc.

14138.00

Box 17b Other state income tax withheld

601.00

NYC and Yonkers

information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 2 Locality name

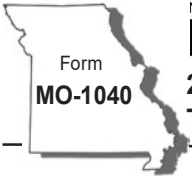
Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001203555

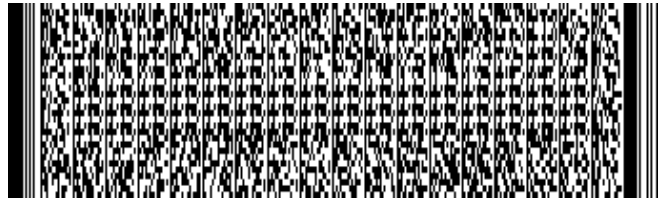




MISSOURI DEPARTMENT OF
REVENUE
2020 Individual Income
Tax Return - Long Form

For Calendar Year January 1 - December 31, 2020

Print in BLACK ink only and DO NOT STAPLE.



Amended Return Composite Return
(For use by S corporations or Partnerships)

Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY)			Fiscal Year Ending (MM/DD/YY)			Vendor Code	Department Use Only		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1555	<input type="text"/>	<input type="text"/>	<input type="text"/>

Filing Status

Single
 Claimed as a Dependent
 Married Filing Combined
 Married Filing Separately
 Head of Household
 Qualifying Widow(er)

Age 62 through 64	Age 65 or Older	Blind	100% Disabled	Non-Obligated Spouse
Yourself <input type="checkbox"/> Spouse <input type="checkbox"/>	Yourself <input type="checkbox"/> Spouse <input type="checkbox"/>	Yourself <input type="checkbox"/> Spouse <input type="checkbox"/>	Yourself <input type="checkbox"/> Spouse <input type="checkbox"/>	Yourself <input type="checkbox"/> Spouse <input type="checkbox"/>

Name

Social Security Number	Deceased in 2020	Spouse's Social Security Number	Deceased in 2020
899 - 54 - 9438	<input type="checkbox"/>	844 - 52 - 9572	<input type="checkbox"/>
First Name	M.I.	Last Name	Suffix
SRINIVAS	<input type="text"/>	CHEVVA	<input type="text"/>
Spouse's First Name	M.I.	Spouse's Last Name	Suffix
SUHRULLEKHA	<input type="text"/>	KATIKIREDDY	<input type="text"/>

In Care Of Name (Attorney, Executor, Personal Representative, etc.)

Address

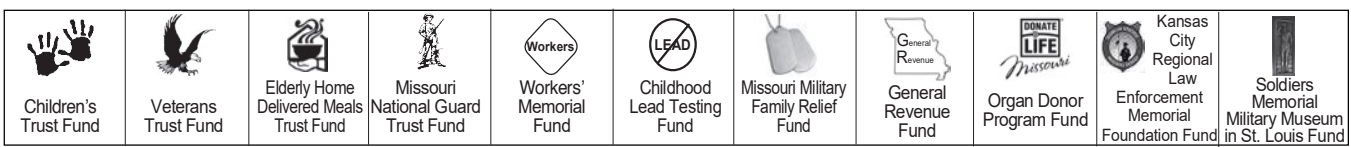
Present Address (Include Apartment Number or Rural Route)

3 PARK LANE WEST APT 10

City, Town, or Post Office: MENANDS State: NY ZIP Code: 12204 -

County of Residence: NONR

You may contribute to any one or all of the trust funds on Line 47. See pages 11-12 of the instructions for more trust fund information.



Income

	Yourself (Y)			Spouse (S)		
1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	68653	.00	1S	14138	.00
2. Total additions (from Form MO-A , Part 1, Line 7)	2Y		.00	2S		.00
3. Total income - Add Lines 1 and 2	3Y	68653	.00	3S	14138	.00
4. Total subtractions (from Form MO-A, Part 1, Line 18)	4Y		.00	4S		.00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3	5Y	68653	.00	5S	14138	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	82791	.00			
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y	83	%	7S	17	%

Exemptions and Deductions

8. Pension, Social Security, Social Security Disability, and Military exemption (from Form MO-A, Part 3, Section E)	8		.00
9. Tax from federal return	9	6562	.00
10. Other tax from federal return	10		.00
11. Total tax from federal return. Do not enter federal income tax withheld.	11	6562	.00
12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage	12	15.00	%

Missouri Adjusted Gross Income Range, Line 6: Federal Tax Percentage:

\$25,000 or less	35%
\$25,001 to \$50,000	25%
\$50,001 to \$100,000	15%
\$100,001 to \$125,000	5%
\$125,001 or more	0%

13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers.	13	984	.00
14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$12,400 • Head of Household-\$18,650 • Married Filing Combined or Qualifying Widow(er)-\$24,800 Note: If age 65 or older, blind, or claimed as a dependent, see page 6.	14	24800	.00
15. Long-term care insurance deduction	15		.00
16. Health care sharing ministry deduction.	16		.00
17. Active Duty Military income deduction	17		.00
18. Inactive Duty Military income deduction	18		.00
19. Bring jobs home deduction	19		.00
20. Transportation facilities deduction	20		.00

A. Port Cargo Expansion B. International Trade Facility C. Qualified Trade Activities



Deductions Continued

21. First Time Home Buyers deduction.	A. <input type="text"/>	B. <input type="text"/>	21	<input type="text"/>	.00
22. Total deductions - Add Lines 8 and 13 through 21			22	25784	.00
23. Subtotal - Subtract Line 22 from Line 6			23	57007	.00
24. Multiply Line 23 by appropriate percentages (%) on Lines 7Y and 7S	24Y	47316	.00	24S	9691 .00
25. Enterprise zone or rural empowerment zone income modification	25Y	<input type="text"/>	.00	25S	<input type="text"/> .00

Tax

26. Taxable income - Subtract Line 25 from Line 24	26Y	47316	.00	26S	9691 .00
27. Tax (see tax chart on page 22 of the instructions)	27Y	2371	.00	27S	339 .00
28. Resident credit - Attach Form MO-CR and other states' income tax return(s)	28Y	<input type="text"/>	.00	28S	<input type="text"/> .00
29. Missouri income percentage - Enter 100% unless you are completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100%	29Y	0	%	29S	100 %
30. Balance - Subtract Line 28 from Line 27; OR multiply Line 27 by percentage on Line 29	30Y	0	.00	30S	339 .00
31. Other taxes - Select box and attach federal form indicated.					
<input type="checkbox"/> Lump sum distribution (Form 4972)					
<input type="checkbox"/> Recapture of low income housing credit (Form 8611)	31Y	<input type="text"/>	.00	31S	<input type="text"/> .00
32. Subtotal - Add Lines 30 and 31	32Y	0	.00	32S	339 .00
33. Total Tax - Add Lines 32Y and 32S	33			339	.00

Payments and Credits

34. MISSOURI tax withheld - Attach Forms W-2 and 1099	34	601	.00		
35. 2020 Missouri estimated tax payments - Include overpayment from 2019 applied to 2020	35	<input type="text"/>	.00		
36. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP	36	<input type="text"/>	.00		
37. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT	37	<input type="text"/>	.00		
38. Amount paid with Missouri extension of time to file (Form MO-60)	38	<input type="text"/>	.00		
39. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC	39	<input type="text"/>	.00		
40. Property tax credit - Attach Form MO-PTS	40	<input type="text"/>	.00		
41. Total payments and credits - Add Lines 34 through 40	41	601	.00		



Skip Lines 42 through 44 if you are not filing an amended return.

42. Amount paid on original return 42 .00
 43. Overpayment as shown (or adjusted) on original return 43 .00

Indicate Reason for Amending

- A. Federal audit Enter date of IRS report (MM/DD/YY)
 B. Net Operating Loss carryback Enter year of loss (YY)
 C. Investment tax credit carryback Enter year of credit (YY)
 D. Correction other than A, B, or C Enter date of federal amended return, if filed. (MM/DD/YY)

44. Amended return total payments and credits - Add Lines 41 and 42; subtract from Line 43.
 Enter on Line 44. 44 .00

45. If Line 41, or if amended return, Line 44, is larger than Line 33, enter the difference.
 Amount of OVERPAYMENT 45 .00

46. Amount of Line 45 to be applied to your 2021 estimated tax 46 .00

47. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

47a. Children's Trust Fund .00 47b. Veterans Trust Fund .00 47c. Elderly Home Delivered Meals Trust Fund .00 47d. Missouri National Guard Trust Fund .00
 47e. Workers' Memorial Fund .00 47f. Childhood Lead Testing Fund .00 47g. Missouri Military Family Relief Fund .00 47h. General Revenue Fund .00
 47i. Organ Donor Program Fund .00 47j. Kansas City Regional Law Enforcement Memorial Foundation Fund .00 47k. Soldiers Memorial Military Museum in St. Louis Fund .00
 47l. Additional Fund Code Additional Fund Amount .00 47m. Additional Fund Code Additional Fund Amount .00

Total Donation - Add amounts from Boxes 47a through 47m and enter here 47 .00

48. Amount of Line 45 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from [Form 5632](#). 48 .00

49. **REFUND** - Subtract Lines 46, 47, and 48 from Line 45 and enter here 49 .00

a. Routing Number c. Checking Savings
 b. Account Number



Amount Due

50. If Line 33 is larger than Line 41 or Line 44, enter the difference. Amount of UNDERPAYMENT 50 . 00

51. Underpayment of estimated tax penalty - Attach Form MO-2210. Enter penalty amount here . . . 51 . 00

Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

52. AMOUNT DUE - Add Lines 50 and 51. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically 52 . 00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under Section 143.561, RSMo. Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in Chapter 143, RSMo., a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

Signature

Signature Date (MM/DD/YY) [Signature Box] [Date Box] [Date Box] [Date Box]

Spouse's Signature (If filing combined, BOTH must sign) Date (MM/DD/YY) [Signature Box] [Date Box] [Date Box] [Date Box]

E-mail Address Daytime Telephone SYAM@GTAXFILE.COM 4083342979

Preparer's Signature Date (MM/DD/YY) SYAM PRIYA RAM SAGAR GUPTA TALLAM 02 12 21

Preparer's FEIN, SSN, or PTIN Preparer's Telephone 30-1017196 6789659522

Preparer's Address State ZIP Code 2530 PEBBLE CREEK LN CUMMING GA 30041

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm Yes No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. Yes No

Department Use Only

A FA E10 DE F [] . []

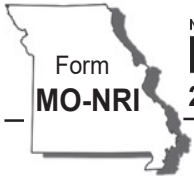
(Revised 12-2020)

Mail To: Balance Due: Missouri Department of Revenue P.O. Box 329 Jefferson City, MO 65105-0329

Refund or No Amount Due: Missouri Department of Revenue P.O. Box 500 Jefferson City, MO 65105-0500

Phone (Balance Due): (573) 751-7200 Phone (Refund or No Amount Due): (573) 751-3505 Fax: (573) 522-1762 E-mail: income@dor.mo.gov





Resident/Nonresident Status - Select your status in the appropriate box below.

Social Security Number

899 - 54 - 9438

Name

CHEVVA, SRINIVAS

Address

3 PARK LANE WEST APT 10

City, State, ZIP Code

MENANDS NY 12204

1. Nonresident of Missouri
State of residence during 2020 NEW YORK

Remote Work (See instructions on Form MO-NRI, page 3)

2. Part-Year Missouri Resident

Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2020.

A. Date From: _____ Date To: _____

B. Indicate the other state of residence and dates you resided there _____

Date From: _____ Date To: _____

Spouse's Social Security Number

844 - 52 - 9572

Spouse's Name

KATIKIREDDY, SUHRULLEKHA

Address

3 PARK LANE WEST APT 10

City, State, ZIP Code

MENANDS NY 12204

1. Nonresident of Missouri
State of residence during 2020 NEW YORK

Remote Work (See instructions on Form MO-NRI, page 3)

2. Part-Year Missouri Resident

Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2020.

A. Date From: _____ Date To: _____

B. Indicate the other state of residence and dates you resided there _____

Date From: _____ Date To: _____

Part A

Based on the **Military Spouse's Residency Relief Act**, if you are the spouse of a military servicemember residing outside of Missouri solely because your spouse is there on military orders, and Missouri is your state of residence, any income you earn is taxable to Missouri. **Do not complete Form MO-NRI.** You must report 100% on Line 29 of Form MO-1040.

3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

Missouri Home of Record
I did not at any time during the tax year 2020 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.

Non-Missouri Home of Record
I resided in Missouri during 2020 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.

3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

Missouri Home of Record
I did not at any time during the tax year 2020 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.

Non-Missouri Home of Record
I resided in Missouri during 2020 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.

Worksheet for Missouri Source Income

Part B

Adjusted Gross Income Computations	Federal Form 1040 or Federal Form 1040-SR Line No.	Yourself or One Income Filer		Spouse (On A Combined Return)	
		Missouri Sources		Missouri Sources	
A. Wages, salaries, tips, etc.	1	A	0.00	A	14138.00
B. Taxable interest income.	2b	B	00	B	00
C. Dividend income.	3b	C	00	C	00
D. State and local income tax refunds (from schedule 1, part 1)	1	D	00	D	00
E. Alimony received (from schedule 1, part 1)	2a	E	00	E	00
F. Business income or (loss) (from schedule 1, part 1)	3	F	00	F	00
G. Capital gain or (loss)	7	G	00	G	00
H. Other gains or (losses) (from schedule 1, part 1)	4	H	00	H	00
I. Taxable IRA distributions.	4b	I	00	I	00
J. Taxable pensions and annuities.	5b	J	00	J	00
K. Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1)	5	K	0.00	K	00
L. Farm income or (loss) (from schedule 1, part 1)	6	L	00	L	00
M. Unemployment compensation (from schedule 1, part 1)	7	M	00	M	00
N. Taxable social security benefits.	6b	N	00	N	00
O. Other income (from schedule 1, part 1)	8	O	00	O	00
P. Total - Add Lines A through O.		P	0.00	P	14138.00
Q. Less: federal adjustments to income.	10c	Q	00	Q	00
R. SUBTOTAL (Line P - Line Q) If no modifications to income, enter this amount on Part C, Line 1.	11	R	0.00	R	14138.00
S. Missouri modifications - additions to federal adjusted gross income (Missouri source from Form MO-1040, Line 2)		S	00	S	00
T. Missouri modifications - subtractions from federal adjusted gross income (Missouri source from Form MO-1040, Line 4)		T	00	T	00
U. MISSOURI INCOME (Missouri sources) Line R plus Line S, less Line T. Enter this amount on Part C, Line 1.		U	00	U	00

Missouri Income Percentage

Part C

	Yourself or One Income Filer		Spouse (On A Combined Return)	
1. Missouri Income - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600)	1Y	0.00	1S	14138.00
2. Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y and 5S or from your federal form if you are a military nonresident and you are not required to file a Missouri return)	2Y	68653.00	2S	14138.00
3. Missouri Income Percentage - Divide Line 1 by Line 2. If greater than 100%, enter 100%. (Round to a whole percent such as 91% instead of 90.5% and 90% instead of 90.4%. However, if percentage is less than 0.5%, use the exact percentage.) Enter percentage here and on Form MO-1040, Lines 29Y and 29S.	3Y	0 %	3S	100 %

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and believe it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.

Signature

Signature	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>
Spouse's Signature (if filing combined, BOTH must sign)	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>