

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 RAVITEJA	Last name MADISA	Your social security number 877-92-2936	
If joint return, spouse's first name and middle initial TEJASWI	Last name LAKKAVARAPUKOTA	Spouse's social security number APPLIED	
Home address (number and street). If you have a P.O. box, see instructions. 222 MARINERS CIR		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. SHEFFIELD LAKE		State OH	
Foreign country name		ZIP code 44054	
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):

(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	60,420.	
	2a	Tax-exempt interest	2a	b Taxable interest	2b	
	3a	Qualified dividends	3a	b Ordinary dividends	3b	
	4a	IRA distributions	4a	b Taxable amount	4b	
	5a	Pensions and annuities	5a	b Taxable amount	5b	
	6a	Social security benefits	6a	b Taxable amount	6b	
	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	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶			9	60,420.
	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	60,420.
	12	Standard deduction or itemized deductions (from Schedule A)			12	24,800.
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A			13		
14	Add lines 12 and 13			14	24,800.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15	35,620.	

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	3,880.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	3,880.
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	3,880.
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	3,880.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	8,429.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	8,429.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	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	1,800.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,800.
33	Add lines 25d, 26, and 32. These are your total payments	33	10,229.

• 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	6,349.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	6,349.
b	Routing number 0 2 1 2 0 0 3 3 9		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 3 8 1 0 4 2 1 6 3 2 7 1		
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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
_____ SYAM PRIYA RAM SAGAR GUPTA TALLAM	_____ 02/12/2021	SOFTWARE ENGINEER	_____ P02082703
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.)
_____ GLOBAL TAXES LLC	_____ 02/12/2021	HOME MAKER	_____ P02082703

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	02/12/2021	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



02 12 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) 877 92 2936 Spouse's SSN (if filing jointly) APP IE School district # (see instructions) SD# 4709

First name RAVITEJA M.I. Last name MADISA

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

Address line 1 (number and street) or P.O. Box 222 MARINERS CIR

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

City SHEFFIELD LAKE State OH ZIP code 44054 Ohio county (first four letters) LORA

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

Residency Status and Filing Status sections with checkboxes for Resident, Part-year resident, Nonresident, Single, Married filing jointly, etc.

Ohio Nonresident Statement section with checkboxes for meeting criteria and filing federal extension.

Do not staple or paper clip.

Table with 3 columns: Line number, Description, and Amount. Includes Federal adjusted gross income, Additions, Deductions, Exemption amount, and Taxable business income.



MM-DD-YY Code

2020 Ohio IT 1040 Individual Income Tax Return



SSN 877 92 2936

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 (571) 394-8053
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

877 92 2936

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. 1900 00

Part B - W-2s

1. P/S	Box b - EIN P 650161093 Box 15 - Employer's Ohio ID number 523744589	Box 1 - Wages, tips, other compensation 60420 00 Box 16 - Ohio wages, tips, etc. 60420 00	Box 2 - Federal income tax withheld 8429 00 Box 17 - Ohio income tax 1900 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
877 92 2936



20350298

Sequence No. 12

Part C - 1099-Rs

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

Part D - W-2Gs

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

Part E - 1099-NECs

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

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 RAVITEJA	Last name MADISA	Your social security number 877-92-2936	
If joint return, spouse's first name and middle initial TEJASWI	Last name LAKKAVARAPUKOTA	Spouse's social security number APPLIED	
Home address (number and street). If you have a P.O. box, see instructions. 222 MARINERS CIR		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 type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. SHEFFIELD LAKE		State OH	
Foreign country name		ZIP code 44054	
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):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	60,420.	
	2a Tax-exempt interest	2a	2b Taxable interest	2b	
	3a Qualified dividends	3a	3b Ordinary dividends	3b	
	4a IRA distributions	4a	4b Taxable amount	4b	
	5a Pensions and annuities	5a	5b Taxable amount	5b	
	6a Social security benefits	6a	6b Taxable amount	6b	
	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	
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9	60,420.
	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	60,420.	
12 Standard deduction or itemized deductions (from Schedule A)			12	24,800.	
13 Qualified business income deduction. Attach Form 8995 or Form 8995-A			13		
14 Add lines 12 and 13			14	24,800.	
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15	35,620.	

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21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	3,880.
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	3,880.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	8,429.
b	Form(s) 1099	25b	
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31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,800.
33	Add lines 25d, 26, and 32. These are your total payments	33	10,229.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	6,349.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	6,349.
b	Routing number 021200339	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number 381042163271		
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	
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 HOME MAKER	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 02/12/2021	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

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