

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 ► **DEVI PRIYA K GIRIJA RAVEENDRAN NA**

Your first name and middle initial PAVAN K	Last name PARVATHANENI	Your social security number 322-79-9275
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number 009-99-3220
Home address (number and street). If you have a P.O. box, see instructions. 1419 S GRAND AVE UNIT		Apt. no. 305
City, town, or post office. If you have a foreign address, also complete spaces below. AMES	State IA	ZIP code 50010
Foreign country name	Foreign province/state/county	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
					<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 Standard Deduction, see instructions.	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	80,383.	
	2a	Tax-exempt interest	2a	b Taxable interest	2b	
	3a	Qualified dividends	3a	b Ordinary dividends	3b	
	4a	IRA distributions	4a	b Taxable amount	4b	
	5a	Pensions and annuities	5a	b Taxable amount	5b	
	6a	Social security benefits	6a	b Taxable amount	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here			7	
	8	Other income from Schedule 1, line 9			8	-6,000.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9	74,383.
	10	Adjustments to income:				
	a	From Schedule 1, line 22	10a		10c	150.
	b	Charitable contributions if you take the standard deduction. See instructions	10b	150.	11	74,233.
	c	Add lines 10a and 10b. These are your total adjustments to income			12	12,400.
	11	Subtract line 10c from line 9. This is your adjusted gross income			13	
	12	Standard deduction or itemized deductions (from Schedule A)			14	12,400.
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A			15	61,833.	
14	Add lines 12 and 13					
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-					

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	9,392.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	9,392.
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	9,392.
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	9,392.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	10,747.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	10,747.
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	600.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	600.
33	Add lines 25d, 26, and 32. These are your total payments	33	11,347.

• 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	1,955.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,955.
b	Routing number 061092387		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 306021160		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the amount you owe now	37	
Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation NETWORK ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Joint return? See instructions. Keep a copy for your records.

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	08/27/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Firm's address			Phone no.
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041			(678) 965-9522
Firm's EIN				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
PAVAN K PARVATHANENI

Your social security number
322-79-9275

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	-6,000.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-6,000.

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

OMB No. 1545-0074

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

2020

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment
Sequence No. **13**

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

Your social security number

PAVAN K PARVATHANENI

322-79-9275

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	GANDHI NAGAR HYDERABD TELANGANA IN 500046				
B					
C					
1b	Type of Property (from list below)	2 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.	Fair Rental Days	Personal Use Days	QJV
A	3		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		600.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7		800.		
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				
14	Repairs.	14		1,500.		
15	Supplies	15		1,300.		
16	Taxes	16				
17	Utilities.	17		3,000.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		6,600.		
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		-6,000.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-6,000.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		600.		
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		6,600.		
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	(6,000.)		
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		-6,000.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Your first name, middle initial, and last name PAVAN K PARVATHANENI Spouse's first name, middle initial, and last name _____
 Your Social Security number 322-79-9275 Spouse's Social Security number _____
 Home address, City, State, ZIP 1419 S GRAND AVE UNIT , 305 AMES IA 50010

Part I Tax Return Information	B. Spouse (filing status 3)	A. You or Joint
1. Iowa Net Income (IA 1040, line 26 A & B)	1B _____ .00	1A <u>74,233</u> .00
2. Total Tax (IA 1040, line 42 A & B)	2B _____ .00	2A <u>3,385</u> .00
3. Iowa Income Tax Withheld (IA 1040, line 63 A & B)	3B _____ .00	3A <u>3,719</u> .00
4. Amount to be Refunded (IA 1040, line 68)		4. <u>240</u> .00
5. Total Amount Due (IA 1040, line 73)		5. _____ .00

Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return.)

6. I do not want direct deposit or direct debit.
 7. I consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

I authorize the Iowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated below for payment of my individual Iowa taxes owed on this return, and the financial institution to debit the entry to this account on _____ (the payment/settlement date). I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. This authorization is to remain in full force and effect until I notify IDR to terminate the authorization. To revoke (cancel) a payment, I must contact IDR at (515) 281-3114 or idref@iowa.gov. Payment cancellation requests must be received no later than five business days prior to the payment/settlement date. Note: This electronic withdrawal from your bank account will be identified with the ACH Company ID 4426004574. If you currently have a debit block on this account, contact your financial institution to request that they allow a withdrawal from your bank account by this ACH Company ID.

Name of financial institution: CHASE BANK

Routing Number

0	6	1	0	9	2	3	8	7
---	---	---	---	---	---	---	---	---

 The first two digits must be 01 through 12 or 21 through 32.

Account Number

3	0	6	0	2	1	1	6	0											
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

Type of Account: Savings Checking

Will this refund go to (or payment come from) an account outside the United States? Yes No

Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and statements for tax year ending December 31, 2020 and certify to the best of my knowledge and belief, it is true, correct and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedules, attachments, and statements be sent to the Iowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originator (ERO). In addition, by using software to prepare and transmit my return electronically, I consent to the disclosure to IDR of all information pertaining to the transmission of my tax return electronically. I authorize IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize IDR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if IDR does not receive full and timely payment of my tax liability I will remain liable for the tax liability and all applicable penalties and interest. I consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my return, refund, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. I understand that this declaration with required attachments must be forwarded upon request to IDR.

Your Signature _____ Date _____ Spouse Signature. If a joint return, both must sign. _____ Date _____

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

I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with IDR and have followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form IA 8453-IND should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whichever is later, to which the IA 8453-IND relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I have based this declaration on all information available to me.

ERO Signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO PTIN
Firm's name (or yours if self-employed) <u>GLOBAL TAXES LLC</u>				FEIN <u>30-1017196</u>
Address, City, State, ZIP <u>2530 PEBBLE CREEK LN CUMMING GA 30041</u>				Phone Number <u>(678)965-9522</u>
Paid Preparer Signature <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>	Date <u>08/27/2021</u>	Check if self-employed <input type="checkbox"/>		Preparer PTIN <u>P02082703</u>
Firm's name (or yours if self-employed) <u>GLOBAL TAXES LLC</u>				FEIN <u>30-1017196</u>
Address, City, State, ZIP <u>2530 PEBBLE CREEK LN CUMMING GA 30041</u>				Phone Number <u>(678)965-9522</u>

2020 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning _____ and ending _____

Step 1: Fill in all spaces. You must fill in your Social Security number (SSN).

Your last name: PARVATHANENI Your first name/middle initial: PAVAN K

Spouse's last name: _____ Spouse's first name/middle initial: _____

Current mailing address (number and street, apartment, lot, or suite number) or PO Box:
1419 S GRAND AVE UNIT , 305

City, State, ZIP:
AMES IA 50010

Spouse SSN: _____ Your SSN: 322-79-9275



Step 2 Filing Status: Mark one box only

1	<input type="checkbox"/> Single: Were you claimed as a dependent on another person's Iowa return? Yes <input type="checkbox"/> No <input type="checkbox"/>	Email Address: _____
2	<input type="checkbox"/> Married filing a joint return. (Two-income families may benefit by using status 3 or 4.)	Check this box if you or your spouse were 65 or older as of 12/31/20. <input type="checkbox"/>
3	<input type="checkbox"/> Married filing separately on this combined return. Spouse use column B.	Residence on 12/31/20: County No. <u>85</u> School District No. <u>225</u>
4	<input checked="" type="checkbox"/> Married filing separate returns. Spouse's name: <u>DEVI PRIYA K GIRIJA RAVEENDRAN NA</u> ▲ SSN: <u>009-99-3220</u> Net Income: \$ <u>0</u>	
5	<input type="checkbox"/> Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below.	
6	<input type="checkbox"/> Qualifying widow(er) with dependent child. Name: _____ SSN: _____	

Step 3 Exemptions

	B. Spouse (Filing Status 3 ONLY)	A. You or Joint
a. Personal Credit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3..... ▲	X \$ 40 = \$ _____	▲ <u>1</u> X \$ 40 = \$ <u>40</u>
b. Enter 1 for each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind..... ▲	X \$ 20 = \$ _____	▲ _____ X \$ 20 = \$ _____
c. Dependents: Enter 1 for each dependent..... ▲	X \$ 40 = \$ _____	▲ _____ X \$ 40 = \$ _____
d. Enter first names of dependents here _____	e. Total \$ _____	e. Total \$ <u>40</u>

Step 4 Reportable Social Security benefits as calculated on line 13 of Iowa Social Security Worksheet

	B. Spouse/Status 3 ▲	A. You or Joint ▲
	<u> </u>	<u> </u>

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
Step 5 Gross Income				
1. Wages, salaries, tips, etc.....1.	_____00	<u>80,383.00</u>		
2. Taxable interest income. If more than \$1,500, complete Sch. B.....2.	_____00	_____00		
3. Ordinary dividend income. If more than \$1,500, complete Sch. B.....3.	_____00	_____00		
4. Taxable alimony received.....4.	_____00	_____00		
5. Business income/(loss). See instructions.....5.	_____00	_____00		
6. Capital gain/(loss). See instructions.....6.	_____00	_____00		
7. Other gains/(losses). See instructions.....7.	_____00	_____00		
8. Taxable IRA distributions.....8.	_____00	_____00		
9. Taxable pensions and annuities.....9.	_____00	_____00		
10. Rents, royalties, partnerships, estates, etc. See instructions.....10.	_____00	<u>-6,000.00</u>		
11. Farm income/(loss). See instructions.....11.	_____00	_____00		
12. Unemployment compensation. See instructions.....12.	_____00	_____00		
13. Gambling winnings.....13.	_____00	_____00		
14. Other income, bonus depreciation, and section 179 adjustment.....14.	_____00	_____00		
15. Gross Income. Add lines 1-14.....15.	_____00	_____00	▲	<u>74,383.00</u>

NOTE: Use only blue or black ink, no pencils or red ink.

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
Step 6 Adjustments to Income				
16. Payments to an IRA, Keogh, or SEP.....16.	_____00	_____00		
17. Deductible part of self-employment tax.....17.	_____00	_____00		
18. Health insurance premium.....18.	_____00	<u>0.00</u>		
19. Penalty on early withdrawal of savings.....19.	_____00	_____00		
20. Alimony paid.....20.	_____00	_____00		
21. Pension/retirement income exclusion.....21.	_____00	_____00	▲	
22. Moving expense deduction from federal form 3903.....22.	_____00	_____00		
23. Iowa capital gain deduction; Include corresponding IA 100 schedule.....23.	_____00	_____00	▲	
24. Other adjustments <u>STMT ADJ</u>24.	_____00	<u>150.00</u>		
25. Total adjustments. Add lines 16-24.....25.	_____00	_____00	▲	<u>150.00</u>
26. Net Income. Subtract line 25 from line 15.....26.	_____00	_____00	▲	<u>74,233.00</u>

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
Step 7 Federal Taxes and Qualified Deductions				
27. Federal income tax refund/overpayment received in 2020.....27.	_____00	_____00	▲	
28. Self-employment/household employment/other federal taxes.....28.	_____00	_____00	▲	
29. Addition for federal taxes. Add lines 27 and 28.....29.	_____00	_____00		<u>0.00</u>
30. Total. Add lines 26 and 29.....30.	_____00	_____00		<u>74,233.00</u>
31. Federal tax withheld in 2020, federal estimated tax payments made in 2020, and federal taxes paid in 2020 for 2019 and prior years.....31.	_____00	<u>10,747.00</u>	▲	
32. Qualified business income deduction. 25.0% (.25) of federal amount. See instructions.....32.	_____00	_____00	▲	
33. DPAD 199A(g) deduction. 25.0% (.25) of federal amount.....33.	_____00	_____00	▲	
34. Total federal tax and other qualified deductions. Add lines 31, 32, and 33.....34.	_____00	_____00		<u>10,747.00</u>
35. Balance. Subtract line 34 from line 30. Enter here and on line 36, page 2.....35.	_____00	_____00	▲	<u>63,486.00</u>



2020 IA 1040, page 2

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
Step 8 Taxable Income				
36. BALANCE. From side 1, line 35		36.	.00	63,486.00
37. Deduction. Check one box <input checked="" type="checkbox"/> Itemized.(Include IA Schedule A) <input type="checkbox"/> Standard		37.	.00	2,110.00
38. TAXABLE INCOME. SUBTRACT line 37 from line 36		38.	.00	61,376.00
Step 9 Tax, Credits, and Check-off Contributions				
39. Tax from tables or alternate tax		39.	.00	3,385.00
40. Iowa lump-sum tax. See instructions		40.	.00	.00
41. Iowa alternative minimum tax. Include IA 6251		41.	.00	.00
42. Total tax. ADD lines 39, 40, and 41		42.	.00	3,385.00
43. Total exemption credit amount(s) from Step 3, side 1		43.	.00	40.00
44. Tuition and textbook credit for dependents K-12		44.	.00	.00
45. Volunteer firefighter/EMS/reserve peace officer credit		45.	.00	.00
46. Total credits. ADD lines 43, 44, and 45		46.	.00	40.00
47. BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter zero		47.	.00	3,345.00
48. Credit for nonresident or part-year resident. Must include IA 126 and federal return		48.	.00	.00
49. BALANCE. SUBTRACT line 48 from line 47. If less than zero, enter zero		49.	.00	3,345.00
50. Out-of-state tax credit. Must include IA 130		50.	.00	.00
51. BALANCE. SUBTRACT line 50 from line 49. If less than zero, enter zero		51.	.00	3,345.00
52. Other nonrefundable Iowa credits. Must include IA 148 Tax Credits Schedule		52.	.00	.00
53. BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter zero		53.	.00	3,345.00
54. School district surtax or EMS surtax. Take percentage from table; multiply by line 53		54.	.00	134.00
55. Total state and local tax. ADD lines 53 and 54		55.	.00	3,479.00
56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here		56.		3,479.00
57. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars.				
Fish/Wildlife 57a: <input checked="" type="checkbox"/> State Fair 57b: <input type="checkbox"/> Firefighters/Veterans 57c: <input type="checkbox"/> Child Abuse Prevention 57d: <input type="checkbox"/> Enter here		57.		.00
58. TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 56 and line 57 and enter here		58.		3,479.00
Step 10 Credits				
59. Iowa fuel tax credit. Include IA 4136		59.	.00	.00
60. Check One: Child and dependent care credit <input type="checkbox"/> OR <input checked="" type="checkbox"/> Early childhood development credit		60.	.00	.00
61. Iowa earned income tax credit. 15.0% (.15) of federal credit		61.	.00	.00
62. Other refundable credits. Include IA 148 Tax Credits Schedule		62.	.00	.00
63. Iowa income tax withheld		63.	.00	3,719.00
64. Estimated and voucher payments made for tax year 2020		64.	.00	.00
65. TOTAL. ADD lines 59 through 64 and enter here		65.	.00	3,719.00
66. TOTAL CREDITS. ADD columns A and B on line 65 and enter here		66.		3,719.00
Step 11 Refund				
67. If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid		67.		240.00
68. Amount of line 67 to be REFUNDED		68.		240.00
68a. Routing number: 0 6 1 0 9 2 3 8 7		68b. Type	Checking <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>
68c. Account number: 3 0 6 0 2 1 1 6 0				
69. Amount of line 67 to be applied to your 2021 estimated tax		69.	.00	.00
Step 12 Pay				
70. If line 66 is less than line 58, subtract line 66 from line 58. This is the AMOUNT OF TAX YOU OWE		70.		.00
71. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. Check if annualized income method is used		71.		.00
72. Penalty and interest <input checked="" type="checkbox"/> 72a. Penalty <input type="checkbox"/> 72b. Interest		72.		.00
73. TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here		73.		.00

Step 13 I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<input type="checkbox"/>				
Your signature	Date	Check if deceased	Date of death	SYAM PRIYA RAM SAGAR GUPTA TALLAM 08/27/2021	Preparer's signature
SIGN HERE	<input type="checkbox"/>				
Spouse's signature	Date	Check if deceased	Date of death	P02082703 30-1017196	Preparer's PTIN Firm's FEIN
		(571) 778-0411		(678) 965-9522	Daytime telephone number

This return is due April 30, 2021. Sign, enclose W-2s, and verify SSNs.
MAILING ADDRESS: Iowa Income Tax Document Processing,
PO BOX 9187, Des Moines IA 50306-9187
Make check payable to Iowa Department of Revenue



Name
PAVAN K PARVATHANENI

Social Security No.
322-79-9275

	Spouse/Status 3	You or Joint
a		
b		
c		
d		
e		
f		
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k		
l		
m		
n		
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aa		
bb		
cc		
dd		
1		
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ee		
ff		0.
gg		
hh		
ii		
jj		150.
kk		
ll		
Totals		150.