

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 AZHAGIRY SUNDARAMOORTHY	Social security number 652-87-9574
Spouse's name	Spouse's social security number

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	81,934.
2 Total tax	2	11,086.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	14,616.
4 Amount you want refunded to you	4	3,530.
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

7	9	5	7	4
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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

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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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.

5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

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 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 AZHAGIRY	Last name SUNDARAMOORTHY	Your social security number 652-87-9574
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. 20419 STERLING WAY		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. STRONGSVILLE	State OH	ZIP code 44149	
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

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

Attach Sch. B if required. Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	87,484.
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	4a	IRA distributions	4a	
	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 9	8	-5,550.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	81,934.
	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	81,934.
	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	69,534.	

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	11,086.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	11,086.
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	11,086.
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	11,086.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	14,616.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	14,616.
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	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	14,616.

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,530.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,530.
b	Routing number 041000124	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number 4132374301		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

For details on how to pay, see instructions.

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

Third Party Designee

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

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

Sign Here

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

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
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 02/11/2021	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 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
AZHAGIRY SUNDARAMOORTHY

Your social security number
652-87-9574

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	-5,550.
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	-5,550.

Part II Adjustments to Income

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

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name(s) shown on return

AZHAGIRY SUNDARAMOORTHY

Your social security number

652-87-9574

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	VADAMANGALAM PUDUCHERRY IN 605102				
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	550.		
4 Royalties received	4			

Expenses:

5 Advertising	5	150.		
6 Auto and travel (see instructions)	6	200.		
7 Cleaning and maintenance	7	150.		
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	5,400.		
14 Repairs.	14	200.		
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	6,100.		

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** -5,550.

22 Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) **22** (-5,550.) () ()

23a Total of all amounts reported on line 3 for all rental properties	23a	550.	
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d		
e Total of all amounts reported on line 20 for all properties	23e	6,100.	

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** (5,550.)

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** -5,550.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Your first name, middle initial, and last name AZHAGIRY SUNDARAMOORTHY

Spouse's first name, middle initial, and last name _____

Your Social Security number 652-87-9574

Spouse's Social Security number _____

Home address, City, State, ZIP 20419 STERLING WAY

STRONGSVILLE OH 44149

Part I Tax Return Information

	B. Spouse (filing status 3)	A. You or Joint
1. Iowa Net Income (IA 1040, line 26 A & B).....	1B _____ .00	1A <u>81,934</u> .00
2. Total Tax (IA 1040, line 42 A & B).....	2B _____ .00	2A <u>3,604</u> .00
3. Iowa Income Tax Withheld (IA 1040, line 63 A & B).....	3B _____ .00	3A <u>2,521</u> .00
4. Amount to be Refunded (IA 1040, line 68).....		4. <u>315</u> .00
5. Total Amount Due (IA 1040, line 73).....		5. _____ .00

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

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

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

Name of financial institution: PNC BANK

Routing Number

0	4	1	0	0	0	1	2	4
---	---	---	---	---	---	---	---	---

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

Account Number

4	1	3	2	3	7	4	3	0	1										
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

Type of Account: Savings Checking

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

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

Your Signature _____ Date _____

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

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

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

ERO Signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO PTIN
Firm's name (or yours if self-employed) <u>GLOBAL TAXES LLC</u>				FEIN <u>30-1017196</u>
Address, City, State, ZIP <u>2530 PEBBLE CREEK LN CUMMING GA 30041</u>				Phone Number <u>(678)965-9522</u>
Paid Preparer Signature <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>	Date <u>02/11/2021</u>	Check if self-employed <input type="checkbox"/>		Preparer PTIN <u>P02082703</u>
Firm's name (or yours if self-employed) <u>GLOBAL TAXES LLC</u>				FEIN <u>30-1017196</u>
Address, City, State, ZIP <u>2530 PEBBLE CREEK LN CUMMING GA 30041</u>				Phone Number <u>(678)965-9522</u>

2020 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning _____ and ending _____

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

Your last name: SUNDARAMOORTHY Your first name/middle initial: AZHAGIRY
 Spouse's last name: _____ Spouse's first name/middle initial: _____



Current mailing address (number and street, apartment, lot, or suite number) or PO Box:
20419 STERLING WAY

City, State, ZIP:
STRONGSVILLE OH 44149

Spouse SSN: _____ Your SSN: 652-87-9574

Step 2 Filing Status: Mark one box only

1	<input checked="" type="checkbox"/> Single: Were you claimed as a dependent on another person's Iowa return? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Email Address: _____
2	<input type="checkbox"/> Married filing a joint return. (Two-income families may benefit by using status 3 or 4.)	Check this box if you or your spouse were 65 or older as of 12/31/20. <input type="checkbox"/>
3	<input type="checkbox"/> Married filing separately on this combined return. Spouse use column B.	Residence on 12/31/20: County No. <u>00</u> School District No. <u>0000</u>
4	<input type="checkbox"/> Married filing separate returns. Spouse's name: _____ ▲ SSN: _____ Net Income: \$ _____	
5	<input type="checkbox"/> Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below.	
6	<input type="checkbox"/> Qualifying widow(er) with dependent child. Name: _____ SSN: _____	

Step 3 Exemptions

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

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

	B. Spouse/Status 3 ▲	A. You or Joint ▲
	_____	_____

Step 5 Gross Income

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
1. Wages, salaries, tips, etc	_____	<u>87,484.00</u>	_____	_____
2. Taxable interest income. If more than \$1,500, complete Sch. B	_____	_____	_____	_____
3. Ordinary dividend income. If more than \$1,500, complete Sch. B	_____	_____	_____	_____
4. Taxable alimony received	_____	_____	_____	_____
5. Business income/(loss). See instructions	_____	_____	_____	_____
6. Capital gain/(loss). See instructions	_____	_____	_____	_____
7. Other gains/(losses). See instructions	_____	_____	_____	_____
8. Taxable IRA distributions	_____	_____	_____	_____
9. Taxable pensions and annuities	_____	_____	_____	_____
10. Rents, royalties, partnerships, estates, etc. See instructions	_____	<u>-5,550.00</u>	_____	_____
11. Farm income/(loss). See instructions	_____	_____	_____	_____
12. Unemployment compensation. See instructions	_____	_____	_____	_____
13. Gambling winnings	_____	_____	_____	_____
14. Other income, bonus depreciation, and section 179 adjustment	_____	_____	_____	_____
15. Gross Income. Add lines 1-14	_____	_____	_____	<u>81,934.00</u>

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

Step 6 Adjustments to Income

16. Payments to an IRA, Keogh, or SEP	_____	_____	_____	_____
17. Deductible part of self-employment tax	_____	_____	_____	_____
18. Health insurance premium	_____	<u>0.00</u>	_____	_____
19. Penalty on early withdrawal of savings	_____	_____	_____	_____
20. Alimony paid	_____	_____	_____	_____
21. Pension/retirement income exclusion	_____ ▲	_____	_____	_____
22. Moving expense deduction from federal form 3903	_____	_____	_____	_____
23. Iowa capital gain deduction; Include corresponding IA 100 schedule	_____ ▲	_____	_____	_____
24. Other adjustments	_____	_____	_____	_____
25. Total adjustments. Add lines 16-24	_____	_____	_____	<u>0.00</u>
26. Net Income. Subtract line 25 from line 15	_____	_____	_____	<u>81,934.00</u>

Step 7 Federal Taxes and Qualified Deductions

27. Federal income tax refund/overpayment received in 2020	_____	_____	_____	_____
28. Self-employment/household employment/other federal taxes	_____ ▲	_____	_____	_____
29. Addition for federal taxes. Add lines 27 and 28	_____	_____	_____	<u>0.00</u>
30. Total. Add lines 26 and 29	_____	_____	_____	<u>81,934.00</u>
31. Federal tax withheld in 2020, federal estimated tax payments made in 2020, and federal taxes paid in 2020 for 2019 and prior years	_____ ▲	<u>14,616.00</u>	_____	_____
32. Qualified business income deduction. 25.0% (.25) of federal amount. See instructions	_____ ▲	_____	_____	_____
33. DPAD 199A(g) deduction. 25.0% (.25) of federal amount	_____ ▲	_____	_____	_____
34. Total federal tax and other qualified deductions. Add lines 31, 32, and 33	_____	_____	_____	<u>14,616.00</u>
35. Balance. Subtract line 34 from line 30. Enter here and on line 36, page 2	_____	_____	_____	<u>67,318.00</u>



2020 IA 1040, page 2

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
Step 8 Taxable Income				
36. BALANCE. From side 1, line 35		36.	00	67,318.00
37. Deduction. Check one box <input checked="" type="checkbox"/> Itemized.(Include IA Schedule A) <input type="checkbox"/> Standard		37.	00	3,005.00
38. TAXABLE INCOME. SUBTRACT line 37 from line 36		38.	00	64,313.00
Step 9 Tax, Credits, and Check-off Contributions				
39. Tax from tables or alternate tax	39.	00	▲	3,604.00
40. Iowa lump-sum tax. See instructions	40.	00	▲	0.00
41. Iowa alternative minimum tax. Include IA 6251	41.	00	▲	0.00
42. Total tax. ADD lines 39, 40, and 41	42.	00		3,604.00
43. Total exemption credit amount(s) from Step 3, side 1	43.	00		40.00
44. Tuition and textbook credit for dependents K-12	44.	00	▲	0.00
45. Volunteer firefighter/EMS/reserve peace officer credit	45.	00	▲	0.00
46. Total credits. ADD lines 43, 44, and 45	46.	00		40.00
47. BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter zero	47.	00	▲	3,564.00
48. Credit for nonresident or part-year resident. Must include IA 126 and federal return	48.	00	▲	1,358.00
49. BALANCE. SUBTRACT line 48 from line 47. If less than zero, enter zero	49.	00	▲	2,206.00
50. Out-of-state tax credit. Must include IA 130	50.	00	▲	0.00
51. BALANCE. SUBTRACT line 50 from line 49. If less than zero, enter zero	51.	00	▲	2,206.00
52. Other nonrefundable Iowa credits. Must include IA 148 Tax Credits Schedule	52.	00	▲	0.00
53. BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter zero	53.	00	▲	2,206.00
54. School district surtax or EMS surtax. Take percentage from table; multiply by line 53	54.	00	▲	0.00
55. Total state and local tax. ADD lines 53 and 54	55.	00	▲	2,206.00
56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here	56.			2,206.00
57. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars.				
Fish/Wildlife 57a: <input type="checkbox"/> State Fair 57b: <input type="checkbox"/> Firefighters/Veterans 57c: <input type="checkbox"/> Child Abuse Prevention 57d: <input type="checkbox"/> Enter here	57.			0.00
58. TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 56 and line 57 and enter here	58.		▲	2,206.00
Step 10 Credits				
59. Iowa fuel tax credit. Include IA 4136	59.	00	▲	0.00
60. Check One: Child and dependent care credit <input type="checkbox"/> OR ▲ Early childhood development credit <input type="checkbox"/>	60.	00	▲	0.00
61. Iowa earned income tax credit. 15.0% (.15) of federal credit	61.	00	▲	0.00
62. Other refundable credits. Include IA 148 Tax Credits Schedule	62.	00	▲	0.00
63. Iowa income tax withheld	63.	00	▲	2,521.00
64. Estimated and voucher payments made for tax year 2020	64.	00	▲	0.00
65. TOTAL. ADD lines 59 through 64 and enter here	65.	00	▲	2,521.00
66. TOTAL CREDITS. ADD columns A and B on line 65 and enter here	66.			2,521.00
Step 11 Refund				
67. If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid	67.		▲	315.00
68. Amount of line 67 to be REFUNDED	68.		▲	315.00
68a. Routing number: 0 4 1 0 0 0 1 2 4	68b. Type	Checking <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>	
68c. Account number: 4 1 3 2 3 7 4 3 0 1				
69. Amount of line 67 to be applied to your 2021 estimated tax	69.	00	▲	0.00
Step 12 Pay				
70. If line 66 is less than line 58, subtract line 66 from line 58. This is the AMOUNT OF TAX YOU OWE	70.		▲	0.00
71. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. Check if annualized income method is used	71.		▲	0.00
72. Penalty and interest ▲ 72a. Penalty 0.00 ▲ 72b. Interest 0.00 ADD. Enter total	72.			0.00
73. TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here	73.		▲	0.00

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

SIGN HERE

Your signature _____ Date _____ Check if deceased _____ Date of death _____

SIGN HERE

Spouse's signature _____ Date _____ Check if deceased _____ Date of death _____

SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/11/2021
Preparer's signature _____ Date _____

P02082703 30-1017196
Preparer's PTIN _____ Firm's FEIN _____

(440) 403-5720
Daytime telephone number

(678) 965-9522
Daytime telephone number

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



If you itemize deductions, include this schedule with your return. Use whole dollar amounts.

Name(s): AZHAGIRY SUNDARAMOORTHY Social Security Number: 652-87-9574

Medical and Dental Expenses	1. Medical and dental expenses (Exclude health insurance premiums claimed on IA 1040, line 18).....1. _____ 2. Multiply the amount on federal form 1040, line 11, as modified for Iowa purposes, by 7.5% (.075). Enter result here. See IA 1040 expanded instructions.....2. _____ 3. Subtract line 2 from line 1. If less than zero, enter 0.3. _____																		
Taxes You Paid (Not subject to federal deduction dollar limitations)	4. State and local taxes. Check only one box. a <input checked="" type="checkbox"/> Other state and local income taxes. Do not include any general sales tax or Iowa Income Tax. Include School District Surtax and EMS Surtax from prior years paid in 2020, OR b <input type="checkbox"/> General sales tax from federal form 1040, Schedule A, line 5a.....4. <u>3,005</u> 5. Real estate taxes5. _____ 6. Personal property taxes, including annual vehicle registration.....6. _____ 7. Other taxes. List type and amount:.....7. <u>0</u> 8. Add lines 4-7. Enter total here8. <u>3,005</u>																		
Interest You Paid	9. Home mortgage interest and points. a. Interest and points reported on federal form 1098.....9a. _____ b. Interest not reported on federal form 10989b. _____ 10. Points not reported on federal form 109810. _____ 11. Mortgage insurance premiums11. _____ 12. Investment interest. Include federal form 4952 if required.....12. _____ 13. Add lines 9a-12. Enter total here13. _____																		
Gifts to Charity	14. Contributions by cash or check.....14. _____ 15. Contributions other than by cash or check. Include federal form 8283 if more than \$500.....15. _____ 16. Contributions carryover from prior year. See IA 1040 expanded instructions.16. _____ 17. Add lines 14-16. Enter total here17. _____																		
Casualty/Theft Loss	18. Casualty or theft loss(es). Include federal form 4684. See IA 1040 expanded instructions.18. _____																		
Other Itemized Deductions	19. Other expenses. List type and amount: _____ _____ _____19. _____																		
Total Itemized Deductions	20. Other Iowa deductions. See IA 1040 expanded instructions.....20. _____ 21. Total deductions. Add lines 3, 8, 13, 17 through 20. If using filing statuses 1, 2, 5, or 6, enter the amount on Step 8, line 37 of the IA 104021. <u>3,005</u>																		
Proration of Deductions Between Spouses	Complete lines 22-26 only if you are using filing status 3 or 4. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Spouse</th> <th style="width: 10%; text-align: center;">You</th> </tr> </thead> <tbody> <tr> <td>22. Net income of both spouses from IA 1040, line 26.....22b. _____</td> <td></td> <td>22a. _____</td> </tr> <tr> <td>23. Total Iowa net income, add columns 22a and 22b. Enter total here.....23. _____</td> <td></td> <td></td> </tr> <tr> <td>24. Divide the amount on line 22a by the amount on line 23. Enter to the nearest tenth of a percent24. _____ %</td> <td></td> <td></td> </tr> <tr> <td>25. Multiply line 21 by the percentage on line 24. Enter here and on IA 1040, line 37, column A.....(You) 25. _____</td> <td></td> <td></td> </tr> <tr> <td>26. Subtract line 25 from line 21. Enter here and on IA 1040, line 37, column B. If you are using filing status 4, enter this amount on line 37, column A of your spouse's return.(Spouse) 26. _____</td> <td></td> <td></td> </tr> </tbody> </table>		Spouse	You	22. Net income of both spouses from IA 1040, line 26.....22b. _____		22a. _____	23. Total Iowa net income, add columns 22a and 22b. Enter total here.....23. _____			24. Divide the amount on line 22a by the amount on line 23. Enter to the nearest tenth of a percent24. _____ %			25. Multiply line 21 by the percentage on line 24. Enter here and on IA 1040, line 37, column A.....(You) 25. _____			26. Subtract line 25 from line 21. Enter here and on IA 1040, line 37, column B. If you are using filing status 4, enter this amount on line 37, column A of your spouse's return.(Spouse) 26. _____		
	Spouse	You																	
22. Net income of both spouses from IA 1040, line 26.....22b. _____		22a. _____																	
23. Total Iowa net income, add columns 22a and 22b. Enter total here.....23. _____																			
24. Divide the amount on line 22a by the amount on line 23. Enter to the nearest tenth of a percent24. _____ %																			
25. Multiply line 21 by the percentage on line 24. Enter here and on IA 1040, line 37, column A.....(You) 25. _____																			
26. Subtract line 25 from line 21. Enter here and on IA 1040, line 37, column B. If you are using filing status 4, enter this amount on line 37, column A of your spouse's return.(Spouse) 26. _____																			



Name(s): AZHAGIRY SUNDARAMOORTHY Social Security number: 652-87-9574

Mark the appropriate box for you and your spouse

	B. Spouse	A. You or Joint
A nonresident of Iowa for all of 2020	<input type="checkbox"/> ▲	<input checked="" type="checkbox"/> ▲
A part-year resident of Iowa during 2020	<input type="checkbox"/> ▲	<input type="checkbox"/> ▲
Date moved into Iowa: _____		
Date moved out of Iowa: _____		
A full-year resident of Iowa during 2020	<input type="checkbox"/>	<input type="checkbox"/>

Iowa-Source Income

	B. Spouse	A. You or Joint
1. Wages, salaries, tips, etc.	1. _____ .00	_____ 50,733.00
2. Taxable interest income	2. _____ .00	_____ .00
3. Ordinary dividend income.....	3. _____ .00	_____ .00
4. Taxable alimony received.....	4. _____ .00	_____ .00
5. Business income or (loss)	5. _____ .00	_____ .00
6. Capital gain or (loss)	6. _____ .00	_____ .00
7. Other gains or (losses)	7. _____ .00	_____ .00
8. Taxable IRA distributions	8. _____ .00	_____ .00
9. Taxable pensions and annuities.....	9. _____ .00	_____ .00
10. Rents, royalties, partnerships, estates, etc.....	10. _____ .00	_____ 0.00
11. Farm income or (loss)	11. _____ .00	_____ .00
12. Unemployment compensation.....	12. _____ .00	_____ .00
13. Gambling winnings.....	13. _____ .00	_____ .00
14. Other income, bonus depreciation, and section 179 adjustment.....	14. _____ .00	_____ .00
15. Iowa gross income. Add lines 1-14	15. _____ .00	▲ _____ 50,733.00
16. Payments to an IRA, Keogh, or SEP.....	16. _____ .00	_____ .00
17. Deductible part of self-employment tax	17. _____ .00	_____ .00
18. Health insurance premium	18. _____ .00	_____ .00
19. Penalty on early withdrawal of savings	19. _____ .00	_____ .00
20. Alimony paid	20. _____ .00	_____ .00
21. Pension/retirement income exclusion.....	21. _____ .00	_____ .00
22. Moving expense deduction into Iowa only.....	22. _____ .00	_____ .00
23. Iowa capital gain deduction.....	23. _____ .00	_____ .00
24. Other adjustments.....	24. _____ .00	_____ .00
25. Total adjustments. Add lines 16-24	25. _____ .00	▲ _____ .00
26. Iowa net income. Subtract line 25 from line 15	26. _____ .00	_____ 50,733.00
27. All-source net income from IA 1040, line 26.....	27. _____ .00	_____ 81,934.00
28. Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0%	28. _____ %	_____ 61.9 %
29. Nonresident/part-year resident credit percentage: Subtract the percentage on line 28 from 100.0%	29. _____ %	_____ 38.1 %
30. Iowa tax on total income from IA 1040, line 39	30. _____ .00	_____ 3,604.00
31. Total credits from IA 1040, line 46.....	31. _____ .00	_____ 40.00
32. Tax after credits. Subtract line 31 from line 30.....	32. _____ .00	_____ 3,564.00
33. Nonresident/part-year resident credit. Multiply line 32 by the percentage on line 29. Enter this amount on IA 1040, line 48.....	33. _____ .00	_____ 1,358.00



Name(s): AZHAGIRY SUNDARAMOORTHY Social Security number: 652-87-9574

PART I - Iowa Adjustments and Preferences. See instructions.

If you itemized deductions on Schedule A (IA 1040), start on line 1. If you did not itemize on your IA 1040, start on line 2.

1. Taxes from IA 1040 Schedule A, line 8.....	1.	3,005.
2. Refunds of taxes (exclude Iowa income tax)	2.	()
3. Investment interest expense (difference between regular tax and AMT)	3.	_____
4. Qualified small business stock.....	4.	_____
5. Exercise of incentive stock options (excess of AMT income over regular tax income) .	5.	_____
6. Estates and trusts [amount from federal Schedule K-1 (Form 1041)]	6.	_____
7. Disposition of property (difference between AMT and regular tax gain or loss)	7.	_____
8. Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	8.	_____
9. Passive activities (difference between AMT and regular tax income or loss).....	9.	_____
10. Loss limitations (difference between AMT and regular tax income or loss)	10.	_____
11. Circulation costs (difference between regular tax and AMT).....	11.	_____
12. Long-term contracts (difference between AMT and regular tax income).....	12.	_____
13. Mining costs (difference between regular tax and AMT).....	13.	_____
14. Research and experimental costs (difference between regular tax and AMT).....	14.	_____
15. Income from certain installment sales before January 1, 1987	15.	()
16. Other adjustments, including income-based related adjustments	16.	_____
17. Total adjustments and preferences. Add lines 1 through 16	17.	3,005.

PART II - Iowa Alternative Minimum Taxable Income

18. Taxable income from IA 1040, line 38.....	18.	64,313.
19. Net operating loss deduction. Do not enter as a negative amount.....	19.	_____
20. Add lines 17, 18, and 19	20.	67,318.
21. Iowa Alternative Minimum Tax net operating loss deduction. See instructions.....	21.	_____
22. Iowa Alternative Minimum Taxable Income. Subtract line 21 from line 20	22.	67,318.



PART III - Iowa Exemption Amount and Iowa Alternative Minimum Tax Based on Iowa Filing Status

23. Enter the applicable amount below based on your Iowa filing status:

- If filing status 1, 5, or 6, enter \$26,000. ■
- If filing status 2, enter \$35,000.
- If filing status 3 or 4, enter \$17,500..... 23. 26,000.

24. Enter the applicable amount below based on your Iowa filing status:

- If filing status 1, 5, or 6, enter \$112,500.
- If filing status 2, enter \$150,000.
- If filing status 3 or 4, enter \$75,000..... 24. 112,500.

25. Subtract line 24 from line 22. If zero or less, enter zero..... 25. 0.

26. Multiply line 25 by 25% (.25)..... 26. 0.

27. Subtract line 26 from line 23. If zero or less, enter zero..... 27. 26,000.

28. Subtract line 27 from line 22. If zero or less, enter zero..... 28. 41,318.

29. Tentative Iowa Alternative Minimum Tax. Multiply line 28 by 6.4% (.064) 29. 2,644.

30. Regular tax less exemption credits. IA 1040 line 39, less IA 1040 line 43 30. 3,564.

31. Iowa Alternative Minimum Tax. Subtract line 30 from 29; enter here and on IA 1040, line 41. If zero or less, enter zero. See instructions for Iowa Alternative Minimum Tax Limited to Net Worth..... 31. 0.

PART IV - Nonresidents and Part-Year Residents Only – Complete Lines 32-35.

32. Enter Iowa net income plus Iowa adjustments and preferences. If zero or less, enter zero. See instructions. 32. 50,733.

33. Total net income plus total adjustments and preferences. See instructions..... 33. 84,939.

34. Divide line 32 by line 33 and enter the result to three decimal places. If greater than one, enter 1.000..... 34. .597

35. Iowa Alternative Minimum Tax. Multiply line 31 by 34. Enter here and on IA 1040, line 41. See instructions..... 35. 0.





02 11 21

Check here if this is an amended return. Include the Ohio IT RE. Do NOT include a copy of the previously filed return.

Check here if claiming an NOL carryback. Include Schedule IT NOL.

Primary taxpayer's SSN (required) 652 87 9574 If deceased Spouse's SSN (if filing jointly) If deceased School district # (see instructions). SD# 7705

First name AZHAGIRY M.I. Last name SUNDARAMOORTHY

Spouse's first name (only if married filing jointly) M.I. Last name

Address line 1 (number and street) or P.O. Box 20419 STERLING WAY

Address line 2 (apartment number, suite number, etc.)

City STRONGSVILLE State OH ZIP code 44149 Ohio county (first four letters) CUYA

Foreign country (if the mailing address is outside the U.S.) Foreign postal code

Residency Status - Check only one for primary: Resident (checked), Part-year resident, Nonresident. Filing Status - Check one (as reported on federal income tax return): Single, head of household or qualifying widow(er) (checked), Married filing jointly, Married filing separately.

Ohio Nonresident Statement - See instructions for required criteria. Primary meets the five criteria for irrefutable presumption as nonresident. Spouse meets the five criteria for irrefutable presumption as nonresident. Check here if you filed the federal extension form 4868. Check here if someone else is able to claim you (or your spouse if joint return) as a dependent.

Do not staple or paper clip.

Table with 3 columns: Line number, Description, and Amount. Line 1: Federal adjusted gross income 81934 00. Line 2a: Additions 00. Line 2b: Deductions 00. Line 3: Ohio adjusted gross income 81934 00. Line 4: Exemption amount 1900 00. Line 5: Ohio income tax base 80034 00. Line 6: Taxable business income 00. Line 7: Line 5 minus line 6 80034 00.



MM-DD-YY Code

2020 Ohio IT 1040 Individual Income Tax Return



SSN 652 87 9574

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1, 8a. Nonbusiness income tax liability, 8b. Business income tax liability, 8c. Income tax liability before credits, 9. Ohio nonrefundable credits, 10. Tax liability after nonrefundable credits, 11. Interest penalty on underpayment of estimated tax, 12. Use tax due on internet, mail order or other out-of-state purchases, 13. Total Ohio tax liability before withholding or estimated payments, 14. Ohio income tax withheld, 15. Estimated and extension payments, 16. Refundable credits, 17. Amended return only, 18. Total Ohio tax payments, 19. Amended return only, 20. Line 18 minus line 19, 21. Tax liability, 22. Interest due on late payment of tax, 23. TOTAL AMOUNT DUE, 24. Overpayment, 25. Original return only, 26. Original return only (a-f), 27. REFUND.

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Primary signature _____ Phone number (440) 403-5720
Spouse's signature _____ Date (MM/DD/YY) _____

Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522

Preparer's TIN (PTIN) P 02082703

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

NO Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679

Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057

2020 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN



20350198

Sequence No. 11

652 87 9574

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Complete all fields for each form entered. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. Complete additional copies if necessary. Place state copies of your income statements after the last page of your return.

Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 10401. 1071 00

Part B - W-2s

1. P/S	Box b - EIN P 133924155 Box 15 - Employer's Ohio ID number 524322518	Box 1 - Wages, tips, other compensation 36751 00 Box 16 - Ohio wages, tips, etc. 36751 00	Box 2 - Federal income tax withheld 5563 00 Box 17 - Ohio income tax 1071 00
2. P/S	Box b - EIN Box 15 - Employer's Ohio ID number	Box 1 - Wages, tips, other compensation 00 Box 16 - Ohio wages, tips, etc. 00	Box 2 - Federal income tax withheld 00 Box 17 - Ohio income tax 00
3. P/S	Box b - EIN Box 15 - Employer's Ohio ID number	Box 1 - Wages, tips, other compensation 00 Box 16 - Ohio wages, tips, etc. 00	Box 2 - Federal income tax withheld 00 Box 17 - Ohio income tax 00
4. P/S	Box b - EIN Box 15 - Employer's Ohio ID number	Box 1 - Wages, tips, other compensation 00 Box 16 - Ohio wages, tips, etc. 00	Box 2 - Federal income tax withheld 00 Box 17 - Ohio income tax 00
5. P/S	Box b - EIN Box 15 - Employer's Ohio ID number	Box 1 - Wages, tips, other compensation 00 Box 16 - Ohio wages, tips, etc. 00	Box 2 - Federal income tax withheld 00 Box 17 - Ohio income tax 00
6. P/S	Box b - EIN Box 15 - Employer's Ohio ID number	Box 1 - Wages, tips, other compensation 00 Box 16 - Ohio wages, tips, etc. 00	Box 2 - Federal income tax withheld 00 Box 17 - Ohio income tax 00
7. P/S	Box b - EIN Box 15 - Employer's Ohio ID number	Box 1 - Wages, tips, other compensation 00 Box 16 - Ohio wages, tips, etc. 00	Box 2 - Federal income tax withheld 00 Box 17 - Ohio income tax 00



2020 Schedule of Ohio Withholding

Primary taxpayer's SSN
652 87 9574



20350298

Sequence No. 12

Part C - 1099-Rs

1. P/S Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	00		
Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
	00		00
2. P/S Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	00		
Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
	00		00
3. P/S Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	00		
Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
	00		00
4. P/S Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	00		
Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
	00		00

Part D - W-2Gs

1. P/S Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld
	00	00
Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld
	00	00
2. P/S Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld
	00	00
Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld
	00	00
3. P/S Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld
	00	00
Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld
	00	00

Part E - 1099-NECs

1. P/S Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal income tax withheld
	00	00
Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Ohio tax withheld
	00	00
2. P/S Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal income tax withheld
	00	00
Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Ohio tax withheld
	00	00



2020 Ohio Schedule of Credits

Primary taxpayer's SSN



20280198 Sequence No. 7

02 11 21

652 87 9574

Nonrefundable Credits

1. Tax liability before credits (from Ohio IT 1040, line 8c)	1.	2136	00
2. Retirement income credit (see instructions for table; include 1099-R forms)	2.		00
3. Lump sum retirement credit (see instructions for worksheet; include a copy)	3.		00
4. Senior citizen credit (must be 65 or older to claim this credit)	4.		00
5. Lump sum distribution credit (see instructions for worksheet; include a copy)	5.		00
6. Child care & dependent care credit (see instructions for worksheet; include a copy)	6.		00
7. Displaced worker training credit (see instructions for all required documentation; include copies)	7.		00
7a. Campaign contribution credit for Ohio statewide office or General Assembly	7a.	0	00
8. Income-based exemption credit (\$20 times the number of exemptions)	8.	0	00
9. Total (add lines 2 through 8)	9.	0	00
10. Tax less credits (line 1 minus line 9; if less than zero, enter zero)	10.	2136	00
11. Joint filing credit (see instructions for table). % times line 10, up to \$650	11.	0	00
12. Earned income credit	12.		00
13. Ohio adoption credit	13.		00
14. Nonrefundable job retention credit (include a copy of the credit certificate)	14.		00
15. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) ...	15.		00
16. Credit for purchases of grape production property	16.		00
17. InvestOhio credit (include a copy of the credit certificate)	17.		00
18. Lead abatement credit (include a copy of the credit certificate)	18.		00
19. Opportunity zone investment credit (include a copy of the credit certificate)	19.		00
20. Technology investment credit carryforward (include a copy of the credit certificate)	20.		00
21. Enterprise zone day care & training credits (include a copy of the credit certificate)	21.		00
22. Research & development credit (include a copy of the credit certificate)	22.		00
23. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)	23.		00
24. Total (add lines 11 through 23)	24.	0	00
25. Tax less additional credits (line 10 minus line 24; if less than zero, enter zero)	25.	2136	00



2020 Ohio Schedule of Credits

Primary taxpayer's SSN

652 87 9574



20280298

Sequence No. 8

Nonresident Credit

Date of nonresidency	to	State of residency	
26. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)			00
27. Ohio adjusted gross income (Ohio IT 1040, line 3).....			00
28. Divide line 26 by line 27 and enter the result here (four digits; do not round). Multiply this factor by line 25 to calculate your nonresident credit			00

Resident Credit

29. Portion of Ohio adjusted gross income taxed by another state or the District of Columbia while an Ohio resident- Ohio IT RC, line 1a (include a copy)	50733	00	
30. Ohio adjusted gross income (Ohio IT 1040, line 3).....	81934	00	
31. Divide line 29 by line 30 and enter the result here (four digits; do not round). Multiply this factor by line 25 and enter the result here	0.6191		
	1322	00	
32. 2020 income tax liability after credits paid to another state or the District of Columbia Ohio IT RC, line 1b (include a copy)	2206	00	
33. Enter the lesser of line 31 or line 32. This is your Ohio resident tax credit. Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax.....			1322 00
IA			
34. Total nonrefundable credits (add lines 9, 24, 28 and 33; enter here and on Ohio IT 1040, line 9)			1322 00

Refundable Credits

35. Refundable Ohio historic preservation credit (include a copy of the credit certificate)			00
36. Refundable job creation credit & job retention credit (include a copy of the credit certificate)			00
37. Pass-through entity credit (include a copy of the Ohio IT K-1s).....			00
38. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate).....			00
39. Venture capital credit (include a copy of the credit certificate)			00
40. Total refundable credits (add lines 35 through 39; enter here and on Ohio IT 1040, line 16).....			00



IT RC – Ohio Resident Credit Calculation

Use this form for tax years 2020 and forward.

This form is for individuals who were subjected to individual income tax by another state or the District of Columbia while a resident of Ohio. Include a copy of this form when filing your Ohio IT 1040.

Taxpayer name AZHAGIRY SUNDARAMOORTHY SSN 652 87 9574

List any income taxed and any taxes paid to each state next to its postal abbreviation and list any income taxed and taxes paid to the District of Columbia next to "DC." Taxes paid on an individual's behalf by a pass-through entity on a composite income tax return should be included on this form. Only income included in your Ohio adjusted gross income is eligible for this credit.

States without an income tax are not listed; do not include income earned or received in those states on this form. Additionally, full-year nonresidents are not entitled to this credit and should not use this form.

Important: Do not list any income in column A if you do not have tax paid in column B. Do not list a tax paid in column B if you do not have income taxed in column A.

Table with columns (A) Income Taxed and (B) Tax Paid for states AL through WV. Includes handwritten values for IA (50,733.00) and IA (2,206.00).

1a. Ohio Adjusted Gross Income Taxed by Other States and the District of Columbia (sum of all Column A amounts). Enter here and on the corresponding line of the Ohio Schedule of Credits 1a. 50 733 00 00

1b. Tax Paid to Other States and the District of Columbia (sum of all Column B amounts). Enter here and on the corresponding line of the Ohio Schedule of Credits..... 1b. 2 206 00 00