

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name <b>ANUSHA GODDANTI</b>	Social security number 081-89-8728
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.

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	67,797.
<b>2</b> Total tax . . . . .	<b>2</b>	7,973.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	9,392.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	1,419.
<b>5</b> Amount you owe . . . . .	<b>5</b>	

## 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 

9	8	7	2	8
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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 ANUSHA	Last name GODDANTI	Your social security number 081-89-8728
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. 8241 NW 8TH PLACE		Apt. no.	<b>Presidential Election Campaign</b> 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. PLANTATION	State FL	ZIP code 33324	
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

Dependents (see instructions): 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"/>

Attach Sch. B if required.  <b>Standard Deduction for—</b> • 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.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b>	72,647.	
	<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	<b>b</b> Taxable interest . . . . .	<b>2b</b>	
	<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	<b>b</b> Ordinary dividends . . . . .	<b>3b</b>	
	<b>4a</b>	IRA distributions . . . . .	<b>4a</b>	<b>b</b> Taxable amount . . . . .	<b>4b</b>	
	<b>5a</b>	Pensions and annuities . . . . .	<b>5a</b>	<b>b</b> Taxable amount . . . . .	<b>5b</b>	
	<b>6a</b>	Social security benefits . . . . .	<b>6a</b>	<b>b</b> Taxable amount . . . . .	<b>6b</b>	
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>			<b>7</b>	
	<b>8</b>	Other income from Schedule 1, line 9 . . . . .			<b>8</b>	-4,850.
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶			<b>9</b>	67,797.
	<b>10</b>	Adjustments to income:				
	<b>a</b>	From Schedule 1, line 22 . . . . .	<b>10a</b>			
	<b>b</b>	Charitable contributions if you take the standard deduction. See instructions . . . . .	<b>10b</b>			
	<b>c</b>	Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶			<b>10c</b>	
	<b>11</b>	Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶			<b>11</b>	67,797.
	<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .			<b>12</b>	12,400.
<b>13</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .			<b>13</b>		
<b>14</b>	Add lines 12 and 13 . . . . .			<b>14</b>	12,400.	
<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .			<b>15</b>	55,397.	

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	7,973.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	7,973.
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	7,973.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	7,973.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	9,392.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	9,392.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) <b>NO</b>	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 <b>total other payments and refundable credits</b>	32	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	9,392.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	1,419.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,419.
b	Routing number 081202759	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number 199376675989		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

Amount You Owe

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

Third Party Designee

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

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

Sign Here

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
_____ Spouse's signature. If a joint return, <b>both</b> must sign.	Date	SOFTWARE DEVELOPER	_____
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/11/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Firm's address			Phone no.
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041			(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](http://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  
ANUSHA GODDANTI

Your social security number  
081-89-8728

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-4,850.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-4,850.

**Part II Adjustments to Income**

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

**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](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

ANUSHA GODDANTI

081-89-8728

**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

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	4TH LANE NEHRU NAGAR GUNTUR ANDHRAPRADESH IN 522001				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	3		365	0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<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
<b>3</b>	Rents received . . . . .	<b>3</b>		500.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>		150.		
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>		250.		
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		200.		
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>		4,500.		
<b>14</b>	Repairs. . . . .	<b>14</b>		250.		
<b>15</b>	Supplies . . . . .	<b>15</b>				
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>				
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		5,350.		
<b>21</b>	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 <b>Form 6198</b> . . . . .	<b>21</b>		-4,850.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>		( -4,850. )	( )	( )
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		500.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		5,350.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>		( 4,850. )		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> 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 . . . . .	<b>26</b>				-4,850.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020



# Oklahoma Individual Income Tax Declaration for Electronic Filing

**2020  
Form 511EF**

**NOTE: Do not mail Oklahoma Tax Return - Form 511 or Form 511NR.**

**See instructions on Page 2 to determine if you are required to send Form 511EF to the OTC.**

Your first name and middle initial <b>ANUSHA</b>	Last name <b>GODDANTI</b>	Your social security number <b>0 8 1 8 9 8 7 2 8</b>
If a joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Mailing address (number and street, including apartment number, rural route or PO Box) <b>8241 NW 8TH PLACE</b>		Filing status <b>1</b>
City, State, ZIP <b>PLANTATION FL 33324</b>		Total number of exemptions <b>1</b>

## Part One - Tax Return Information (whole dollars only)

1	Oklahoma Adjusted Gross Income (511, Line 7) or Adjusted Gross Income: All Sources (511NR, Line 7) .....	1	67797	00
2	Oklahoma Income Tax and Use Tax (511, Line 22 or 511NR, Line 26) .....	2	522	00
3	Oklahoma Income Tax Payments and Credits (511, Line 33 or 511NR, Line 34) .....	3	520	00
4	Refund (511, Line 38 or 511NR, Line 39) .....	4	0	00
5	Balance Due (511, Line 43 or 511NR, Line 44) .....	5	2	00

**For a balance due return with an electronic payment complete line 6b below. The due date for an electronic payment is April 20th. For a balance due return with a non-electronic payment enclose a payment with the 511-V and submit on or before the due date of April 15th. If the Internal Revenue Code (IRC) of the IRS provides for a later due date, your payment may be made by the later due date and will be considered timely. If the due date falls on a weekend or legal holiday when OTC offices are closed, your payment is due the next business day.**

## Part Two - Declaration of Taxpayer

**6a**  I consent that my refund be directly deposited as designated in the electronic portion of my 2020 Oklahoma income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

**6b**  I authorize the Oklahoma State 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 Oklahoma taxes owed on this return and/or a payment of estimated tax. 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.

If I have filed a balance due return, I understand that if the Oklahoma Tax Commission (OTC) does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare I have compared the information contained on my return, with information I have provided to my Electronic Return Originator (ERO), and the amounts described in Part One above, agree with the amounts shown on the corresponding lines of my 2020 Oklahoma income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including this declaration and accompanying schedules and statements, be sent to the OTC by my ERO.

In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the Oklahoma Tax Commission of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here: \_\_\_\_\_  
Your Signature Date Spouse's Signature (If joint return, both must sign) Date

## Part Three - Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare I have reviewed the above taxpayer's return and the entries on Form 511EF are complete and correct to the best of my knowledge. (EROs who are collectors are not responsible for reviewing the taxpayer's return; however, they must ensure Form 511EF accurately reflects the data on the return.) I have obtained the taxpayer's signature on Form 511EF and I have provided the taxpayer with a copy of all forms and information to be filed with the OTC, and have followed all other requirements described in Pub. 1345, Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2020). If I am also a Paid Preparer, under penalties of perjury I declare I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO Use Only	<u>02/12/2021</u>	PTIN
ERO or Paid Preparer's Signature	Date	
Paid Preparer Use Only	<u>02/12/2021</u>	<u>P02082703</u>
Paid Preparer Signature	Date	PTIN
Firm name (or yours if self-employed), <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>		
address and ZIP <u>2530 PEBBLE CREEK LN CUMMING GA 30041</u>		
Phone number ( <u>678</u> ) <u>965-9522</u>		

**State of Oklahoma**  
**Individual Income Tax Payment Voucher**  
Instructions

**What is Form 511-V and Do You Have to Use It?**

If you have already filed your return, either electronically or by paper, send this voucher with your check or money order for any balance due on your 2020 Form 511 or 511NR. Using Form 511-V allows us to process your payment more accurately and efficiently. We strongly encourage you to use Form 511-V, but there is no penalty if you do not.

**\* Due Date**

Generally, your Oklahoma income tax is due April 15th. However:

- If you electronically file your return and pay electronically, your due date is extended until April 20th. Log on to **tax.ok.gov** and visit the “**Online Services**” link to make a payment electronically.
- If the Internal Revenue Code (IRC) of the IRS provides for a later due date, your payment may be made by the later due date and will be considered timely.
- If the due date falls on a weekend or legal holiday when OTC offices are closed, your payment is due the next business day.

**How To Prepare Your Payment**

- Remit only one check or money order per voucher.
- Make your check or money order payable to the “Oklahoma Tax Commission”. Do not send cash.
- Make sure your name and address appear on your check or money order.

**How To Send In Your 2020 Tax Payment, and Form 511-V**

- Cut Form 511-V along the dotted line and submit the bottom portion of the Individual Income Tax Payment Voucher.
- Do not staple or otherwise attach your payment to Form 511-V. Instead, just put them loose in the envelope.
- **Do not include a copy of your income tax return.** To use this form, your income tax return (either paper or electronic) should already be filed with the Oklahoma Tax Commission.
- Mail your 2020 tax payment and Form 511-V to:

Oklahoma Tax Commission  
 PO Box 26890  
 Oklahoma City, OK 73126-0890

● Do not fold, staple, or paper clip

**Detach Here and Return Voucher with Payment**

● Do not tear or cut below line

#1555#

ITI-I

**State of Oklahoma**  
**Individual Income Tax Payment Voucher**

FORM **511-V** 2020

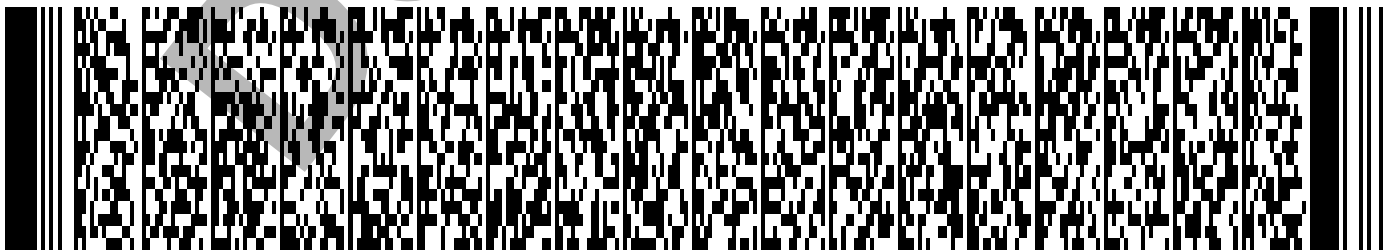
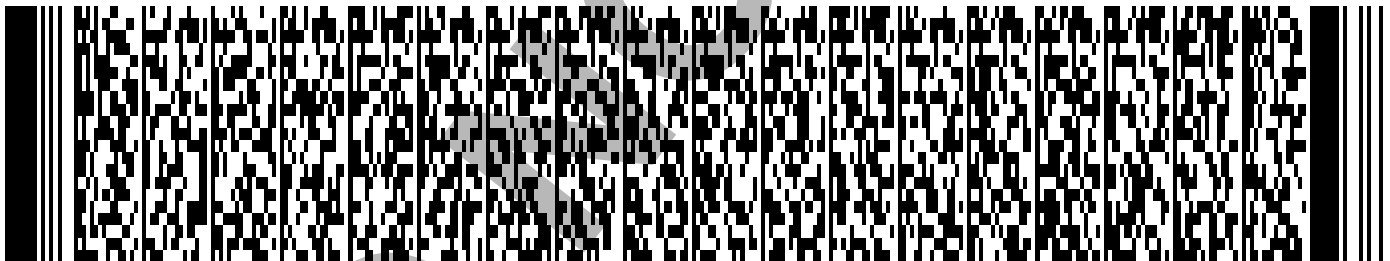
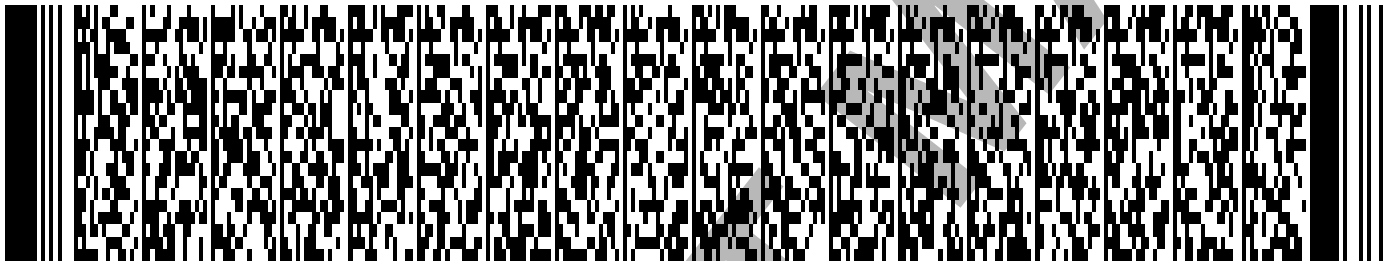


Reporting Period <b>01-01-2020 to 12-31-2020</b>	Due Date* (Penalty and interest may be assessed if payment is not sent by the due date) <b>04-15-2021</b>
Your first name, middle initial and last name <b>ANUSHA GODDANTI</b>	Your Social Security Number (if filing a joint return, enter the SSN shown first on your return) <b>081-89-8728</b>
If joint return, spouse's first name, middle initial and last name	Spouse's Social Security Number (if filing a joint return)
Mailing address (number and street, including apartment number, rural route or PO Box) <b>8241 NW 8TH PLACE</b>	Daytime phone number (optional)
City, State, ZIP <b>PLANTATION FL 33324</b>	<b>Do not</b> enclose a copy of your Oklahoma tax return.

Oklahoma Tax Commission  
 PO Box 26890  
 Oklahoma City, OK 73126-0890

Balance Due	\$	2
Amount of Payment	\$	0

**FAILURE TO SUBMIT THIS PAGE  
WILL DELAY PROCESSING OF YOUR RETURN**







# Oklahoma Nonresident/Part-Year Income Tax Return

Your Social Security Number  Place an 'X' in this box if this taxpayer is deceased

Spouse's Social Security Number  (joint return only) Place an 'X' in this box if this taxpayer is deceased

**AMENDED RETURN!**  
Place an 'X' in this box if this is an amended 511NR. See Schedule 511NR-H.

Name and Address Please Print or Type

Your first name Middle initial Last name  
ANUSHA GODDANTI

If a joint return, spouse's first name Middle initial Last name

Mailing address (number and street, including apartment number, rural route or PO Box)  
8241 NW 8TH PLACE

City State ZIP  
PLANTATION FL 33324

Filing Status

1  Single

2  Married filing joint return (even if only one had income)

3  Married filing separate  
• If spouse is also filing, list Name: \_\_\_\_\_  
name and SSN in the boxes: SSN: \_\_\_\_\_

4  Head of household with qualifying person

5  Qualifying widow(er) with dependent child  
• Please list the year spouse died in box at right: \_\_\_\_\_

Residency Status

Nonresident(s) State of Residence: FL

Part-Year Resident(s) From \_\_\_\_\_ to \_\_\_\_\_

Resident/Part-Year Resident/Nonresident  
State of Residence: Yourself \_\_\_\_\_ Spouse \_\_\_\_\_

**Not Required to File**

Place an 'X' in this box if you are a nonresident whose gross income from Oklahoma sources is less than \$1,000. (see instructions)

\* Note: If claiming Special Exemption, see instructions on page 10 of 511NR Packet.

Exemptions	Regular	* Special	Blind	E	1	(a)
	1					
	Spouse			E		(b)
	0					(c)
Number of dependents				E		
Add the Totals from boxes (a), (b) and (c). Enter the TOTAL here:				E	1	

Note: If you may be claimed as a dependent on another return, enter "0" in the Total box for your regular exemption.

Age 65 or Older? (Please see instructions)  Yourself  Spouse

Complete Schedule 511NR-1 "Income Allocation for Nonresidents and Part-Year Residents" to arrive at Oklahoma Source Income (line 1) and Federal adjusted gross income (line 2).

		Please Round to Nearest Whole Dollar	
		Federal Amount	Oklahoma Amount
1	Oklahoma source income (Schedule 511NR-1, line 18)		12500 00
2	Federal adjusted gross income (Schedule 511NR-1, line 19)	67797 00	
3	Oklahoma additions: Schedule 511NR-A, line 8	00	00
4	Add lines (Federal 2 and 3) and then (Oklahoma 1 and 3)	67797 00	12500 00
5	Oklahoma subtractions: Schedule 511NR-B, line 17	00	00
6	Adjusted gross income: <b>Oklahoma Source</b> (line 4 minus line 5)		12500 00
7	Adjusted gross income: <b>All Sources</b> (line 4 minus line 5) Also enter on line 8.	67797 00	
8	Adjusted gross income: <b>All Sources</b> (from line 7)		67797 00
9	Oklahoma Adjustments (Schedule 511NR-C, line 7)		00
10	Income after adjustments (line 8 minus line 9)		67797 00
11	Oklahoma itemized deductions (Schedule 511NR-D, line 11) or Oklahoma standard deduction (Single or Married Filing Separate: \$6,350 • Married Filing Joint or Qualifying Widow(er): \$12,700 • Head of Household: \$9,350) ..		6350 00
12	Exemptions: Enter the total number of exemptions claimed above <input type="text" value="1"/> X \$1,000		1000 00
13	Total deductions and exemptions (add lines 11 and 12)		7350 00
14	<b>Oklahoma Taxable Income:</b> (line 10 minus line 13)		60447 00
15	(a) Oklahoma Income Tax from Tax Table or if using Farm Income Averaging, enter tax from Form 573, line 22 and enter a "1" in box on line 15	2833 00	
	(b) If paying the Health Savings Account additional 10% tax, add additional tax here and enter a "2" in box on line 15	00	
	Oklahoma Income Tax (line 15a plus line 15b)		2833 00
16	Oklahoma child care/child tax credit (see instructions)		00
17	Subtract line 16 from line 15 (This is your tax base) (Do not enter less than zero)		2833 00

**STOP AND READ:** If line 7 is equal to or larger than line 2, complete line 16. If line 7 is smaller than line 2, see Schedule 511NR-E.



2020 Form 511NR - Nonresident/Part-Year Income Tax Return - Page 2

Name(s) shown on Form 511NR: ANUSHA GODDANTI	Your Social Security Number: 081898728
--	--

18	Amount from line 17 on page 1 .....	18	2833 00				
19	Tax percentage: <table style="display: inline-table; border: 1px solid black; margin-right: 10px;"> <tr><td style="padding: 2px;">Oklahoma Amount (from line 6)</td></tr> <tr><td style="padding: 2px;">a) 12500</td></tr> </table> $\cdot$ <table style="display: inline-table; border: 1px solid black; margin-right: 10px;"> <tr><td style="padding: 2px;">Federal Amount (from line 7)</td></tr> <tr><td style="padding: 2px;">b) 67797</td></tr> </table> $\div$ .....	Oklahoma Amount (from line 6)	a) 12500	Federal Amount (from line 7)	b) 67797	19	18.4374 %
Oklahoma Amount (from line 6)							
a) 12500							
Federal Amount (from line 7)							
b) 67797							
20	<b>Oklahoma Income Tax.</b> Multiply line 18 by line 19 If recapturing the Oklahoma Affordable Housing Tax Credit, add recaptured credit here and enter a "1" in box. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 O.S. Sec. 2368(K), add the installment payment here and enter a "2" in the box)..... <input type="checkbox"/>	20	522 00				
21	Oklahoma earned income credit (Sch. 511NR-F, line 4) .....	21	00				
22	Credit for taxes paid to another state (provide Form 511TX) nonresidents do not qualify .....	22	00				
23	Form 511CR - Other Credits Form - List 511CR line number claimed here: <input type="checkbox"/> .....	23	00				
24	Line 20 minus lines 21, 22 and 23 .....	24	522 00				
25	Use tax due on Internet, mail order, or other out-of-state purchases while living in Oklahoma If you certify that no use tax is due, place an 'X' here: <input type="checkbox"/> .....	25	00				
26	Balance (add lines 24 and 25).....	26	522 00				
27	Oklahoma withholding (provide W-2s, 1099s or withholding statement) ..	27	520 00				
28	2020 Oklahoma estimated tax payments If you are a qualified farmer, place an 'X' here: <input type="checkbox"/> .....	28	00				
29	2020 payment with extension.....	29	00				
30	Credits from Form ..... a) <input type="checkbox"/> 577..... b) <input type="checkbox"/> 578 .....	30	00				
31	Amount paid with original return plus additional paid after it was filed (amended return only).....	31	00				
32	<b>Payments and credits</b> (add lines 27-31).....	32	520 00				
33	Overpayment, if any, as shown on original return and/or prior amended return(s) or as previously adjusted by Oklahoma (amended return only) .....	33	00				
34	<b>Total payments and credits</b> (line 32 minus line 33).....	34	520 00				
35	If line 34 is more than line 26, subtract line 26 from line 34. This is your <b>overpayment</b> .....	35	0 00				
36	Amount of line 35 to be applied to 2021 estimated tax ( <b>original return only</b> ) (see page 4 of 511NR Packet for further information).....	36	00				
Schedule 511NR-G provides you with the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Place the line number of the organization from Schedule 511NR-G in the box. If you give to more than one organization, put a "99" in the box. Provide Schedule 511NR-G .....							
37	Donations from your refund (total from Schedule 511NR-G) .....	37	00				
38	Total deductions from refund (add lines 36 and 37).....	38	00				
39	Amount to be <b>refunded</b> (line 35 minus line 38) .....	39	0 00				

<b>Direct Deposit Note:</b> Verify your account and routing numbers are correct. If your direct deposit fails to process or you do not choose direct deposit, you will receive a <b>debit card</b> . See the 511NR Packet for direct deposit and debit card information.	<p>Is this refund going to or through an account that is located outside of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Deposit my refund in my: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account</p> <p>Routing Number: _____ Account Number: _____</p>
---	---

40	If line 26 is more than line 34, subtract line 34 from line 26. This is your <b>tax due</b> .....	40	2 00
41	a) Donation: Support the Oklahoma General Revenue Fund ( <b>original return only</b> ) .....	41a	00
	b) Donation: Public School Classroom Support Fund ( <b>original return only</b> ).....	41b	00
42	Underpayment of estimated tax interest (annualized installment method <input type="checkbox"/> ) .....	42	00
43	<b>For delinquent payment</b> add penalty of 5%.....\$ _____ plus interest of 1.25% per month.....\$ _____	43	00
44	<b>Total tax, donation, penalty and interest</b> (add lines 40-43).....	44	2 00

Under penalty of perjury, I declare the information contained in this document, and all attachments and schedules, is true and correct to the best of my knowledge and belief. Place an 'X' in this box if the Oklahoma Tax Commission may discuss this return with your tax preparer.....

Taxpayer's signature _____ Date _____	Spouse's signature _____ Date _____	Paid Preparer's signature _____ Date _____
Taxpayer's occupation <b>SOFTWARE DEVELOPER</b>	Spouse's occupation	<b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b> 02/12/2021
Daytime Phone Number (optional)	Paid Preparer's address and phone number (678) 965-9522 2530 PEBBLE CREEK LN CUMMING GA 30041	
<b>A COPY OF FEDERAL RETURN MUST BE PROVIDED.</b>		Paid Preparer's PTIN <b>P02082703</b>

**Please remit to:** Oklahoma Tax Commission, P.O. Box 269045, Oklahoma City, OK 73126-9045



Note: Provide this page with your return.

Name(s) shown on Form 511NR: ANUSHA GODDANTI

Your Social Security Number: 081-89-8728

### Schedule 511NR-1: Income Allocation for Nonresidents and Part-Year Residents

Lines 1-19: In the Federal column, enter the amounts from your Federal tax return. See the instructions to figure the amounts to report in the Oklahoma column.

	Federal Amount	Oklahoma Amount
1 Wages, salaries, tips, etc.....	72647 00	12500 00
2 Taxable interest income.....	00	00
3 Dividend income.....	00	00
4 Taxable IRA distribution.....	00	00
5 Taxable pensions and annuities.....	00	00
6 Taxable Social Security benefits (also enter on line 2 of Sch. 511NR-B)...	00	00
7 Capital gains or losses (Federal Schedule D).....	00	00
8 Taxable refunds (state income tax).....	00	00
9 Alimony received.....	00	00
10 Business income or (loss) (Federal Schedule C).....	00	00
11 Other gains or losses (Federal Form 4797).....	00	00
12 Rental real estate, royalties, partnerships, etc.....	-4850 00	0 00
13 Farm income or (loss).....	00	00
14 Unemployment compensation.....	00	00
15 Other income (identify: _____)	00	00
16 Add lines 1 through 15.....	67797 00	12500 00
17 Total Federal adjustments to income (identify: _____)	00	00
18 <b>Oklahoma source income</b> (line 16 minus line 17) Enter here and on page 1, line 1.....		12500 00
19 <b>Federal adjusted gross income</b> (line 16 minus line 17) Enter here and on page 1, line 2.....	67797 00	

### Schedule 511NR-A: Oklahoma Additions See instructions for details on qualifications and required documents.

	Federal Amount	Oklahoma Amount
1 State and municipal bond interest.....	00	00
2 Lump sum distributions (not included in your Federal AGI).....	00	00
3 Federal net operating loss.....	00	00
4 Recapture depletion claimed on a lease bonus or add back of excess Federal depletion.....	00	00
5 Recapture of contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s).....	00	00
6 Oklahoma loss distributed by an electing PTE.....	00	00
7 Miscellaneous: Other additions (enter number in box for the type of addition <input type="text"/> ).....	00	00
8 <b>Total additions</b> (add lines 1-7, enter total here and on line 3 of Form 511NR).....	00	00



Note: Provide this page ONLY if you have an amount shown on a schedule.

Name(s) shown on Form 511NR: ANUSHA GODDANTI

Your Social Security Number: 081-89-8728

Schedule 511NR-B: Oklahoma Subtractions See instructions for details on qualifications and required documents.

Table with columns: Federal Amount, Oklahoma Amount. Rows 1-17 detailing subtractions like Interest on U.S. government obligations, Taxable Social Security, etc.

Schedule 511NR-C: Oklahoma Adjustments See instructions for details on qualifications and required documents.

Table with columns: Federal Amount, Oklahoma Amount. Rows 1-7 detailing adjustments like Military pay exclusion, Qualifying disability deduction, etc.



Note: Provide this page ONLY if you have an amount shown on a schedule.

Name(s) shown on Form 511NR: ANUSHA GODDANTI

Your Social Security Number: 081-89-8728

### Schedule 511NR-D: Oklahoma Itemized Deductions

If you claimed itemized deductions on your Federal return, you must claim Oklahoma Itemized Deductions.

1	Federal itemized deductions from Federal Sch. A, line 17 .....	1		00
2	State and local sales or income taxes from Federal Sch. A, line 5a (If Federal Sch A, line 5e is limited, enter that portion of Federal Sch A, line 5a included in line 5e) .....	2		00
3	Line 1 minus line 2 .....	3		00
4	Medical and Dental expenses from Federal Sch. A, line 4 .....	4		00
5	Gifts to Charity from Federal Sch. A, line 14 .....	5		00
6	Line 3 minus lines 4 and 5 .....	6		00
7	Is line 6 more than \$17,000? <input type="checkbox"/> YES. Your itemized deductions are limited. Complete lines 9-11. <input type="checkbox"/> NO. Your itemized deductions are not limited. Skip lines 9 & 10. Go to line 11.			
8	Maximum amount allowed for itemized deductions. (exception, lines 9 & 10) .....	8	17,000	00
9	Medical and Dental expenses from Federal Sch. A, line 4 .....	9		00
10	Gifts to Charity from Federal Sch. A, line 14 .....	10		00
11	<b>Oklahoma Itemized Deductions</b> If you responded YES on line 7: Add lines 8, 9 and 10 If you responded NO on line 7: enter the amount from line 3 .....	11		00

Enter your Oklahoma Itemized Deductions on line 11 of Form 511NR.

### Schedule 511NR-E: Child Care/Child Tax Credit See instructions for details on qualifications and required documents.

If your Federal Adjusted Gross Income is \$100,000 or less and you are allowed either a credit for child care expenses or the child tax credit on your Federal return, then as a resident, part-year resident or nonresident military, you are allowed a credit against your Oklahoma tax. Your Oklahoma credit is the **greater** of:

- 20% of the credit for child care expenses allowed by the IRS Code. Your allowed Federal credit cannot exceed the amount of your Federal tax reported on your Federal return, **OR**
- 5% of the child tax credit allowed by the IRS Code. This includes both the nonrefundable child tax credit and the refundable additional child tax credit.

The credit must be prorated based on the ratio of Adjusted Gross Income: All sources to Federal Adjusted Gross Income. If your Federal Adjusted Gross Income is greater than \$100,000, no credit is allowed. Provide a copy of your Federal return and, if applicable, the Federal child care credit schedule.

1	Enter your Federal child <b>care</b> credit .....	1		00
2	Multiply line 1 by 20% .....	2		00
3	Enter your Federal child <b>tax</b> credit (total of child tax credit & additional child tax credit) .....	3		00
4	Multiply line 3 by 5% .....	4		00
5	Enter the larger of line 2 or line 4 .....	5		00
6	Divide the amount on line 7 of Form 511NR by the amount on line 2 of Form 511NR  <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 150px; height: 25px; margin-right: 10px;"></div> <div style="font-size: 2em; margin: 0 10px;">÷</div> <div style="border: 1px solid black; width: 150px; height: 25px; margin-left: 10px;"></div> </div> Enter the percentage from the above calculation here (do not enter more than 100%) .....	6		%
7	Multiply line 5 by line 6. This is your Oklahoma child care/child tax credit. Enter total here and on line 16 of Form 511NR .....	7		00



2020 Form 511NR - Nonresident/Part-Year Income Tax Return - Page 6
Note: Provide this page ONLY if you have an amount shown on a schedule.

Name(s) shown on Form 511NR: ANUSHA GODDANTI

Your Social Security Number: 081-89-8728

Schedule 511NR-F: Earned Income Credit

See instructions for details on qualifications and required documents.

Residents and part-year residents are allowed a credit equal to 5% of the Earned Income Credit allowed on the Federal return. The credit must be prorated on the ratio of Oklahoma source AGI to Federal AGI. Provide a copy of your Federal return.

Nonresidents do not qualify.

Form with lines 1-4 for Earned Income Credit calculation. Line 1: Federal earned income credit. Line 2: Multiply line 1 by 5%. Line 3: Proration calculation. Line 4: Oklahoma earned income credit.

Schedule 511NR-G: Donations from Refund (Original return only)

This schedule allows you to make a donation from your refund to a variety of Oklahoma organizations. Information regarding each program, its mission, how funds are utilized and mailing addresses are shown in Schedule 511NR-G Information on page 28 of the 511NR Packet.

Place an 'X' in the box associated with the dollar amount you wish to have deducted from your refund and donated to that organization. Then carry that figure over into the column at the right.

Table with 12 rows listing donation programs (e.g., Support of Programs for Volunteers to Act, Indigent Veteran Burial Program) and columns for dollar amounts and percentages.

Schedule 511NR-H: Amended Return Information

Did you file an amended Federal return? Yes [ ] No [ ]

If Yes, provide a copy of the IRS Form 1040X or 1045 AND proof of IRS acceptance, such as a copy of the IRS "Statement of Adjustment," IRS check or deposit slip.

Explain the changes to income, deductions, and/or credits below. Enter the line reference number for which you are reporting a change and give the reason.

**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 <b>ANUSHA</b>	Last name <b>GODDANTI</b>	Your social security number <b>081-89-8728</b>
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. <b>8241 NW 8TH PLACE</b>		<b>Presidential Election Campaign</b> 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 type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. <b>PLANTATION</b>		
State <b>FL</b>	ZIP code <b>33324</b>	
Foreign country name	Foreign province/state/county	Foreign postal code

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:**  Were born before January 2, 1956  Are blind **Spouse:**  Was born before January 2, 1956  Is blind

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

	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	72,647.
Attach Sch. B if required.	<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	
	<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	
	<b>4a</b> IRA distributions . . . . .	<b>4a</b>	
	<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>	
	<b>6a</b> Social security benefits . . . . .	<b>6a</b>	
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .	<b>7</b>	
	<b>8</b> Other income from Schedule 1, line 9 . . . . .	<b>8</b>	-4,850.
	<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .	<b>9</b>	67,797.
	<b>10</b> Adjustments to income:		
	<b>a</b> From Schedule 1, line 22 . . . . .	<b>10a</b>	
	<b>b</b> Charitable contributions if you take the standard deduction. See instructions . . . . .	<b>10b</b>	
	<b>c</b> Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . .	<b>10c</b>	
	<b>11</b> Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . .	<b>11</b>	67,797.
	<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12</b>	12,400.
	<b>13</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>13</b>	
	<b>14</b> Add lines 12 and 13 . . . . .	<b>14</b>	12,400.
	<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>	55,397.

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	7,973.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	7,973.
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	7,973.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	7,973.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	9,392.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	9,392.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) <b>NO</b>	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 <b>total other payments and refundable credits</b>	32	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	9,392.

• 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 <b>overpaid</b>	34	1,419.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,419.
b	Routing number 081202759		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 199376675989		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

**Amount You Owe**

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	
<b>Note:</b> 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 DEVELOPER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> 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](http://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  
ANUSHA GODDANTI

Your social security number  
081-89-8728

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-4,850.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-4,850.

**Part II Adjustments to Income**

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

**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2020**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

ANUSHA GODDANTI

081-89-8728

**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

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	4TH LANE NEHRU NAGAR GUNTUR ANDHRAPRADESH IN 522001				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>
<b>A</b>	3		365	0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<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)

<b>Income:</b>		<b>Properties:</b>		<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b>	Rents received . . . . .	<b>3</b>		500 .		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>		150 .		
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>		250 .		
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		200 .		
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>		4,500 .		
<b>14</b>	Repairs. . . . .	<b>14</b>		250 .		
<b>15</b>	Supplies . . . . .	<b>15</b>				
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>				
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		5,350 .		
<b>21</b>	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 <b>Form 6198</b> . . . . .	<b>21</b>		-4,850 .		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>		( -4,850 . )	( )	( )
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		500 .		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		5,350 .		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>		( 4,850 . )		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> 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 . . . . .	<b>26</b>				-4,850 .

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020