

**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  858  08  1082

Spouse's Social Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name  SHARMILA Initial  Last name  KURRA Suffix

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

Present address (number and street or rural route)

2212 LACARI, FOX CREEK APARTME  Place "X" in box if you are married filing separately.

City  MAGNOLIA State  AR Zip/Postal code  71753

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  84 County where you worked  84 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 _____ <b>Federal AGI</b>	<input type="text"/> 1 <input type="text"/> 904 <input type="text"/> .00
2. Enter amount from Schedule 1, line 7, and enclose Schedule 1 _____ <b>Indiana Add-Backs</b>	<input type="text"/> 2 <input type="text"/> .00
3. Add line 1 and line 2 _____	<input type="text"/> 3 <input type="text"/> 904 <input type="text"/> .00
4. Enter amount from Schedule 2, line 12, and enclose Schedule 2 _____ <b>Indiana Deductions</b>	<input type="text"/> 4 <input type="text"/> .00
5. Subtract line 4 from line 3 _____	<input type="text"/> 5 <input type="text"/> 904 <input type="text"/> .00
6. You must complete Schedule 3. Enter amount from Schedule 3, line 6, and enclose Schedule 3 _____ <b>Indiana Exemptions</b>	<input type="text"/> 6 <input type="text"/> 1000 <input type="text"/> .00
7. Subtract line 6 from line 5 _____ <b>Indiana Adjusted Gross Income</b>	<input type="text"/> 7 <input type="text"/> -96 <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"/> 0 <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"/> <input type="text"/> 0 <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 _____ <b>Indiana Taxes</b>	<input type="text"/> 11 <input type="text"/> 0 <input type="text"/> .00



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

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

14. Add lines 12 and 13 \_\_\_\_\_ **Indiana Credits**

15. Enter amount from line 11 \_\_\_\_\_ **Indiana Taxes**

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

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

18. Subtract line 17 from line 16 \_\_\_\_\_ **Overpayment**

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 \_ \$     
 Spouse's county code  county tax to be applied \_ \$     
 Indiana adjusted gross income tax to be applied \_\_\_\_\_ \$     
 Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) \_\_\_\_\_

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

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

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) \_\_\_\_\_

24. Penalty if filed after due date (see instructions) \_\_\_\_\_

25. Interest if filed after due date (see instructions) \_\_\_\_\_

26. **Amount Due:** Add lines 23, 24 and 25 \_\_\_\_\_ **Amount You Owe**     
 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.



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Name(s) shown on Form IT-40

SHARMILA KURRA

Your Social Security Number

858 08 1082

**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   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   .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



Name(s) shown on Form IT-40

Your Social Security Number

SHARMILA KURRA

858 08 1082

**Round all entries**

1. Indiana state tax withheld: enclose W-2s, 1099s showing state tax withholding amounts _____	1	24	.00
2. Indiana county tax withheld: enclose W-2s, 1099s showing county tax withholding amounts _____	2	15	.00
3. Estimated tax paid for 2020: include any extension payment made with Form IT-9 _____			.00
4. Unified tax credit for the elderly _____			.00
5. Earned income credit: enclose Schedule IN-EIC and enter amount from line <b>A-3</b> _____			.00
6. Lake County residential income tax credit _____			.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) _____			.00
10. Add lines 1 through 9. Enter total here and on Form IT-40, line 12 _____ <b>Total Credits</b>	10	39	.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 <b>Total Donations</b>	2					.00



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Name(s) shown on Form IT-40

Your Social Security Number

SHARMILA KURRA

858 08 1082

**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

\$  .00

\$  .00

**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

4797554307

Your

mail address

SHARMILAKURRA77@GMAIL.

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

Yes  or  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

