

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 SURENDHAR	Last name GUTTA	Your social security number 676-26-2564
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 11320 YULE MARBLE HTS		Apt. no.	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 checked="" type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. COLORADO SPRINGS	State CO	ZIP code 80903	
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

	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	150,195.
Attach Sch. B if required.	2a Tax-exempt interest	2a	2b	
	3a Qualified dividends	3a	3b	
	4a IRA distributions	4a	4b	
	5a Pensions and annuities	5a	5b	
	6a Social security benefits	6a	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	-7,865.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9	142,330.
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	10 Adjustments to income:			
	a From Schedule 1, line 22	10a		
	b Charitable contributions if you take the standard deduction. See instructions	10b		
	c Add lines 10a and 10b. These are your total adjustments to income		10c	
	11 Subtract line 10c from line 9. This is your adjusted gross income		11	142,330.
	12 Standard deduction or itemized deductions (from Schedule A)		12	12,400.
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A		13	
	14 Add lines 12 and 13		14	12,400.
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	129,930.

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	25,263.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	25,263.
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	25,263.
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	25,263.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	27,779.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	27,779.
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	
31	Amount from Schedule 3, line 13	31	808.
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	808.
33	Add lines 25d, 26, and 32. These are your total payments	33	28,587.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,324.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,324.
b	Routing number 082000073		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 487005867858		
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	
Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

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

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

Sign Here

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/16/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Phone no.			
GLOBAL TAXES LLC	(678) 965-9522			
Firm's address	Firm's EIN			
2530 Pebble Creek Ln Cumming GA 30041	30-1017196			

**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
SURENDHAR GUTTA

Your social security number
676-26-2564

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	-7,865.
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	-7,865.

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 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 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
SURENDHAR GUTTA

Your social security number
676-26-2564

Part I Nonrefundable Credits

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

Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962	8	
9	Amount paid with request for extension to file (see instructions)	9	
10	Excess social security and tier 1 RRTA tax withheld	10	808.
11	Credit for federal tax on fuels. Attach Form 4136	11	
12	Other payments or refundable credits:		
a	Form 2439	12a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b	
c	Health coverage tax credit from Form 8885	12c	
d	Other: _____	12d	
e	Deferral for certain Schedule H or SE filers (see instructions)	12e	
f	Add lines 12a through 12e	12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	13	808.

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

BAA

REV 02/07/21 PRO

Schedule 3 (Form 1040) 2020

DO NOT WRITE IN THESE SPACES

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

Your social security number

SURENDHAR GUTTA

676-26-2564

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	EWS:413, KPHB COLONY HYDERABAD TELANGANA IN 500072				
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		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
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	620.		
4	Royalties received	4			

Expenses:			A	B	C
5	Advertising	5	150.		
6	Auto and travel (see instructions)	6	410.		
7	Cleaning and maintenance	7	275.		
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	7,400.		
14	Repairs.	14	250.		
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	8,485.		

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** -7,865.

22 Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) **22** (-7,865.)

23a	Total of all amounts reported on line 3 for all rental properties	23a	620.		
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	8,485.		

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** (7,865.)

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** -7,865.

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form8889 for instructions and the latest information.**

2020
Attachment
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SURENDHAR GUTTA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **676-26-2564**

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions	▶	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2		0.
3	If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others , see the instructions for the amount to enter	3		3,550.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs	4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5		3,550.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6		3,550.
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7		0.
8	Add lines 6 and 7	8		3,550.
9	Employer contributions made to your HSAs for 2020	9		84.
10	Qualified HSA funding distributions	10		
11	Add lines 9 and 10	11		84.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		3,466.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13		0.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
c	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b	

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box	21	



208453 11555

State of Colorado Individual Income Tax Declaration for Electronic Filing
Do not mail this form to the IRS or the Colorado Department of Revenue. Retain with your records.

Form with fields for Taxpayer SSN or ITIN, Spouse SSN or ITIN, Submission ID, Taxpayer Last Name, Taxpayer First Name, Middle Initial, Spouse Last Name, Spouse First Name, Street Address, Phone Number, City, State, Zip.

Part I - Tax Return Information

Table with 6 rows showing tax return information: Total Income, Taxable Income, Colorado Tax, Colorado Tax Withheld, Refund, Amount You Owe.

Part II - Declaration of Tax Payer

Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my 2020 Federal/Colorado income tax returns...

Signature and Date fields for Taxpayer and Spouse.

Part III - Declaration of ERO/Preparer/Transmitter

If the transmitter did not prepare the tax return, check here []

If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's 2020 Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's 2020 Federal/Colorado income tax returns...

ERO's Signature and Preparer Identification Number or Your SSN fields.

Check if also Preparer [X] and Date (MM/DD/YY) 02/16/21



200900 11555

(0011)

2020 Individual Income Tax Payment Form (Calendar year—Due April 15, 2021)

Caution!

This form **MUST** accompany your payment if you filed electronically and wish to pay by check.
If you paid electronically or do not owe a payment do not file this form.

The Department strongly recommends that you file using Revenue Online (Colorado.gov/RevenueOnline) or another electronic filing method and remit your payment electronically or by EFT. Information on EFT can be found at Colorado.gov/Revenue/EFT

To pay by mail, make the check or money order payable to the "Colorado Department of Revenue." Be sure to round your payment to the nearest dollar. Clearly write your

Social Security number or ITIN and "2020 DR 0104" on the memo line. Be sure to keep a copy of the money order or note the check number with your tax records.

Complete the form below. The amount on the check and the amount entered on the payment form must be the same. This will help maintain accuracy in your tax account.

DO NOT submit the DR 0104 if you have already filed electronically.

DO NOT CUT – Return Full Page

DR 0900 (08/17/20)			
Return the DR 0900 with check or money order payable to the "Colorado Department of Revenue". Mail payments to Colorado Department of Revenue, Denver, Colorado 80261-0008. These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required. Write your Social Security number or ITIN and "2020 DR 0104" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this form.			
SSN or ITIN			
676-26-2564			
Your Last Name		First Name	Middle Initial
GUTTA		SURENDHAR	
Spouse's SSN or ITIN			
Spouse's Last Name (if joint)		Spouse's First Name	Middle Initial
Address			
11320 YULE MARBLE HTS			
City		State	ZIP
COLORADO SPRINGS		CO	80903
			Amount of Payment
The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.			\$ 849.00

DO NOT CUT – Return Full Page

IF NO PAYMENT IS DUE, DO NOT FILE THIS FORM



200104 11555

DR 0104 (10/19/20)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov
Page 1 of 4
(0013)



2020 Colorado Individual Income Tax Return

Full-Year Part-Year or Nonresident (or resident, part-year, non-resident combination) Mark if Abroad on due date – see instructions
*Must include DR 0104PN

Your Last Name		Your First Name		Middle Initial	
GUTTA		SURENDHAR			
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased <input type="checkbox"/>			
06/15/1992	676-26-2564	If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.			
Enter the following information from your current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance	
If Joint, Spouse's Last Name		Spouse's First Name		Middle Initial	
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceased <input type="checkbox"/>			
		If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.			
Enter the following information from your spouse's current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance	
Mailing Address			Phone Number		
11320 YULE MARBLE HTS			(870) 273-4075		
City	State	Zip Code	Foreign Country (if applicable)		
COLORADO SPRINGS	CO	80903			
Round To The Nearest Dollar					
1. Enter Federal Taxable Income from your federal income tax form: 1040 line 15 or 1040 SR line 15				129930	00
● 1					
Include W-2s and 1099s with CO withholding.					
Additions to Federal Taxable Income					
2. State Addback, enter the state income tax deduction from your federal form 1040 or 1040 SR schedule A, line 5a (see instructions)					00
● 2					
3. Business Interest Expense Deduction Addback (see instructions)					00
● 3					



200104 21555

Name		SSN or ITIN
SURENDHAR GUTTA		676-26-2564
4. Excess Business Loss Addback (see instructions)	• 4	00
5. Net Operating Loss Addback (see instructions)	• 5	00
6. Other Additions, explain (see instructions)	• 6	00
Explain:		
7. Subtotal, sum of lines 1 through 6	7	129930 00
Colorado Subtractions		
8. Subtractions from the DR 0104AD Schedule, line 20, you must submit the DR 0104AD schedule with your return.	• 8	00
9. Colorado Taxable Income, subtract line 8 from line 7	• 9	129930 00
Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year DR 0104PN Schedule		
10. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable.	• 10	1242 00
11. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return.	• 11	975 00
12. Recapture of prior year credits	• 12	00
13. Subtotal, sum of lines 10 through 12	13	2217 00
14. Nonrefundable Credits from the DR 0104CR line 43, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 0104CR with your return.	• 14	00
15. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the DR 1366 line 87, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 1366 with your return.	• 15	00
16. Strategic Capital Tax Credit from DR 1330, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 1330 with your return.	• 16	00
17. Net Income Tax, sum of lines 14, 15, and 16. Subtract that sum from line 13.	17	2217 00
18. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return.	• 18	00
19. Net Colorado Tax, sum of lines 17 and 18	19	2217 00
20. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return.	• 20	1368 00
21. Prior-year Estimated Tax Carryforward	• 21	00
22. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year	• 22	00
23. Extension Payment remitted with the DR 0158-I	• 23	00
24. Other Prepayments: <input type="checkbox"/> • DR 0104BEP <input type="checkbox"/> • DR 0108 <input type="checkbox"/> • DR 1079 • 24		00



200104 31555

Name	SSN or ITIN
SURENDHAR GUTTA	676-26-2564

25. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return.	• 25		00
26. Innovative Motor Vehicle Credit from the DR 0617, you must submit each DR 0617 with your return.	• 26	0	00
27. Refundable Credits from the DR 0104CR line 9, you must submit the DR 0104CR with your return.	• 27		00
28. Subtotal, sum of lines 20 through 27	28	1368	00
29. Federal Adjusted Gross Income from your federal income tax form: 1040 line 11, or 1040 SR line 11	• 29	142330	00
30. Overpayment, if line 28 is greater than line 19 then subtract line 19 from line 28	30		00
31. Estimated Tax Credit Carryforward to 2021 first quarter, if any.	• 31		00

If you have an overpayment on line 32 below and would like to donate all or a portion of your overpayment to a qualified Colorado charity, include Form DR 0104CH to contribute.

32. Refund, subtract line 31 from line 30 (see instructions)	• 32		00
--	------	--	----

Direct Deposit

Routing Number Type: Checking Savings CollegeInvest 529

Account Number

For questions regarding CollegeInvest direct deposit or to open an account, visit CollegeInvest.org or call 800-448-2424.

33. Net Tax Due, subtract line 28 from line 19	33	849	00
34. Delinquent Payment Penalty (see instructions)	• 34		00
35. Delinquent Payment Interest (see instructions)	• 35		00
36. Estimated Tax Penalty, you must submit the DR 0204 with your return. (see instructions)	• 36		00
37. Amount You Owe, sum of lines 33 through 36	• 37	849.00	

The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.



200104 41555

Name		SSN or ITIN	
SURENDHAR GUTTA		676-26-2564	
Third Party Designee			
Do you want to allow another person to discuss this return and any related information with the Colorado Department of Revenue? See the instructions.			
		<input checked="" type="radio"/> No • <input type="radio"/> Yes. Complete the following:	
Designee's Name		Phone Number	
•		•	
Sign Below Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct and complete.			
Your Signature		Date (MM/DD/YY)	
Spouse's Signature. If joint return, BOTH must sign.		Date (MM/DD/YY)	
Paid Preparer's Name		Paid Preparer's Phone	
GLOBAL TAXES LLC		(678)965-9522	
Paid Preparer's Address		City	State Zip
2530 PEBBLE CREEK LN		CUMMING	GA 30041

File and pay at: Colorado.gov/RevenueOnline

<p>If you are filing this return with a check or payment, please mail the return to:</p> <p>COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0006</p>	<p>If you are filing this return without a check or payment, please mail the return to:</p> <p>COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0005</p>
<p>These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.</p>	

DO NOT MAIL



200104PN11555



DR 0104PN (01/11/21)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov
Page 1 of 3

Form 104PN

Part-Year Resident/Nonresident Tax Calculation Schedule 2020

Taxpayer's Name	SSN or ITIN
SURENDHAR GUTTA	676-26-2564

Use this form if you and/or your spouse were a resident of another state for all or part of 2020. This form apportions your gross income so that Colorado tax is calculated for only your Colorado income. Complete this form after you have filled out lines 1 through 9 of the DR 0104. If you filed federal form 1040NR, see the instructions.

1. Taxpayer is (mark one): Full-Year Nonresident Part-Year Resident from

Beginning (MM/YY)	Ending (MM/YY)

Full-Year Resident Nonresident 305-day rule Military

2. Spouse is (mark one): Full-Year Nonresident Part-Year Resident from

Beginning (MM/YY)	Ending (MM/YY)

Full-Year Resident Nonresident 305-day rule Military

3. Mark the federal form you filed: 1040 1040 NR 1040 SR Other

	Federal Information	Colorado Information
4. Enter all income from form 1040 line 1 or 1040 SR line 1. ● 4	150195 00	
5. Enter income from line 4 that was earned while working in Colorado and/or earned while you were a Colorado resident. Part-year residents should include moving expense reimbursements only if paid for moving into Colorado. ● 5		29890 00
6. Enter the sum of all interest/dividend income from form 1040 lines 2b and 3b or form 1040 SR lines 2b and 3b. ● 6		
7. Enter income from line 6 that was earned while you were a resident of Colorado or derived from the ownership of real or tangible personal property located in Colorado. ● 7		
8. Enter all income from form 1040, Schedule 1, line 7 or 1040 SR, Schedule 1, line 7. ● 8		
9. Enter income from line 8 that is from State of Colorado unemployment benefits; and/or is from another state's benefits that were received while you were a Colorado resident. ● 9		
10. Enter all income from line 7 of form 1040 or 1040 SR and line 4 of Schedule 1 of form 1040 or 1040 SR. ● 10		
11. Enter income from line 10 that was earned during that part of the year you were a Colorado resident and/or was earned on property located in Colorado. ● 11		



200104PN21555

Form with fields for Name (SURENDHAR GUTTA), SSN or ITIN (676-26-2564), and various income and adjustment lines (12-23) with Federal and Colorado information columns.



200104PN31555

Name		SSN or ITIN	
SURENDHAR GUTTA		676-26-2564	
		Federal Information	Colorado Information
24. Adjusted Gross Income. Enter amount from form 1040 line 11 or 1040 SR line 11. 24	142330	00	
25. Colorado Adjusted Gross Income. Subtract the amount on line 23 of Form 104PN from the amount on line 21 of Form 104PN. 25			29890 00
26. Additions to Adjusted Gross Income. Enter the sum of lines 3, 4, 5, and 6 of Colorado Form 104 excluding any charitable contribution adjustments. • 26		00	
27. Additions to Colorado Adjusted Gross Income. Enter any amount from line 26 that is from non-Colorado state or local bond interest earned while a Colorado resident.* • 27			00
28. Total of lines 24 and 26 28	142330	00	
29. Total of lines 25 and 27 29			29890 00
30. Subtractions from Adjusted Gross Income. Enter the amount from line 8 of Colorado Form 104 excluding any qualifying charitable contributions. • 30		00	
31. Subtractions from Colorado Adjusted Gross Income. Enter any amount from line 30 as follows: • 31			00
<ul style="list-style-type: none"> • The state income tax refund subtraction to the extent included on line 19 above • The federal interest subtraction to the extent included on line 7 above • The pension/annuity subtraction and the PERA or DPS retirement subtraction to the extent included on line 13 above • The Colorado capital gain subtraction to the extent included on line 20 above <p>For treatment of other subtractions, see the Individual Income Tax Guide and/or the Income Tax Topics: Part-Year Residents & Nonresidents.</p>			
32. Modified Adjusted Gross Income. Subtract line 30 from line 28. 32	142330	00	
33. Modified Colorado Adjusted Gross Income. Subtract line 31 from line 29. 33			29890 00
34. Divide line 33 by line 32. Round to four significant digits, e.g. xxx.xxxx 34	21.0005	%	
35. Tax from the tax table based on income reported on the DR 0104 line 9 35			5912 00
36. Apportioned tax. Multiply line 35 by the percentage on line 34. Enter here and on DR 0104 line 10. 36	1242	00	

* See the Individual Income Tax Guide and/or the Income Tax Topics: Part-Year Residents & Nonresidents for treatment of other additions.



200104AM11555

2020 Colorado Alternative Minimum Tax Computation Schedule

Last Name	First Name	Middle Initial	SSN or ITIN
GUTTA	SURENDHAR		676-26-2564
Round to the nearest dollar			
1. Amount from line 6 Federal Form 6251. If line 5 of form 6251 is larger than line 4, Form 6251, enter the amount here		1	69430 00
2. The sum of lines 3, 4, and 6, form DR 0104, see instructions on page 1		2	00
3. Sum of lines 1 and 2		3	69430 00
4. Subtractions from the DR 0104AD excluding the State Income Tax Refund (line 1, DR 0104AD)		4	00
5. Subtract line 4 from line 3		5	69430 00
6. Amount on line 5 multiplied by 3.47%. In the case of nonresident or part-year resident taxpayer apportioned at:		6	2217 00
		92.0185 %	
7. Colorado normal tax from line 10, form DR 0104		7	1242 00
8. Colorado alternative minimum tax, the amount by which line 6 exceeds line 7		8	975 00
Submit this form with your paper form DR 0104, Colorado Income Tax Return, or submit electronically at Colorado.gov/RevenueOnline using the E-file Attachment option.			

REV 01/27/21 PRO

DONOR

PA-40 - 2020

Social Security Number

676262564

Name(s) SURENDHAR GUTTA

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).

13 Total PA Tax Withheld. See the instructions.

14 Credit from your 2019 PA Income Tax return.

15 2020 Estimated Installment Payments. REV-459B included.

16 2020 Extension Payment.

17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)

18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

Tax Forgiveness Credit. Submit PA Schedule SP.

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased

19b Dependents, Section II, Line 2, PA Schedule SP

20 Total Eligibility Income from Section III, Line 11, PA Schedule SP.

21 Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.

22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.

23 Total Other Credits. Submit your PA Schedule OC.

24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.

25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.

26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.

27 Penalties and Interest. See the instructions. Enter Code: N
If including form REV-1630/REV-1630A, mark the box.

28 TOTAL PAYMENT DUE. See the instructions.

29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.

The total of Lines 30 through 36 must equal Line 29.

30 Refund - Amount of Line 29 you want as a check mailed to you. REFUND

31 Credit - Amount of Line 29 you want as a credit to your 2021 estimated account.

32 Refund donation line. Enter the organization code and donation amount. See instructions.

33 Refund donation line. Enter the organization code and donation amount. See instructions.

34 Refund donation line. Enter the organization code and donation amount. See instructions.

35 Refund donation line. Enter the organization code and donation amount. See instructions.

36 Refund donation line. Enter the organization code and donation amount. See instructions.

12		348
13		348
14		0
15		0
16		0
17		0
18		0
19a	00	
19b	00	
20		0
21		0
22		0
23		0
24		348
25		0
26		0
27		0
28		0
29		0
30		0
31		0
32		
33		
34		
35		
36		

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature	Spouse's Signature, if filing jointly
----------------	---------------------------------------

Preparer's Name and Telephone Number SYAM PRIYA RAM SAGAR GUPTA TALLAM 6789659522	Date 021621
---	----------------

E-File Opt Out

N

Firm FEIN

301017196

Preparer's PTIN

P02082703



PA SCHEDULE E
Rents and Royalty Income (Loss)

2001410022

PA-40 E (EX) 06-20 (I)
PA Department of Revenue

2020

OFFICIAL USE ONLY

Name of the taxpayer filing this schedule
SURENDHAR GUTTA

Social Security Number (shown first) or EIN
676-26-2564

Sales Tax License Number (if applicable). See the instructions. _____ Are rental payments made by lessees through a third party broker? Yes No

See the instructions. Report the income and expenses for the use of your personal property by others. Also, report the income you received for the extraction of oil, gas and other minerals from your property, and the use of your patents and copyrights. **Note:** If you are in the business of renting your property, extracting minerals from your property or producing products from your patents and copyrights – use PA Schedule C.

SECTION I PROPERTY DESCRIPTION

Enter the type and complete address of each rental real estate property, and/or each source of royalty income. See the instructions.

Type	Description of Property	For Profit Property	Complete Address (street, city, state and ZIP code)
A 3	EWS:413, KPHB COLONY	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	EWS:413, KPHB COLONY HYDERABAD, TELANGANA, 500072, India
B		YES <input type="checkbox"/> NO <input type="checkbox"/>	
C		YES <input type="checkbox"/> NO <input type="checkbox"/>	

Property type: 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: _____

SECTION II INCOME & EXPENSES

	Property A	Property B	Property C
Line a: Identify the property from Section I and indicate ownership (T/S/J)	<input checked="" type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J	<input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J	<input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J
Line b: Is the property rental location in PA?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Line c: Is the property rented for any period less than 30 days?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Income: 1. Rent received	620		
2. Royalties received			
Expenses: 3. Advertising	150		
4. Automobile and travel	410		
5. Cleaning and maintenance	275		
6. Commissions			
7. Insurance			
8. Legal and professional fees			
9. Management fees			
10. Mortgage interest			
11. Other interest	7,400		
12. Repairs	250		
13. Supplies			
14. Taxes - not based on net income			
15. Utilities			
16. Depreciation expense - See the instructions			
17. Other expenses (itemize):			
18. Total Expenses - Add Lines 3 through 17	8,485		
Income or Loss: 19. Income – Subtract Line 18 from Line 1 or 2			
20. Loss – Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss)	<input type="checkbox"/> 0 <input type="checkbox"/>		
21. Net Income or Loss - Total Lines 19 and 20 for short-term rentals. See the instructions. (fill in the oval, if a net loss)			
22. Net Income or Loss - Total Lines 19 and 20 for non short-term rentals. See the instructions. (fill in the oval, if a net loss)			0
23. Rent or royalty income (loss) from PA S corporation(s) and partnerships from your PA Schedule(s) RK-1 or NRK-1. (fill in the oval, if a net loss)			
24. Net Rent and Royalty Income (Loss). Add Lines 22 and 23. If submitting more than one schedule, total all Line 22 and 23 amounts and include on Line 6 of your PA-40. (fill in the oval, if a net loss)			0

REV 02/06/21 PRO

1555



2001410022

2001410022

Declaration Control Number/Submission ID

Primary Taxpayer's Name SURENDHAR GUTTA	Social Security Number 676-26-2564
Secondary Taxpayer's Name	Social Security Number

SECTION I TAX RETURN INFORMATION – TAX YEAR ENDING DEC. 31, 2020 (whole dollars only)

1. Adjusted PA Taxable Income (Form PA-40, Line 11)	1.	11,333
2. PA Tax Liability (Form PA-40, Line 12)	2.	348
3. Total PA Tax Withheld (Form PA-40, Line 13)	3.	348
4. Refund (Form PA-40, Line 30)	4.	
5. Total Payment (Tax Due) (Form PA-40, Line 28)	5.	0

SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2020 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Section I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

Primary Taxpayer's Personal Identification Number (PIN): (mark one oval only)

- I authorize GLOBAL TAXES LLC to enter my PIN 62564 as my signature on my tax year 2020 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return.

Signature _____ Date _____

Secondary Taxpayer's PIN: (mark one oval only)

- I authorize _____ to enter my PIN _____ as my signature on my tax year 2020 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return.

Signature _____ Date _____

Practitioner PIN Program Participants Only – Continue Below

SECTION III CERTIFICATION AND AUTHENTICATION

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 587278 / 61989

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2020 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's signature _____ Date _____

ERO must retain this form and the supporting documents for three years.

DO NOT SUBMIT THIS FORM TO THE PENNSYLVANIA DEPARTMENT OF REVENUE

Name
SURENDHAR GUTTA

Social Security Number
676-26-2564

Federal Forms W-2

# of W2	* N T / T X B L	TS	N R H	Employer Name Employer identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax withheld from box 17	ST ID
1		T		WESTERN UNION LLC 20-4561550	41,224. 41,765.	11,333. 348.	PA
1	X	T		WESTERN UNION LLC 20-4561550		29,890. 0.	CO
2	X	T		VIRTUSA CORPORATION 04-3512883	108,971. 108,971.	108,971. 0.	IN

	Taxpayer	Spouse
Pennsylvania W-2	11,333.	0.
Pennsylvania W-2 to Schedule NRH, line 9		
Federal Form 4137, Unreported Tips, line 6		
Non-Pennsylvania W-2 to Schedule SP, line 6	138,861.	
Withholding	348.	

Federal Forms W-2: Local Tax

# of W2	* N T / T X B L	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID

	Taxpayer	Spouse
Pennsylvania Local W-2		
Federal Form 4137, Unreported Tips, line 6		
Withholding		

Excess Reimbursements

*	Description	Employer's EIN	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements		

Miscellaneous Compensation from Federal Forms 1099MISC, 1099K, 1099NEC, and other statements

*	Payer Name	Payer EIN	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

Pennsylvania Payment type:

- | | |
|--|--|
| <p>A Executor fee
 B Jury duty pay
 C Director's fee
 D Expert witness fee
 E Honorarium
 F Covenant not to compete
 G Damages or settlement for lost wages, other than personal injury</p> | <p>H Other nonemployee compensation.
Describe: _____
 I Employer sponsored retirement/pension/deferred compensation plan
 J Distribution from IRA (Traditional or Roth)
 K Distribution from Life Insurance, Annuity or Endowment Contracts
 L Distribution from Charitable Gift Annuities
 M Distribution from Employee Stock Ownership Plan.
Describe: _____
 N Fiduciary fees from a trust
 O Other income not listed above
Describe: _____</p> |
|--|--|

	Taxpayer	Spouse
Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC.		
Withholding		

Compensation from Federal Forms 1099R

*	Payer's EIN Payer's Name	T S	Fed #	PA Type	Gross Distribution	Basis	PA Taxable	PA Tax Withheld
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax - PA Part-Year and Nonresidents Only.

Pennsylvania Distribution type:

- | | |
|--|---|
| <p>N No entry
 I31 PA school, state, or municipal employee plan
 I11 United Mine Workers pension
 I32 Military pension
 I33 U.S. Civil service retirement/disability/annuity
 K1 Annuity or Non-civil service disability (including Qual Joint Survivorship Annuity)
 I21 Early distribution from a retirement plan
 I12 Rollover
 I13 I'm eligible; plan is eligible (no PA tax)</p> | <p>I22 I'm not eligible yet; plan is eligible in PA
 J1 Traditional or Roth IRA; I'm over 59.5
 J2 Traditional or Roth IRA; I'm under 59.5
 K2 Non-qualified deferred compensation plan
 K3 Life insurance or endowment
 L Distribution from Charitable Gift Annuities
 M1 ESOP: Allocated ESOP Stock Dividend
 M2 ESOP: Non-Allocated ESOP Stock Dividend
 M3 KSOP: Taxable ESOP within a 401(k)
 M4 KSOP: Nontaxable ESOP within a 401(k)</p> |
|--|---|

	Taxpayer	Spouse
Distribution from Life Insurance, Annuity, Endowment Contracts or ineligible retirement plans (see Tax Help FAQ's for more info)		
Distribution from Charitable Gift Annuities		
Compensation from Form 1099R (eligible retirement plans)		
Withholding		

Total Gross Compensation

	Taxpayer	Spouse
Total gross compensation to Form PA-40 line 1a	11,333.	0.
Total Schedule NRH gross compensation to PA-40, line 12		
Withholding to Form PA-40 line 13	348.	

Total gross compensation to Form PA-40 line 1a	11,333.
--	---------

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.

2020 Individual PFC Letter

Dear Taxpayer:

Your 2020 Indiana Individual Income Tax return indicates a total tax amount of \$ 821.00 is owed to the Indiana Department of Revenue.

As a reminder, you must pay this amount in full no later than April 15, 2021. Any portion not paid by that date will be subject to penalties and interest.

You can take care of this obligation by doing one of the following:

1. Pay online via eCheck or credit card by visiting <https://www.in.gov/dor/4340.htm>. At this site you can either pay in full or make partial payments by selecting "Individual" and "Tax Return Payment" options. Have your SSN ready for identification purposes. If paying by credit card, a fee will be charged by the credit card processor based on the amount you are paying. If paying by electronic check, a fee of \$1 will be charged by the bank. You can make partial payments, but must still pay the entire amount by April 15, 2021 to avoid penalty and interest.
2. Pay by check or money order using the coupon at the bottom of this letter. If you did not electronically file your state return and will submit the payment with your tax return, then do not include the payment coupon below. If you are sending in your return separately from your payment, then mail your payment and the tear-off coupon at the bottom of this letter to: Indiana Department of Revenue, PO Box 1674, Indianapolis, IN 46206-1674. Make your check or money order payable to "Indiana Department of Revenue". DO NOT SEND CASH.

Remember, you must take action on this debt no later than April 15, 2021, to avoid penalty and interest.

Sincerely,

Indiana Department of Revenue
317-232-2240

Cut on line before mailing

REV 01/02/21 PRO

POST FILING COUPON

PFC 0912

1030

"Electronic calculation and processing of state tax liabilities serve as a convenience for Indiana taxpayers. The taxpayer remains responsible for providing accurate information and remains liable for payment of the correct amount of tax."

*SSN 1 676 26 2564
*SSN 2
Period End Date 12 31 2020
Date Due 04 15 2021
Tax Type IND

Mail and make check payable to
INDIANA DEPARTMENT OF REVENUE
P.O. BOX 1674
INDIANAPOLIS, IN 46206-1674

SURENDHAR GUTTA

Amount Due:

821.00

11320 YULE MARBLE HTS

COLORADO SPRINGS CO 80903

06000067626256402000010111231202008

2020

**Indiana Full-Year Resident
Individual Income Tax Return**

Due April 15, 2021

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from to:

Place "X" in box
if amending

Your Social Security Number 676 26 2564

Spouse's Social Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name SURENDHAR Initial Last name GUTTA Suffix

If filing a joint return, spouse's first name Initial Last name Suffix

Present address (number and street or rural route) 11320 YULE MARBLE HTS Place "X" in box if you are married filing separately.

City COLORADO SPRINGS State CO Zip/Postal code 80903

Foreign country 2-character code (see instructions)

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40) for the county where you lived and worked on January 1, 2020.

County where you lived 49 County where you worked 49 County where spouse lived County where spouse worked

Round all entries

1. Enter your federal adjusted gross income from your federal income tax return, Form 1040 or Form 1040-SR, line 11	Federal AGI	<input type="text"/> 1 <input type="text"/> 142330 <input type="text"/> .00
2. Enter amount from Schedule 1, line 7, and enclose Schedule 1	Indiana Add-Backs	<input type="text"/> 2 <input type="text"/> .00
3. Add line 1 and line 2		<input type="text"/> 3 <input type="text"/> 142330 <input type="text"/> .00
4. Enter amount from Schedule 2, line 12, and enclose Schedule 2	Indiana Deductions	<input type="text"/> 4 <input type="text"/> .00
5. Subtract line 4 from line 3		<input type="text"/> 5 <input type="text"/> 142330 <input type="text"/> .00
6. You must complete Schedule 3. Enter amount from Schedule 3, line 6, and enclose Schedule 3	Indiana Exemptions	<input type="text"/> 6 <input type="text"/> 1000 <input type="text"/> .00
7. Subtract line 6 from line 5	Indiana Adjusted Gross Income	<input type="text"/> 7 <input type="text"/> 141330 <input type="text"/> .00
8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323) (if answer is less than zero, leave blank)		<input type="text"/> 8 <input type="text"/> 4565 <input type="text"/> .00
9. County tax. Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank)		<input type="text"/> 9 <input type="text"/> 2855 <input type="text"/> .00
10. Other taxes. Enter amount from Schedule 4, line 4 (enclose sch.)		<input type="text"/> 10 <input type="text"/> .00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back	Indiana Taxes	<input type="text"/> 11 <input type="text"/> 7420 <input type="text"/> .00



15120111030

12. Enter credits from Schedule 5, line 10 (enclose schedule) .00

13. Enter offset credits from Schedule 6, line 8 (enclose schedule) .00

14. Add lines 12 and 13 _____ **Indiana Credits** .00

15. Enter amount from line 11 _____ **Indiana Taxes** .00

16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23) .00

17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16 .00

18. Subtract line 17 from line 16 _____ **Overpayment** .00

19. Amount from line 18 to be applied to your 2021 estimated tax account (see instructions).
 Enter your county code county tax to be applied \$.00
 Spouse's county code county tax to be applied \$.00
 Indiana adjusted gross income tax to be applied \$.00
 Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) .00

20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A .00

21. **Refund:** Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 ___ **Your Refund** .00

22. **Direct Deposit** (see instructions)
 a. Routing Number
 b. Account Number
 c. Type: Checking Savings Hoosier Works MC
 d. Place an "X" in the box if refund will go to an account outside the United States

23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) _____ .00

24. Penalty if filed after due date (see instructions) _____ .00

25. Interest if filed after due date (see instructions) _____ .00

26. **Amount Due:** Add lines 23, 24 and 25 _____ **Amount You Owe** .00
 Do not send cash. Please make your check or money order payable to:
 Indiana Department of Revenue. Credit card payers must see instructions.

Sign and date this return after reading the Authorization statement on Schedule 7. You must enclose Schedule 7.

 Your Signature Date Spouse's Signature Date

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.



Name(s) shown on Form IT-40

SURENDHAR GUTTA

Your Social Security Number

676 26 2564

Complete and enclose Schedule IN-DEP: Dependent Information and Additional
Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below.

Round all entries

1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000 1 1000.00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 6 x \$1000 2 .00
You **MUST** enclose Schedule IN-DEP.

3. You may claim an additional exemption for each qualifying dependent child:
- who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom you are a legal guardian,
 - who was under the age of 19 by Dec. 31, 2020,
 - or a full-time student who was under the age of 24 by Dec. 31, 2020, and
 - who you are eligible to claim as a dependent on line 2 above.

Enter the number of additional dependents listed on Schedule IN-DEP, Box 7. x \$1500 3 .00

4. Place "X" in box(es) below if, by December 31, 2020

You were age 65 or older and/or blind

Spouse was 65 or older and/or blind

Total number of boxes with Xs x \$1000 4 .00

5. If age 65 or older, enter amount from Form IT-40, line 1.

If this amount is less than \$40,000, place "X" in box(es) below if:

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs x \$500 5 .00

6. Add lines 1, 2, 3, 4 and 5. Enter here and on Form IT-40, line 6 Total Exemptions 6 1000.00



23020111030

Name(s) shown on Form IT-40

Your Social Security Number

SURENDHAR GUTTA

676 26 2564

Round all entries

1. Indiana state tax withheld: enclose W-2s, 1099s showing state tax withholding amounts _____	1	3518	.00
2. Indiana county tax withheld: enclose W-2s, 1099s showing county tax withholding amounts _____	2	2200	.00
3. Estimated tax paid for 2020: include any extension payment made with Form IT-9 _____	3		.00
4. Unified tax credit for the elderly _____	4		.00
5. Earned income credit: enclose Schedule IN-EIC and enter amount from line A-3 _____	5		.00
6. Lake County residential income tax credit _____	6		.00
7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____	7		.00
8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) _____	8		.00
9. Headquarters relocation credit (refundable portion - see instructions) _____	9		.00
10. Add lines 1 through 9. Enter total here and on Form IT-40, line 12 _____ Total Credits	10	5718	.00

Schedule IN-DONATE

Important. The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

a. Enter fund name	code no.	1a	.00
b. Enter fund name	code no.	1b	.00
c. Enter fund name	code no.	1c	.00

2. Add lines 1a through 1c. Enter total here and on Form IT-40/IT-40PNR, line 17 **Total Donations** 2 .00



23120111030

Name(s) shown on Form IT-40

SURENDHAR GUTTA

Your Social Security Number

676 26 2564

Round all entries

1. Credit for local taxes paid outside Indiana 1 .00

2. Community revitalization enhancement district credit 2 .00

3. Other Local Credits: See instructions (enclose additional sheets if necessary)

a. Enter credit name code no. 3a .00

b. Enter credit name code no. 3b .00

Important: Lines 1 through 3 cannot be greater than the county tax due on Form IT-40, line 9 (see Combined Limitation instructions)

4. College credit: attach Schedule CC-40 4 .00

5. Credit for taxes paid to other states: enclose other state's return 5 881 .00

6. Other Credits: See instructions (enclose additional sheets if necessary)

a. Enter credit name code no. 6a .00

b. Enter credit name code no. 6b .00

c. Enter credit name code no. 6c .00

d. Enter credit name code no. 6d .00

7. Enter the total credits from Schedule IN-OCC, line 16, and enclose that schedule 7 .00

Important: Lines 4 through 7 added together cannot be greater than the state adjusted gross income tax due on Form IT-40, line 8 (see Combined Limitation instructions)

8. Add lines 1 through 7. Enter total here and on line 13 of Form IT-40 Total Offset Credits 8 881 .00



23220111030

Name(s) shown on Form IT-40

Your Social Security Number

SURENDHAR GUTTA

676 26 2564

1. Federal filing information

Are you filing a federal income tax return for 2020? Place "X" in appropriate box. Yes No

2. Out-of-state income Complete if you and/or your spouse (if filing a joint return) received any salary, wage, tip and/or commission income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or Wisconsin. Enter two-digit code number from the back of Schedule CT-40 for state where you and/or your spouse worked.

State where you worked Your income \$. State where spouse worked Spouse's income \$.

3. Extension of time to file

- a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.
- b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

4. Farm / Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.
Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

5. MFJ filers. If you are eligible for a refund and you do not want it applied to an existing state income tax liability of your spouse, or to another debt of your spouse to which the state tax refund may be applied, place an "X" in the box and see instructions.

6. Date of death

If any individual listed at the top of the IT-40 died during 2020, enter date of death (MM/DD).

Taxpayer's date of death 2020 Spouse's date of death 2020

Authorization Sign Form IT-40 after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

7. Your daytime

telephone number 8702734075

Your email address

SURENDHAR.GUTTA@GMAIL.

I authorize the Department to discuss my return with my personal representative.

Yes No If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State Zip Code

Paid Preparer: Firm's Name (or yours if self-employed)

GLOBAL TAXES LLC

IN-OPT on file with paid preparer if not filing electronically

PTIN P02082703

Address 2530 PEBBLE CREEK LN

City CUMMING

State GA Zip Code 30041

Preparer's signature SYAM PRIYA RAM SAGAR GUPTA



Name(s) shown on Form IT-40

SURENDHAR GUTTA

Your Social Security Number

676 26 2564

1. Enter the amount from IT-40, line 7. Note: If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40, line 7 on line 1A (do not complete Column B). See instructions _____

Column A - Yourself		Column B - Spouse's	
1A	141330.00	1B	.00

2. Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2020 _____

2A	.0202000	2B	
----	----------	----	--

3. Multiply line 1 by the rate on line 2 (leave blank if less than zero) _____

3A	2855.00	3B	.00
----	---------	----	-----

4. Add lines 3A and 3B. Enter the total here. **Note: Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 5 and 6.** Otherwise, enter the total here and on line 7 below (see instructions) _____

4	2855.00
---	---------

5. Enter the amount of income that was taxed by certain Kentucky localities (see instructions) _____

5	.00
---	-----

6. Multiply line 5 by .0181 and enter total here _____

6	.00
---	-----

7. Enter total of line 4 minus line 6. Enter this amount on line 9 of Form IT-40 _____

7	2855.00
---	---------

DO NOT WRITE



