E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

IRS Use Only—Do not write or staple in this space.

Filing Statu	s 🗌 :	Single X Married filing jointly	Marrie	ed filing separately	(MFS) Hea	ıd of hou	sehold (HOI	H) [] Qua	lifying wi	dow(er) (QW)
Check only one box.		ou checked the MFS box, enter the son is a child but not your dependent		our spouse. If you	chec	ked the H	OH or Q	W box, ente	er the	child's	name if t	:he qualif	fying
Your first name	and m	iddle initial	Last nar	me					Y	our so	cial secur	ity numb	er
BHANU S.	ATVI	K REDDY	KETH	IREDDY					2	272-	61-294	18	
If joint return, s	pouse's	s first name and middle initial	Last nar	me					s	Spouse'	's social se	curity nu	mber
AKHILA :	REDD	Y	GAND	AVARAPU					و	976-	96-437	72	
Home address	(numbe	er and street). If you have a P.O. box, se	e instruction	ons.				Apt. no.	F	reside	ntial Elect	ion Cam	paign
2101 CA	RRIN	GTON PARK CIRCLE						308			here if you		
City, town, or p	ost offi	ce. If you have a foreign address, also c	omplete sp	paces below.	St	ate	ZIF	code		•	if filing joi this fund		
MORRISV	ILLE				N	C	2	7560			ow will no		
Foreign countr	y name		F	oreign province/state	e/cour	nty	Fo	eign postal co	ode y	our tax	x or refund	d.	
											You	Sp	ouse
At any time du	ıring 20	020, did you receive, sell, send, exc	change, o	r otherwise acquire	e any	financial i	nterest i	n any virtua	ıl curre	ency?	☐ Yes	⊠ No)
Standard Deduction	_	eone can claim: You as a d Spouse itemizes on a separate retu	•				ent						
Age/Blindnes	s You	Were born before January 2,	1956	Are blind Sp	oous	e: 🗌 Wa	s born b	efore Janua	ary 2,	1956	☐ Is b	olind	
Dependent	s (see	instructions):		(2) Social securi	ty	(3) Relat	ionship	(4) 🗸	if qua	lifies fo	r (see instr	uctions):	
If more	(1) F	irst name Last name		number to you			ou	Child to	ax cred	tit	Credit for c	Credit for other dependent	
than four								[
dependents, see instruction	s							[
and check	·												
here ►											<u> </u>		
•	_1_	Wages, salaries, tips, etc. Attach	Form(s) V	N-2						1		72,24	11.
Attach Sch. B if	2a	Tax-exempt interest	2a		b ·	Taxable int	erest			2b	,		
required.	3a	Qualified dividends	3a		b	Ordinary d	vidends			3b	,		
· · · · · · · · · · · · · · · · · · ·	4a	IRA distributions	4a		b	Taxable an	nount .			4b	,		
	5a	Pensions and annuities	5a		b ·	Taxable an	nount .			5b	,		
Standard	6a	Social security benefits	6a		b	Taxable an	nount .			6b			
Deduction for— Single or	7	Capital gain or (loss). Attach School	edule D if	required. If not red	quire	d, check he	ere .	!	▶ ∐	7			
Married filing	8	Other income from Schedule 1, li	ne 9							8			
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your total in	come	•				9	\bot	72,24	<u> 1.</u>
 Married filing jointly or 	10	Adjustments to income:					1 1						
Qualifying	а	From Schedule 1, line 22					10a						
widow(er), \$24,800	b	Charitable contributions if you tak	e the stan	dard deduction. Se	e ins	tructions	10b						
 Head of household, 	С	Add lines 10a and 10b. These are	your tot	al adjustments to	inco	me			. ▶	100	2		
\$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross inc	ome				. ▶	11		72,24	
 If you checked any box under 	12	Standard deduction or itemized		,	,					12		24,80	00.
Standard	13	Qualified business income deduc	tion. Atta	ch Form 8995 or F	orm	8995-A .				13			
Deduction, see instructions.	14	Add lines 12 and 13								14		24,80	
	15	Taxable income. Subtract line 1-	4 from line	e 11. If zero or less	s, ent	er -0				15	;	47,44	ŀ1.

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	3 🗌			16	5,296.
	17	Amount from Schedule 2, lir	ne 3						17	
	18	Add lines 16 and 17							18	5,296.
	19	Child tax credit or credit for	other dependent	ts					19	
	20	Amount from Schedule 3, lir	ne 7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0					22	5,296.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is						. ▶	24	5,296.
	25	Federal income tax withheld	•							
	а	Form(s) W-2				25a	8,6	636.		
	b	Form(s) 1099				25b			1	
	С	Other forms (see instruction				25c			1	
	d	Add lines 25a through 25c	•						25d	8,636.
	26	2020 estimated tax paymen							26	0,000.
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit. A				28			1	
If you have nontaxable	29	American opportunity credit				29			1	
combat pay, see instructions.	30	Recovery rebate credit. See		,		30			-	
see instructions.	31	Amount from Schedule 3, lir				31			-	
	32	Add lines 27 through 31. The					te	. ▶	32	
	33								33	8,636.
		Add lines 25d, 26, and 32. T								3,340.
Refund	34	If line 33 is more than line 24	•			•	-		34	3,340.
Divert deposit?	35a	Amount of line 34 you want Routing number 0 2 1						• <u> </u>	35a	3,340.
Direct deposit? See instructions.	►b	Account number 7 9 0			▶ c Type: 🗵	Checking	j ∐ Sa	vings		
	► d	· · · · · · · · · · · · · · · · · · ·				+				
<u> </u>	36	Amount of line 34 you want								
Amount You Owe	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now			. ▶	37	
For details on		Note: Schedule H and Sch	·	•	•	of the tax	es you ov	ve for		
how to pay, see		2020. See Schedule 3, line	•			1 1				
instructions.	38	Estimated tax penalty (see in				38				
Third Party		you want to allow another	•				V 0		. 1	V N
Designee		structions				. • 🗆	Yes. Com	•		⊠ No
		signee's me ▶		Phone no. ▶				al identif · (PIN) ▶		
Cian		der penalties of perjury, I declare	that I have examine		d accompanying sch	nedules and				at of my knowledge and
Sign		lief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation			If the	IRS ser	nt you an Identity
	k	-						- 1		IN, enter it here
Joint return?	L				SOFTWARE		ER		inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	tion				nt your spouse an ection PIN, enter it here
your records.	,				HOME MAKE	Þ		- 1	inst.) ▶	CHOILE IN, enter it here
	———Ph	one no. (919)916-937	3	Email address	SATVIKKETHII		ATT. COM			
		eparer's name	Preparer's signat		PUTATIVIDITI	Date		PTIN		Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM	1 .		מווסדים דיםו.ו.או			02082) 707	Self-employed
Preparer			1	MADAG FIFTE	COLIA IADDAN	. 0 / 1 0 /	2021 P			
Use Only		m's name ► GLOBAL TA m's address ► 2530 Pebb		n Cummin	~ C7 200/1					678)965-9522
0-1				ii Culliliiii				Lum	s EIN 🕨	
GO TO WWW.Irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 07/	28/21 PRO			Form 1040 (2020)

Form **8889**

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

► Attach to Form 1040, 1040-SR, or 1040-NR.

► Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment
Sequence No. 52

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

BHANU SATVIK REDDY KETHIREDDY

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 272-61-2948

Deloi	e you begin: Complete Form 6000, Archer MOAS and Long-Term Care insurance Contracts, i	requ	irea.	
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions	□Sel	f-only	▼ Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2		0.
3	If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others, see the instructions for the amount to enter	3		7,100.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs	4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5		7,100.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6		7,100.
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7		T 100
8	Add lines 6 and 7	8		7,100.
9	Employer contributions made to your HSAs for 2020			
10	Qualified HSA funding distributions			0.45
11	Add lines 9 and 10	11		945.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		6,155.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12	13		0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.			
Part	a separate Part II for each spouse.		HSAs,	complete
14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a		
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b		
С	Subtract line 14b from line 14a	14c		
15	Qualified medical expenses paid using HSA distributions (see instructions)	15		
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	16		
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b		
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruct completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.			,
18	Last-month rule	18		
19	Qualified HSA funding distribution	19		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040). Part II, line 8: check box c and enter "HDHP" and the amount on the line next to the box	21		



Application for IRS Individual Taxpayer Identification Number

► For use by individuals who are not U.S. citizens or permanent residents.

► See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

Application type (check one box):

Apply for a new ITIN Renew an existing ITIN Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Reason vou're submitting Form W-7. Read the instructions for the box you check. Caution: If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). a Nonresident alien required to get an ITIN to claim tax treaty benefit **b** Nonresident alien filing a U.S. federal tax return c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ d Dependent of U.S. citizen/resident alien e X Spouse of U.S. citizen/resident alien If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ BHANU SATVIK REDDY KETHIREDDY 272-61-2948 f Union Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception g Dependent/spouse of a nonresident alien holding a U.S. visa h ☐ Other (see instructions) ▶ Additional information for a and f: Enter treaty country ▶ and treaty article number ▶ 1a First name Middle name Last name Name AKHILA REDDY GANDAVARAPU (see instructions) Middle name 1b First name Name at birth if Last name different . . > 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 2101 CARRINGTON PARK CIRCLE Apt 308 Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 27560 MORRISVILLE USA Street address, apartment number, or rural route number. Don't use a P.O. box number. Foreign (non-**U.S.) Address** City or town, state or province, and country. Include postal code where appropriate. (see instructions) 4 Date of birth (month / day / year) Country of birth City and state or province (optional) Male **Birth** Information 05/26/1995 TNDTA ▼ Female 6a Country(ies) of citizenship **6b** Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date Other TNDTA P6236296 08/18/2022 Information 6d Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D. Other USCIS documentation Date of entry into the United States No.: L7892049 Exp. date: 03/13/2024 Issued by: INDIA (MM/DD/YYYY): 10/30/2020 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? No/Don't know. Skip line 6f. Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). 6f Enter ITIN and/or IRSN ▶ ITIN **IRSN** and name under which it was issued ▶ First name Middle name Last name 6g Name of college/university or company (see instructions) ▶ City and state ▶ Length of stay ▶ Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying Sign documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number. Here Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number Keep a copy for your records. Name of delegate, if applicable (type or print) Delegate's relationship Parent Court-appointed guardian to applicant Power of attorney Date (month / day / year) Signature Phone **Acceptance** Fax Agent's Name and title (type or print) Name of company **Use ONLY** Office code

D-40 < Staple Retui	e All		of Yo		2020	_		<u>i</u> na D	ncome epartmer	nt of R	Return evenue	DOR Use Only				
For cal BHAN 2101 MORR Filing S Were y Was you	enda U S. CAI ISV Status ou a lour sp	r year 2 ATVIF RRING NC 2 Tesident boouse a	020, c TON 7560 1. Sin 4. Hea of N.C reside	or fiscal year KE PARK WAKE gle ad of House C. for the eart for the	entire year? e entire year' You may co	Y 2. Marri 5. Quali ntribute	ed Filing fying Wic Yes X Yes X to the N	20 CHILA 308 Jointly dow(er) No No	and ending A REDDY Your S Spouse's S 3. Mar	GAI SSN: 27 SSN: AP ried Filing Return fo Return fo wment Fi	NDAVAR 2612948 PLIED F Separately r deceased tar deceased sound by making	Were you your 2020 Year spoaxpayer. pouse.	granted an au federal incor Yes use died: Date of Date of Dution or de	utomatic ome tax re No death: death:	Yes Nextension to turn (Form	1040)?
☐ Se	lect b	ox if yo	u, or it	f married	filing jointly,	your spo	use wei	re out c	of the country	on April	information a 15, 2021, and ersonal Repre	d a U.S. c	itizen or res	sident.		
FS 2	2	PP	Y		DT	N	OC	N	TPRES	Y	SPRES	Y	VT	N	SVT	N
KETH		2101	_	2756	0 DS	N	EA	N	TD		S	SD			FDEX	T N
BHANU	J S	ATVI	K		KETH	IRED	DY			2726	12948		WAKE	<u> </u>		
AKHII	ĹΑ	REDI	Υ		GAND.	AVAR	APU			APPL	IED F	NC	2756	50		
2101	CA	RRIN	IGTO	ON PA	RK CIR	CLE			308	МО	RRISVII	LE				
06			722	241		16			0		26C			0		
07				0		18	Y		0		26E			0		7020
09				0		20A			3156		EU					1500
10A				0		20B			0		27			0		22
10B				0		21A			0		29			0		
11	S	Y	I	N		21B			0		30			0		
11			215	500		21C			0		31			0		
13			000	000		21D			0		32			0		
14			507	741		26A			0		34		49	92		
15			26	564		26B			0							
TN	9	1991	693	373		PN	6	789	559522		PP	P0	208270)3		
I declare a	nd cert	urn B	ave exa	mined this re	Refund D	oanying scl	nedules an	492 ad statem		yment Chec	Due k here if you auccuss this return	uthorize the	O North Caroli	ina Depa the paid p	rtment of Re preparer bel	evenue ow.
Your Signa	iture					Date	Spor	use's Sigr	nature (If filing jo	int return, bo	oth must sign.)	Date		91693 ct Phone N	373 o. (Include are	ea code)
	PRI	YA R		prepared by		9 10 2	<u>:1 678</u>	8965 <u>9</u>	9522		which the prepare	er has any kr		08270		
Paid Prepa			NOT 4				: N.C. D	EPT. O		P.O. BOX F	R, RALEIGH, N		001		SSN, or PTIN	

Name	(First 10 Characters) KETHIREDDY Your Social Security Number	27263	L2948
	D-400 Line-by-Line Information		
6.	Federal Adjusted Gross Income	6.	7224
7.	Additions to Federal Adjusted Gross Income	7.	/221
7. 8.	Add Lines 6 and 7	7. 8.	7224
9.	Deductions From Federal Adjusted Gross Income	9.	/ 2 2 4
10.	Child Deduction	9.	
10.		10a.	
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit b. Enter the amount of the child deduction	10a. 10b.	
11.	N.C. Standard Deduction	11.	
11.	N.C. Itemized Deduction	11.	
11.	Deduction amount	11.	2150
12.	a. Add Lines 9, 10b, and 11	12a.	2150
12.	b. Subtract amount on Line 12a from Line 8	12a. 12b.	5074
13.	Part-year Residents and Nonresidents Taxable Percentage	120.	
13. 14.	·		0.000
	N.C. Taxable Income	14.	5074 266
15.	N.C. Income Tax	15.	266
16.	Tax Credits	16.	0.67
17.	Subtract Line 16 from Line 15	17.	266
18.	Consumer Use Tax	18.	
	You certify that no Consumer Use Tax is due	4.0	
19.	Add Lines 17 and 18	19.	266
N I =4I=	Carolina Income Tax Withheld		
North			
<u>могип</u> 20а.	Your tax withheld	20a.	315
20a. 20b.	Spouse's tax withheld	20a. 20b.	315
20a. 20b. Other	Spouse's tax withheld Tax Payments	20b.	315
20a. 20b. Other 21a.	Spouse's tax withheld Tax Payments 2020 estimated tax	20b. 21a.	315
20a. 20b. Other 21a. 21b.	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension	20b. 21a. 21b.	315
20a. 20b. Other 21a. 21b. 21c.	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension Partnership	21a. 21b. 21c.	315
20a. 20b. Other 21a. 21b. 21c. 21d.	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation	21a. 21b. 21c. 21d.	315
20a. 20b. Other 21a. 21b. 21c. 21d. 22.	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments	21a. 21b. 21c. 21d. 22.	
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23.	Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments	21a. 21b. 21c. 21d. 22. 23.	
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24.	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds	21a. 21b. 21c. 21d. 22. 23. 24.	315
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25.	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23	21a. 21b. 21c. 21d. 22. 23. 24. 25.	315
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a.	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a.	315
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a.	Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a.	315
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c.	Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b.	315
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c.	Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c.	315
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d.	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU	315
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU	Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU	315
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	315
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e.	Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU	315 315 315
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	315
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	315
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment int of Refund to Apply to:	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	315
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28. Amou	Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment int of Refund to Apply to:	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	315
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28. Amou	Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment and of Refund to Apply to: Amount of Line 28 to be applied to 2021 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	315
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28. Amou 29. 30. 31.	Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment and of Refund to Apply to: Amount of Line 28 to be applied to 2021 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund N.C. Education Endowment Fund	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	315