

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

| | |
|--|---------------------------------------|
| Taxpayer's name SRAVAN GOUD LANKOTI | Social security number 657-15-7885 |
| Spouse's name | Spouse's social security number |

DO NOT FILE

Part I Tax Return Information – Tax Year Ending December 31, (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

| | | | |
|---|---|---|---------|
| 1 | Adjusted gross income | 1 | 42,740. |
| 2 | Total tax | 2 | 3,442. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 4,274. |
| 4 | Amount you want refunded to you | 4 | 832. |
| 5 | Amount you owe | 5 | |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and 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 from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions 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. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 57885 as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN _____ as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 58727861989 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

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

Filing Status

Single Married filing separately (MFS) (formerly Married) Qualifying widow(er) (QW)

Check only one box.

If you checked the QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial: **SRAVAN GOUD** Last name: **LANKOTI** Your identifying number (see instructions): **657-15-7885**

Home address (number and street or rural route). If you have a P.O. box, see instructions. Apt. no. Check if: Individual Estate or Trust
55 FRAZER ROAD

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
MALVERN PA 19355

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

| Dependents (see instructions): | (1) First name | Last name | (2) Dependent's identifying number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instr.): | |
|--|----------------|-----------|------------------------------------|-------------------------------------|--|-----------------------------|
| | | | | | 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"/> |

| | | | | |
|---|---|-------------------|------------|---------|
| Income Effectively Connected With U.S. Trade or Business | 1a Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1a | 44,673. |
| | b Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement. See instructions | | 1b | |
| | c Total income exempt by a treaty from Schedule OI (Form 1040-NR), Item L, line 1(e) | | 1c | |
| | 2a Tax-exempt interest | 2a | 2b | |
| | 3a Qualified dividends | 3a 4. | 3b | 4. |
| | 4a IRA distributions | 4a | 4b | |
| | 5a Pensions and annuities | 5a | 5b | |
| | 6 Reserved for future use | | 6 | |
| | 7 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here <input type="checkbox"/> | | 7 | 563. |
| | 8 Other income from Schedule 1 (Form 1040), line 9 | | 8 | |
| | 9 Add lines 1a, 1b, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income ▶ | | 9 | 45,240. |
| | 10 Adjustments to income: | | | |
| | a From Schedule 1 (Form 1040), line 22 | 10a 2,500. | | |
| | b Charitable contributions for certain residents of India. See instructions | 10b | | |
| | c Scholarship and fellowship grants excluded | 10c | | |
| | d Add lines 10a through 10c. These are your total adjustments to income ▶ | | 10d | 2,500. |
| | 11 Subtract line 10d from line 9. This is your adjusted gross income ▶ | | 11 | 42,740. |
| | 12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction. See instructions Std Dedn US/India Treaty | | 12 | 12,400. |
| | 13a Qualified business income deduction. Attach Form 8995 or Form 8995-A | 13a | | |
| | b Exemptions for estates and trusts only. See instructions | 13b | | |
| | c Add lines 13a and 13b | | 13c | |
| | 14 Add lines 12 and 13c | | 14 | 12,400. |
| | 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | | 15 | 30,340. |

DO NOT FILE

| | | | |
|--------------------------------------|---|------------|--------|
| 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 | 3,442. |
| 17 | Amount from Schedule 2 (Form 1040), line 3 | 17 | 0. |
| 18 | Add lines 16 and 17 | 18 | 3,442. |
| 19 | Child tax credit or credit for other dependents | 19 | |
| 20 | Amount from Schedule 3 (Form 1040), line 7 | 20 | |
| 21 | Add lines 19 and 20 | 21 | |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 3,442. |
| 23a | Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15 | 23a | |
| b | Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 10 | 23b | |
| c | Transportation tax (see instructions) | 23c | |
| d | Add lines 23a through 23c | 23d | |
| 24 | Add lines 22 and 23d. This is your total tax | 24 | 3,442. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 4,274. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 4,274. |
| e | Form(s) 8805 | 25e | |
| f | Form(s) 8288-A | 25f | |
| g | Form(s) 1042-S | 25g | |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Reserved for future use | 27 | |
| 28 | Additional child tax credit. Attach Schedule 8812 (Form 1040) | 28 | |
| 29 | Credit for amount paid with Form 1040-C | 29 | |
| 30 | Reserved for future use | 30 | |
| 31 | Amount from Schedule 3 (Form 1040), line 13 | 31 | |
| 32 | Add lines 28 through 31. These are your total other payments and refundable credits | 32 | |
| 33 | Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments | 33 | 4,274. |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 832. |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 832. |
| Direct deposit? See instructions. | b Routing number 0 2 6 0 0 9 5 9 3 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number 4 8 3 0 6 1 4 9 5 1 5 8 | | |
| | e If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here. | | |
| | 36 Amount of line 34 you want applied to your 2021 estimated tax | 36 | |
| Amount You Owe | 37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions | 37 | |
| | 38 Estimated tax penalty (see instructions) | 38 | |

Third Party Designee (Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

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

Sign Here

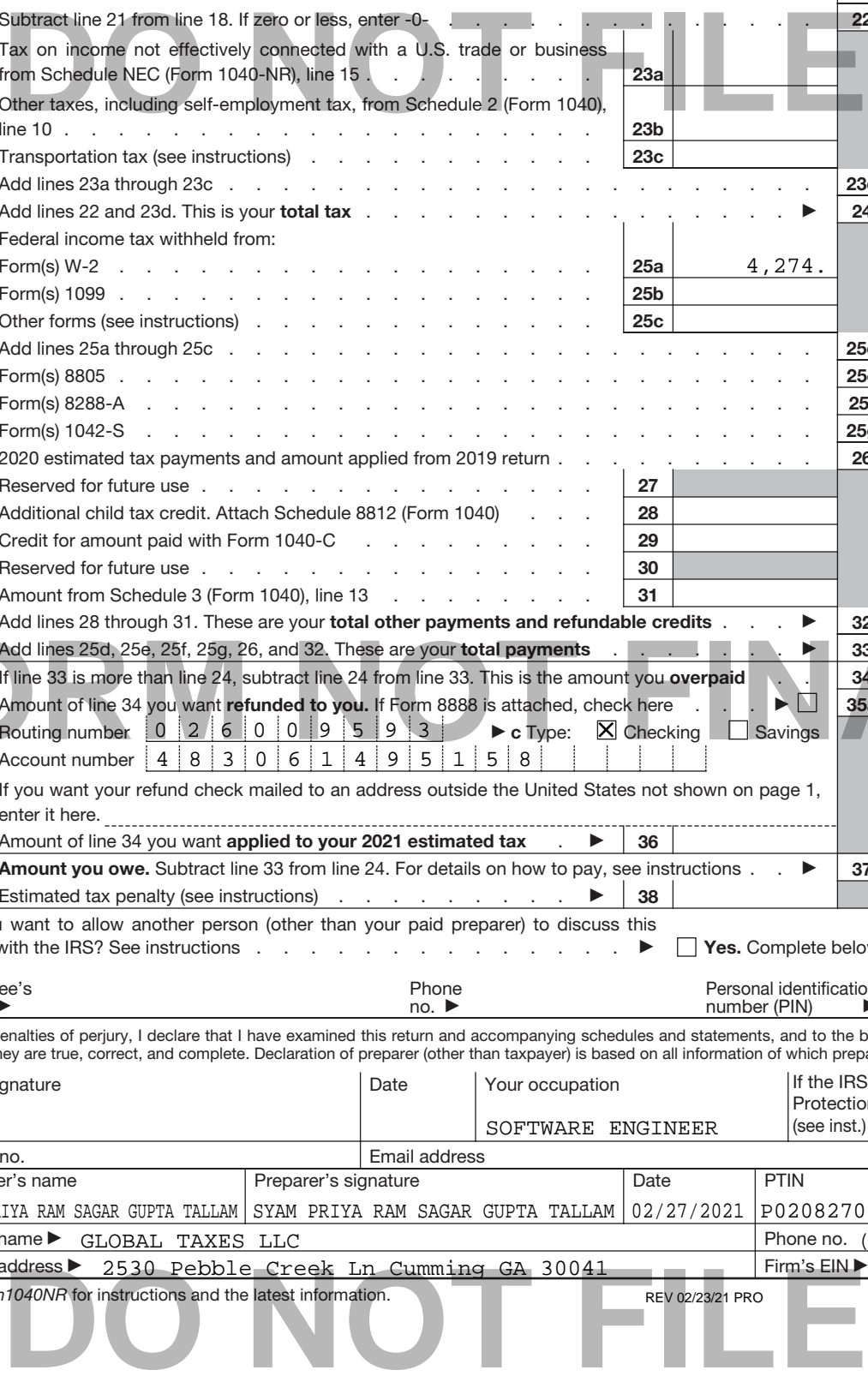
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____ Date _____ Your occupation _____ If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____

Phone no. _____ Email address _____

Paid Preparer Use Only

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



**SCHEDULE NEC
(Form 1040-NR)**

Tax on Income Not Effectively Connected With a U.S. Trade or Business

OMB No. 1545-0074

2020
Attachment
Sequence No. **7B**

Department of the Treasury
Internal Revenue Service (99)

► Go to www.irs.gov/Form1040NR for instructions and the latest information.
► Attach to Form 1040-NR.

Name shown on Form 1040-NR

SRAVAN GOUD LANKOTI

Your identifying number

657-15-7885

Enter **amount of income** under the appropriate rate of tax. See instructions.

| Nature of Income | | (a) 10% | (b) 15% | (c) 30% | (d) Other (specify) | |
|---|------------|---------|---------|---------|---------------------|---|
| | | | | | % | % |
| 1 Dividends and dividend equivalents: | | | | | | |
| a Dividends paid by U.S. corporations | 1a | | | | | |
| b Dividends paid by foreign corporations | 1b | | | | | |
| c Dividend equivalent payments received with respect to section 871(m) transactions | 1c | | | | | |
| 2 Interest: | | | | | | |
| a Mortgage | 2a | | | | | |
| b Paid by foreign corporations | 2b | | | | | |
| c Other | 2c | | | | | |
| 3 Industrial royalties (patents, trademarks, etc.) | 3 | | | | | |
| 4 Motion picture or TV copyright royalties | 4 | | | | | |
| 5 Other royalties (copyrights, recording, publishing, etc.) | 5 | | | | | |
| 6 Real property income and natural resources royalties | 6 | | | | | |
| 7 Pensions and annuities | 7 | | | | | |
| 8 Social security benefits | 8 | | | | | |
| 9 Capital gain from line 18 below | 9 | | | | | |
| 10 Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. | | | | | | |
| a Winnings | | | | | | |
| b Losses | 10c | | | | | |
| 11 Gambling winnings—Residents of countries other than Canada. Note: Losses not allowed | 11 | | | | | |
| 12 Other (specify) ► | 12 | | | | | |
| 13 Add lines 1a through 12 in columns (a) through (d) | 13 | | | | | |
| 14 Multiply line 13 by rate of tax at top of each column | 14 | | | | | |
| 15 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a ► | 15 | | | | | |

Capital Gains and Losses From Sales or Exchanges of Property

| Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040). Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040), Form 4797, or both. | 16 | (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) | (b) Date acquired mm/dd/yyyy | (c) Date sold mm/dd/yyyy | (d) Sales price | (e) Cost or other basis | (f) LOSS | (g) GAIN |
|--|-----------|---|---------------------------------|-----------------------------|-----------------|-------------------------|---|---|
| | | | | | | | If (e) is more than (d), subtract (d) from (e). | If (d) is more than (e), subtract (e) from (d). |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | 17 | Add columns (f) and (g) of line 16 | | | | | () | |
| | 18 | Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0- | | | | | | |

**SCHEDULE NEC
(Form 1040-NR)**

Tax on Income Not Effectively Connected With a U.S. Trade or Business

OMB No. 1545-0074

2020
Attachment
Sequence No. **7B**

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/Form1040NR for instructions and the latest information.
▶ Attach to Form 1040-NR.

Name shown on Form 1040-NR

SRAVAN GOUD LANKOTI

Your identifying number

657-15-7885

Enter **amount of income** under the appropriate rate of tax. See instructions.

| Nature of Income | | (a) 10% | (b) 15% | (c) 30% | (d) Other (specify) | |
|---|------------|---------|---------|---------|---------------------|---|
| | | | | | % | % |
| 1 Dividends and dividend equivalents: | | | | | | |
| a Dividends paid by U.S. corporations | 1a | | | | | |
| b Dividends paid by foreign corporations | 1b | | | | | |
| c Dividend equivalent payments received with respect to section 871(m) transactions | 1c | | | | | |
| 2 Interest: | | | | | | |
| a Mortgage | 2a | | | | | |
| b Paid by foreign corporations | 2b | | | | | |
| c Other | 2c | | | | | |
| 3 Industrial royalties (patents, trademarks, etc.) | 3 | | | | | |
| 4 Motion picture or TV copyright royalties | 4 | | | | | |
| 5 Other royalties (copyrights, recording, publishing, etc.) | 5 | | | | | |
| 6 Real property income and natural resources royalties | 6 | | | | | |
| 7 Pensions and annuities | 7 | | | | | |
| 8 Social security benefits | 8 | | | | | |
| 9 Capital gain from line 18 below | 9 | | | | | |
| 10 Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. | | | | | | |
| a Winnings | | | | | | |
| b Losses | 10c | | | | | |
| 11 Gambling winnings—Residents of countries other than Canada. Note: Losses not allowed | 11 | | | | | |
| 12 Other (specify) ▶ | 12 | | | | | |
| 13 Add lines 1a through 12 in columns (a) through (d) | 13 | | | | | |
| 14 Multiply line 13 by rate of tax at top of each column | 14 | | | | | |
| 15 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a ▶ | 15 | | | | | |

Capital Gains and Losses From Sales or Exchanges of Property

| Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040). Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040), Form 4797, or both. | 16 | (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) | (b) Date acquired mm/dd/yyyy | (c) Date sold mm/dd/yyyy | (d) Sales price | (e) Cost or other basis | (f) LOSS | (g) GAIN |
|--|-----------|---|---------------------------------|-----------------------------|-----------------|-------------------------|---|---|
| | | | | | | | If (e) is more than (d), subtract (d) from (e). | If (d) is more than (e), subtract (e) from (d). |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | 17 | Add columns (f) and (g) of line 16 | | | | | () | |
| | 18 | Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0- ▶ | | | | | | 18 |

**SCHEDULE OI
(Form 1040-NR)**

Department of the Treasury
Internal Revenue Service (99)

Other Information

▶ Go to www.irs.gov/Form1040NR for instructions and the latest information.
▶ Attach to Form 1040-NR.
▶ Answer all questions.

OMB No. 1545-0074

2020
Attachment
Sequence No. **7C**

Name shown on Form 1040-NR

SRAVAN GOUD LANKOTI

Your identifying number

657-15-7885

- A** Of what country or countries were you a citizen or national during the tax year? INDIA
- B** In what country did you claim residence for tax purposes during the tax year? United States
- C** Have you ever applied to be a green card holder (lawful permanent resident) of the United States? Yes No
- D** Were you ever:
- A U.S. citizen? Yes No
 - A green card holder (lawful permanent resident) of the United States? Yes No
- If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.
- E** If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year. F1
- F** Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes No
- If you answered "Yes," indicate the date and nature of the change ▶ _____
- G** List all dates you entered and left the United States during 2020. See instructions.

Note: If you are a resident of Canada or Mexico **AND** commute to work in the United States at frequent intervals, check the box for **Canada or Mexico** and skip to item H. Canada Mexico

| Date entered United States mm/dd/yy | Date departed United States mm/dd/yy |
|--|---|
| | |
| | |
| | |
| | |

| Date entered United States mm/dd/yy | Date departed United States mm/dd/yy |
|--|---|
| | |
| | |
| | |
| | |

- H** Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2018 _____, 2019 _____, and 2020 365
- I** Did you file a U.S. income tax return for any prior year? Yes No
If "Yes," give the latest year and form number you filed ▶ 1040NR
- J** Are you filing a return for a trust? Yes No
If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person? Yes No
- K** Did you receive total compensation of \$250,000 or more during the tax year? Yes No
If "Yes," did you use an alternative method to determine the source of this compensation? Yes No

- L** Income Exempt From Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.
- Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.

| (a) Country | (b) Tax treaty article | (c) Number of months claimed in prior tax years | (d) Amount of exempt income in current tax year |
|-------------|------------------------|---|---|
| | | | |
| | | | |
| | | | |

(e) Total. Enter this amount on Form 1040-NR, line 1c. Do not enter it on line 1a or line 1b ▶ _____

- Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes No
 - Are you claiming treaty benefits pursuant to a Competent Authority determination? Yes No
If "Yes," attach a copy of the Competent Authority determination letter to your return.
- M** Check the applicable box if:
- This is the first year you are making an election to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions. ▶
 - You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions. ▶

**SCHEDULE OI
(Form 1040-NR)**

Department of the Treasury
Internal Revenue Service (99)

Other Information

▶ Go to www.irs.gov/Form1040NR for instructions and the latest information.
▶ Attach to Form 1040-NR.
▶ Answer all questions.

OMB No. 1545-0074

2020
Attachment
Sequence No. **7C**

Name shown on Form 1040-NR

SRAVAN GOUD LANKOTI

Your identifying number

657-15-7885

- A** Of what country or countries were you a citizen or national during the tax year? INDIA
- B** In what country did you claim residence for tax purposes during the tax year? United States
- C** Have you ever applied to be a green card holder (lawful permanent resident) of the United States? Yes No
- D** Were you ever:
- A U.S. citizen? Yes No
 - A green card holder (lawful permanent resident) of the United States? Yes No
- If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.
- E** If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year. F1
- F** Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes No
If you answered "Yes," indicate the date and nature of the change ▶
- G** List all dates you entered and left the United States during 2020. See instructions.

Note: If you are a resident of Canada or Mexico **AND** commute to work in the United States at frequent intervals, check the box for **Canada or Mexico** and skip to item H. Canada Mexico

| Date entered United States mm/dd/yy | Date departed United States mm/dd/yy |
|--|---|
| | |
| | |
| | |
| | |

| Date entered United States mm/dd/yy | Date departed United States mm/dd/yy |
|--|---|
| | |
| | |
| | |
| | |

- H** Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2018 _____, 2019 _____, and 2020 365
- I** Did you file a U.S. income tax return for any prior year? Yes No
If "Yes," give the latest year and form number you filed ▶ 1040NR
- J** Are you filing a return for a trust? Yes No
If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person? Yes No
- K** Did you receive total compensation of \$250,000 or more during the tax year? Yes No
If "Yes," did you use an alternative method to determine the source of this compensation? Yes No

L Income Exempt From Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.

- Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.

| (a) Country | (b) Tax treaty article | (c) Number of months claimed in prior tax years | (d) Amount of exempt income in current tax year |
|-------------|------------------------|---|---|
| | | | |
| | | | |
| | | | |

(e) Total. Enter this amount on Form 1040-NR, line 1c. Do not enter it on line 1a or line 1b ▶

- Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes No
- Are you claiming treaty benefits pursuant to a Competent Authority determination? Yes No
If "Yes," attach a copy of the Competent Authority determination letter to your return.

M Check the applicable box if:

- This is the first year you are making an election to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions. ▶
- You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions. ▶

**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
SRAVAN GOUD LANKOTI

Your social security number
657-15-7885

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 | 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 | |

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 | 2,500. |
| 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 | 2,500. |

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

BAA

REV 02/23/21 PRO

Schedule 1 (Form 1040) 2020

DO NOT FILE

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SRAVAN GOUD LANKOTI

Your social security number
657-15-7885

Part I Tax

| | | | |
|----------|--|----------|----|
| 1 | Alternative minimum tax. Attach Form 6251 | 1 | 0. |
| 2 | Excess advance premium tax credit repayment. Attach Form 8962 | 2 | |
| 3 | Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 | 3 | 0. |

Part II Other Taxes

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

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

BAA

REV 02/23/21 PRO

Schedule 2 (Form 1040) 2020

FORM NOT FINAL

DO NOT FILE

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2020

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

SRAVAN GOUD LANKOTI

Your social security number

657-15-7885

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 34,246. | 33,729. | 46. | 563. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | 7 563. |

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back | | | | 15 |

Part III Summary

16 Combine lines 7 and 15 and enter the result **16** 563.

- If line 16 is a **gain**, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.
- If line 16 is a **loss**, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.
- If line 16 is **zero**, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.

17 Are lines 15 and 16 **both** gains?
 Yes. Go to line 18.
 No. Skip lines 18 through 21, and go to line 22.

18 If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet **18** ▶

19 If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet **19** ▶

20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?
 Yes. Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Forms 1040 and 1040-SR, line 16. **Don't** complete lines 21 and 22 below.
 No. Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of:
• The loss on line 16; or
• (\$3,000), or if married filing separately, (\$1,500) } **21** ()

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?
 Yes. Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Forms 1040 and 1040-SR, line 16.
 No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

DO NOT FILE

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification number

SRAVAN GOUD LANKOTI

657-15-7885

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|--|--|---|---|--|--|---|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | Robinhood Securities LLC | 06/15/20 | 04/21/20 | 34,246. | 33,729. | W | 46. | 563. |
| FORM NOT FINAL | | | | | | | | |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ► | | | | | | | | |
| | | | | 34,246. | 33,729. | | 46. | 563. |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

| | | | | | |
|-------------|---|-------------|--------|-------------|---------|
| 5 a | Pensions and annuities | 5 a | _____ | | |
| b | Taxable amount | | | 5 b | _____ |
| 7 | Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here. <input type="checkbox"/> | | | 7 | 563. |
| | QuickZoom to Schedule 1 — Additional Income and Adjustments to Income | | | | _____ |
| 8 | Other income from Schedule 1 (Form 1040), line 9. | | | 8 | _____ |
| 9 | Add lines 1a, 1b, 2b, 3b, 4b, 5b, 7 and 8. This is your total effectively connected income | | | 9 | 45,240. |
| 10 | Adjustments to income: | | | | |
| a | From Schedule 1 (Form 1040), line 22 | 10 a | 2,500. | | |
| b | Charitable contrib. for certain residents of India | 10 b | _____ | | |
| c | Scholarship and fellowship grants excluded | 10 c | _____ | | |
| d | Add lines 10a through 10c. These are your total adjustments to income | | | 10 d | 2,500. |
| 11 | Subtract line 10d from line 9. This is your adjusted gross income | | | 11 | 42,740. |
| 12 | Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction . . .Std. Dedn .US/India. Treaty | | | 12 | 12,400. |
| 13 a | Qualified business income deduction. Attach Form 8995 or Form 8995-A | 13 a | _____ | | |
| b | Exemptions for estates and trusts only | 13 b | _____ | | |
| c | Add lines 13a and 13b. | | | 13 c | _____ |
| 14 | Add lines 12 and 13c | | | 14 | 12,400. |
| 15 | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | | | 15 | 30,340. |

Form 1040-NR, Lines 16 - 33

| | | | |
|---|---|-------------|--------|
| 16 | Tax. Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 3 <input type="checkbox"/> | | |
| 17 | Amount from Schedule 2 (Form 1040), line 3 | 16 | 3,442. |
| 17 | | 17 | 0. |
| QuickZoom to Schedule 2 - Additional Tax section | | | |
| 18 | Add lines 16 and 17 | 18 | 3,442. |
| 19 | Child tax credit or credit for other dependents | 19 | |
| 20 | Amount from Schedule 3 (Form 1040), line 7 | 20 | |
| 21 | Add lines 19 and 20 | 21 | |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 3,442. |
| 23 a | Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15 | 23 a | |
| b | Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 10 | 23 b | |
| c | Transportation tax | 23 c | |
| d | Add lines 23a through 23c. | d | |
| 24 | Add lines 22 and 23d. This is your total tax | 24 | 3,442. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25 a | 4,274. |
| b | Form(s) 1099 | 25 b | |
| c | Other forms | 25 c | |
| d | Add lines 25a through 25c. | 25 d | 4,274. |
| e | Form(s) 8805 | 25 e | |
| f | Form(s) 8288-A | 25 f | |
| g | Form(s) 1042-S | 25 g | |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 28 | Add'l child tax credit. Attach Sch 8812 (Form 1040) | 28 | |
| 29 | Credit for amount paid with Form 1040-C | 29 | |
| 31 | Amount from Schedule 3 (Form 1040), line 13 | 31 | |
| 32 | Add lines 28 through 31. These are your total other payments and refundable credits | 32 | |
| 33 | Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments | 33 | 4,274. |

Form 1040-NR, Lines 34 - 38

Refund

Direct deposit?

| | | | |
|-------------|---|-------------|--------------|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 832. |
| 35 a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35 a | 832. |
| b | Routing number | | 026009593 |
| c | Type: ▶ <input checked="" type="checkbox"/> Checking ▶ <input type="checkbox"/> Savings | | |
| d | Account number | | 483061495158 |
| e | If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here. Address _____ City _____ Province _____ Country _____ Foreign Postal Code _____ | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |

Amount You Owe

| | | | |
|-----------|--|-----------|--|
| 37 | Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions. | 37 | |
|-----------|--|-----------|--|

| | | | | | | |
|----|--|---|----|-------|-------|---------|
| 38 | Estimated tax penalty | ▶ | 38 | _____ | _____ | _____ |
| | QuickZoom to Late Penalties and Interest Worksheet | | | | | ▶ _____ |

Schedule 1 – Additional Income and Adjustments to Income

Part I Additional Income

| | | | |
|---|--|---|-------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | _____ |
| 3 | Business income or (loss). Attach Schedule C | 3 | _____ |
| 4 | Other gains or (losses). Attach Form 4797. | 4 | _____ |
| 5 | Rental real estate, royalties, partnerships, trusts, etc. Attach Schedule E (Form 1040 or 1040-SR) | 5 | _____ |
| 6 | Farm income or (loss). Attach Schedule F (Form 1040 or 1040-SR) | 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-NR, line 8. | 9 | _____ |

Part II Adjustments to Income

| | | | |
|----|---|----|--------|
| 10 | Educator expenses | 10 | _____ |
| 11 | Qualified performing artist | 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 | _____ |
| 19 | IRA deduction | 19 | _____ |
| 20 | Student loan interest deduction | 20 | 2,500. |
| 22 | Add lines 10 through 21 These are your adjustments to income . Enter here and on Form 1040NR line 10a | 22 | 2,500. |

Schedule 2 – Additional Taxes

Part I Tax

| | | | |
|---|---|---|-------|
| 1 | Alternative minimum tax (see instructions). Attach Form 6251 | 1 | 0. |
| 2 | Excess advance premium tax credit repayment. Attach Form 8962 | 2 | _____ |
| 3 | Add lines 1 and 2. Enter here and on Form 1040-NR, line 17 | 3 | 0. |

Part II Other Taxes

| | | | |
|---|--|---|-------|
| 4 | Self-employment tax. Attach Schedule SE | 4 | _____ |
| 5 | Unreported social security and Medicare tax from Form: | | _____ |

| | | | | | | | |
|-----|--------------------------|---|---|--------------------------|------|-----|-------|
| a | <input type="checkbox"/> | 4137 | b | <input type="checkbox"/> | 8919 | | |
| | | Explain underreported tips | | | | 5 | _____ |
| 6 | | Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required. | | | | 6 | _____ |
| 7 a | | Household employment taxes. Attach Schedule H | | | | 7 a | _____ |
| b | | Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required. | | | | 7 b | _____ |
| 8 | | Taxes from: | | | | | |
| a | <input type="checkbox"/> | Form 8959 | | | | | |
| b | <input type="checkbox"/> | Form 8960 | | | | | |
| c | <input type="checkbox"/> | Instructions; enter codes(s) _____ | | | | | |
| 10 | | Add lines 4 through 8. These are your total other taxes Enter here and on Form 1040-NR, line 23b | | | | 10 | _____ |

Schedule 3 – Additional Credits and Payments

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 | _____ |
| 4 | | Retirement savings contributions credit. Attach Form 8880 | | | | 4 | _____ |
| 5 | | Residential Energy Credit. Attach Form 5695. | | | | 5 | _____ |
| 6 | | Other credits from Form: | | | | | |
| a | <input type="checkbox"/> | Form 3800 | | | | | |
| b | <input type="checkbox"/> | Form 8801 | | | | | |
| c | <input type="checkbox"/> | _____ | | | | 6 | _____ |
| 7 | | Add lines 1 through 6. Enter here and on Form 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 | | | | 9 | _____ |
| 10 | | Excess social security and tier 1 RRTA tax withheld | | | | 10 | _____ |
| 11 | | Credit for federal tax on fuels. Attach Form 4136 | | | | 11 | _____ |
| 12 | | Other payments or refundable credits: | | | | | |
| a | | 2439. | 12 a | _____ | | | |
| b | | Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 | 12 b | _____ | | | |
| c | | Health coverage tax credit from Form 8885 | 12 c | _____ | | | |
| d | | Other | 12 d | _____ | | | |
| e | | Deferral for certain Schedule H or SE filers | 12 e | _____ | | | |
| f | | Add lines 12a through 12e | | | 12 f | | _____ |
| 13 | | Add lines 8 through 12f. Enter here and on Form 1040-NR, line 31 | | | 13 | | _____ |

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) . . . ▶ _____

Signature and Paid Preparer

Keep a copy of this return for your records.

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 in the United States | If the IRS sent you an ID Protection PIN, enter it here |
| _____ | _____ | <u>SOFTWARE ENGINEER</u> | _____ |
| Phone no. | Email address | | |
| _____ | _____ | | |

Paid Preparer's Use Only

| | | | |
|--|-------------------|--------------------------|------------------|
| Print/Type Preparer's Name | Date | Check if Self-employed | PTIN |
| <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u> | <u>02/27/2021</u> | <input type="checkbox"/> | <u>P02082703</u> |
| Preparer's Signature | | | |
| <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u> | | | |
| Firm's Name and Address | Firm's EIN | Phone No. | |
| <u>GLOBAL TAXES LLC</u> | <u>30-1017196</u> | <u>(678)965-9522</u> | |
| <u>2530 Pebble Creek Ln</u> | State | ZIP Code | |
| <u>Cumming</u> | <u>GA</u> | <u>30041</u> | |

Filing Address Information

Send Form 1040NR to:



Instructions for Form IT-201-V

Payment Voucher for Income Tax Returns

IT-201-V

(12/20)

Did you know? You can pay your income tax return payment directly on our website from your bank account or by credit card through your individual Online Services account. Visit www.tax.ny.gov.

How to use this form

If you are paying New York State income tax by check or money order, you must include Form IT-201-V with your payment.

Check or money order

- Make your check or money order payable in U.S. funds to **New York State Income Tax**.
- Be sure to write the last four digits of your Social Security number (SSN), the tax year, and **Income Tax** on it.

Completing the voucher

Be sure to complete **all** information on the voucher.

- Enter the tax year from the income tax return you are filing and your **entire** SSN. Failure to do so may result in monies not being properly credited to your account.
- If filing a joint return, include information for both spouses.
- Foreign address – Enter the city, province, or state all in the **City** box, and the **full** country name in the **Country** box. Enter the postal code, if any, in the **ZIP code** box.
- Do not staple or clip your payment to Form IT-201-V. Instead, just put them loose in the envelope.



You **cannot** use this form to pay a bill or other notice from the Tax Department that indicates you owe tax; you must use the payment document included with that bill or notice.

You **cannot** use this form to request an installment payment agreement (IPA); see our website for information about requesting an IPA.

Mailing address

E-filed and previously filed returns

If you e-filed your income tax return, or if you are making a payment for a previously filed return, mail the voucher and payment to:

**NYS PERSONAL INCOME TAX
PROCESSING CENTER
PO BOX 4124
BINGHAMTON NY 13902-4124**

Paper returns

If you are filing a paper income tax return (including amended returns), include the voucher and payment with your return and mail to this address:

**STATE PROCESSING CENTER
PO BOX 15555
ALBANY NY 12212-5555**

If you are not using U.S. Mail, be sure to consult Publication 55, *Designated Private Delivery Services*.

◀ Cut here ▶

STOP: Pay this electronically on our website.

Department of Taxation and Finance

Payment Voucher for Income Tax Returns



REV 02/15/21 PRO

IT-201-V

(12/20)

| | | | |
|---|--|---|---|
| Tax year (yyyy) 2020 | | Make your check or money order payable in U.S. funds to New York State Income Tax . Write on your check or money order the last four digits of your SSN, the tax year, and Income Tax . | |
| Your first name and middle initial SRAVAN GOUD | | Your last name (for a joint return, enter spouse's name on line below) LANKOTI | Your full SSN 657157885 |
| Spouse's first name and middle initial | | Spouse's last name | Spouse's full SSN (only if filing a joint return) |
| Mailing address 55 FRAZER ROAD | | Apartment number | Country (if not United States) |
| City, village or post office MALVERN | | State PA | ZIP code 19355 |
| 040001203555 | | Email: SRAVANGOUD.LANKOTI@GMAIL.COM | |

Payment amount

Dollars

68

Cents

00



For office use only

0401203555 657157885 6



New York State E-File Signature Authorization for Tax Year 2020
For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

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

Form fields for Taxpayer's name (SRAVAN GOUD LANKOTI) and Spouse's name (jointly filed return only)

Purpose

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

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

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

General instructions

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

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

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

Part A - Tax return information

Table with 5 rows for tax return information: 1. Federal adjusted gross income (42740), 2. Refund, 3. Amount you owe (68), 4. Financial institution routing number, 5. Financial institution account number, 6. Account type (checkboxes for Personal checking, Personal savings, Business checking, Business savings)

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

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

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

Form fields for Taxpayer's signature and Spouse's signature (jointly filed return only) with Date columns.

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

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

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

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

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

Form fields for ERO's signature (GLOBAL TAXES LLC) and Paid preparer's signature (SYAM PRIYA RAM SAGAR GUPTA TALLAM) with Date columns.



Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-203

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

For help completing your return, see the instructions, Form IT-203-I.

| | | | | | |
|---|----------|---|-------------------|---|--|
| Your first name and middle initial SRAVAN GOUD | | Your last name (for a joint return, enter spouse's name on line below) LANKOTI | | Your date of birth (mmddyyyy) 04271995 | Your Social Security number 657157885 |
| Spouse's first name and middle initial | | Spouse's last name | | Spouse's date of birth (mmddyyyy) | Spouse's Social Security number |
| Mailing address (see instructions, page 14) (number and street or PO box) 55 FRAZER ROAD | | | | Apartment number | New York State county of residence NR |
| City, village, or post office MALVERN | | State PA | ZIP code 19355 | Country (if not United States) | School district name NR |
| Taxpayer's permanent home address (see instr., pg. 14) (no. and street or rural route) | | | | Apartment no. | City, village, or post office |
| | | | | School district code number | |
| State | ZIP code | Country (if not United States) | | Decedent information | Taxpayer's date of death |
| | | | | | Spouse's date of death |

A Filing status (mark an X in one box):

- ① Single
- ② Married filing joint return (enter both spouses' Social Security numbers above)
- ③ Married filing separate return (enter both spouses' Social Security numbers above)
- ④ Head of household (with qualifying person)
- ⑤ Qualifying widow(er)

- B** Did you itemize your deductions on your 2020 federal income tax return? Yes No
- C** Can you be claimed as a dependent on another taxpayer's federal return? Yes No
- D1** Did you have a financial account located in a foreign country? (see page 15) Yes No
- D2** Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2020 federal return? (see page 15) Yes No

E New York City part-year residents only (see page 15)

- (1) Number of months you lived in NY City in 2020
- (2) Number of months your spouse lived in NY City in 2020

F Enter your 2-character special condition code(s) if applicable (see page 15)

G New York State part-year residents (see page 16)

- Enter the date you moved into or out of NYS (mmddyyyy)
- On the last day of the tax year (mark an X in one box):
- 1) Lived in NYS
 - 2) Lived outside NYS; received income from NYS sources during nonresident period
 - 3) Lived outside NYS; received no income from NYS sources during nonresident period

H New York State nonresidents (see page 16)

Did you or your spouse maintain living quarters in NYS in 2020? Yes No

(if Yes, complete Form IT-203-B)



I Dependent information (see page 16)

| First name and middle initial | Last name | Relationship | Social Security number | Date of birth (mmddyyyy) |
|-------------------------------|-----------|--------------|------------------------|--------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If more than 6 dependents, mark an X in the box.



203001203555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number
657157885

Federal income and adjustments (see page 18)

Federal amount
Whole dollars only

New York State amount
Whole dollars only

| | | | | | |
|-----|--|-----|-----------|-----|-----------|
| 1 | Wages, salaries, tips, etc. | 1 | 44673 .00 | 1 | 31509 .00 |
| 2 | Taxable interest income | 2 | .00 | 2 | .00 |
| 3 | Ordinary dividends | 3 | 4 .00 | 3 | .00 |
| 4 | Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24) | 4 | .00 | 4 | .00 |
| 5 | Alimony received | 5 | .00 | 5 | .00 |
| 6 | Business income or loss (submit a copy of federal Sch. C, Form 1040) | 6 | .00 | 6 | .00 |
| 7 | Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040) | 7 | 563 .00 | 7 | .00 |
| 8 | Other gains or losses (submit a copy of federal Form 4797) | 8 | .00 | 8 | .00 |
| 9 | Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/> | 9 | .00 | 9 | .00 |
| 10 | Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/> | 10 | .00 | 10 | .00 |
| 11 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040) | 11 | .00 | 11 | .00 |
| 12 | Rental real estate included in line 11 (federal amount) 12. | | .00 | | |
| 13 | Farm income or loss (submit a copy of federal Sch. F, Form 1040) | 13 | .00 | 13 | .00 |
| 14 | Unemployment compensation..... | 14 | .00 | 14 | .00 |
| 15 | Taxable amount of Social Security benefits (also enter on line 26) | 15 | .00 | 15 | .00 |
| 16 | Other income (see page 24) Identify: | 16 | .00 | 16 | .00 |
| 17 | Add lines 1 through 11 and 13 through 16 | 17 | 45240 .00 | 17 | 31509 .00 |
| 18 | Total federal adjustments to income (see page 24) Identify: STUDENT LOAN INT | 18 | 2500 .00 | 18 | .00 |
| 19 | Federal adjusted gross income (subtract line 18 from line 17) .. | 19 | 42740 .00 | 19 | 31509 .00 |
| 19a | Recomputed federal adjusted gross income (see page 25, Line 19a worksheet) | 19a | 42740 .00 | 19a | 31509 .00 |

New York additions (see page 26)

| | | | | | |
|----|--|----|-----------|----|-----------|
| 20 | Interest income on state and local bonds and obligations (but not those of New York State or its localities) | 20 | .00 | 20 | .00 |
| 21 | Public employee 414(h) retirement contributions | 21 | .00 | 21 | .00 |
| 22 | Other (Form IT-225, line 9) | 22 | .00 | 22 | .00 |
| 23 | Add lines 19a through 22 | 23 | 42740 .00 | 23 | 31509 .00 |

New York subtractions (see page 27)

| | | | | | |
|----|--|----|-----------|----|-----------|
| 24 | Taxable refunds, credits, or offsets of state and local income taxes (from line 4) | 24 | .00 | 24 | .00 |
| 25 | Pensions of NYS and local governments and the federal government (see page 27) | 25 | .00 | 25 | .00 |
| 26 | Taxable amount of Social Security benefits (from line 15) | 26 | .00 | 26 | .00 |
| 27 | Interest income on U.S. government bonds | 27 | .00 | 27 | .00 |
| 28 | Pension and annuity income exclusion | 28 | .00 | 28 | .00 |
| 29 | Other (Form IT-225, line 18) | 29 | .00 | 29 | .00 |
| 30 | Add lines 24 through 29 | 30 | .00 | 30 | .00 |
| 31 | New York adjusted gross income (subtract line 30 from line 23) | 31 | 42740 .00 | 31 | 31509 .00 |

32 Enter the amount from line 31, **Federal amount** column **32** 42740 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Name(s) as shown on page 1
SRAVAN GOUD LANKOTI

Enter your Social Security number
657157885

Standard deduction or itemized deduction (see page 29)

33 Enter your **standard deduction** (table on page 29) or your **itemized deduction** (from Form IT-196).

Mark an X in the appropriate box: ... **Standard** – or – **Itemized**

| | |
|--|----------|
| 33 | 8000.00 |
| 34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) | 34740.00 |
| 35 Dependent exemptions (enter the number of dependents listed in Item I; see page 29) | 000.00 |
| 36 New York taxable income (subtract line 35 from line 34) | 34740.00 |

Tax computation, credits, and other taxes

| | | |
|---|----|----------|
| 37 New York taxable income (from line 36) | 37 | 34740.00 |
| 38 New York State tax on line 37 amount (see page 30) | 38 | 1853.00 |
| 39 New York State household credit (page 30, table 1, 2, or 3) | 39 | .00 |
| 40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank) | 40 | 1853.00 |
| 41 New York State child and dependent care credit (see page 31) | 41 | .00 |
| 42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank) | 42 | 1853.00 |
| 43 New York State earned income credit (see page 31) | 43 | .00 |

| | | |
|--|----|---------|
| 44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) | 44 | 1853.00 |
|--|----|---------|

45 Income percentage (see page 31) New York State amount from line 31 ÷ Federal amount from line 31 = Round result to 4 decimal places

| | | |
|---|----|---------|
| 46 Allocated New York State tax (multiply line 44 by the decimal on line 45) | 46 | 1366.00 |
| 47 New York State nonrefundable credits (Form IT-203-ATT, line 8) | 47 | .00 |
| 48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank) | 48 | 1366.00 |
| 49 Net other New York State taxes (Form IT-203-ATT, line 33) | 49 | .00 |
| 50 Total New York State taxes (add lines 48 and 49) | 50 | 1366.00 |

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

| | | | |
|---|-----|---------|---|
| 51 Part-year New York City resident tax (Form IT-360.1) | 51 | .00 | See instructions on pages 31 and 32 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT. |
| 52 Part-year resident nonrefundable New York City child and dependent care credit | 52 | .00 | |
| 52a Subtract line 52 from line 51 | 52a | .00 | |
| 52b MCTMT net earnings base | 52b | .00 | |
| 52c MCTMT | 52c | .00 | |
| 53 Yonkers nonresident earnings tax (Form Y-203) | 53 | .00 | |
| 54 Part-year Yonkers resident income tax surcharge (Form IT-360.1) | 54 | .00 | |
| 55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54) | 55 | .00 | |
| 56 Sales or use tax (See the instructions on page 33. Do not leave line 56 blank.) | 56 | 0.00 | |
| 57 Voluntary contributions (Form IT-227, Part 2, line 1) | 57 | .00 | |
| 58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57) | 58 | 1366.00 | |

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203003203555



Enter your Social Security number
657157885

59 Enter amount from line 58 59 1366 .00

Payments and refundable credits (see page 34)

Table with 2 columns: Description and Amount. Rows include NYC school tax credit, other refundable credits, and total payments and refundable credits.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see pages 12 and 13). Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 36 through 38)

Table with 2 columns: Description and Amount. Rows include amount overpaid, amount available for refund, and total refund after NYS 529 account deposit.

Mark one refund choice: [] direct deposit to checking or savings account (fill in line 73) - or - [] paper check

Refund? Direct deposit is the easiest, fastest way to get your refund. See page 37 for payment options.

Table with 2 columns: Description and Amount. Rows include amount applied to 2021 tax, amount owed, estimated tax penalty, and other penalties and interest.

See page 40 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 38). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 38) []

73a Account type: [] Personal checking - or - [] Personal savings - or - [] Business checking - or - [] Business savings

73b Routing number [] 73c Account number []

74 Electronic funds withdrawal (see page 38) Date [] Amount [] .00

Third-party designee? (see instr.) Yes [] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), Email:

Paid preparer must complete (see instructions) Preparer's NYTPRIN, NYTPRIN excl. code, Preparer's signature, Preparer's printed name, Firm's name, Preparer's PTIN or SSN, Address, Employer identification number, Date, Email.

Taxpayer(s) must sign here Your signature, Your occupation, Spouse's signature and occupation (if joint return), Date, Daytime phone number, Email.

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

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

W-2 Record 1

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

657157885

Box b Employer identification number (EIN)

832050081

Box c Employer's information

| | | | |
|--|-------------|-------------------|--------------------------------|
| Employer's name STIER SOLUTIONS INC | | | |
| Employer's address (number and street) 1595 PAOLI PIKE STE 203 | | | |
| City WEST CHESTER | State PA | ZIP code 19380 | Country (if not United States) |

Box 1 Wages, tips, other compensation

13164.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

||

Box 12b Amount

.00

Code

||

Box 12c Amount

.00

Code

||

Box 12d Amount

.00

Code

||

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

||

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

Do not detach.

W-2 Record 2

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

657157885

Box b Employer identification number (EIN)

831956384

Box c Employer's information

| | | | |
|--|-------------|-------------------|--------------------------------|
| Employer's name ATLANTIS IT CONSULTING GROUP LLC | | | |
| Employer's address (number and street) 2 COMPUTER DR | | | |
| City ALBANY | State NY | ZIP code 12205 | Country (if not United States) |

Box 1 Wages, tips, other compensation

31509.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

||

Box 12b Amount

.00

Code

||

Box 12c Amount

.00

Code

||

Box 12d Amount

.00

Code

||

Box 14a Amount

13.00

Description

SDI

Box 14b Amount

73.00

Description

PFL

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

31509.00

Box 17a NYS income tax withheld

1298.00

Other state information:

Box 15b other state

||

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001203555

