

# 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>MANGA VISHNU PRIYA MANUKONDA</b>	Social security number <b>728-35-9676</b>
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>	41,374.
<b>2</b> Total tax . . . . .	<b>2</b>	3,280.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	5,091.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	1,811.
<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 

5	9	6	7	6
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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 <b>MANGA VISHNU PRIYA</b>	Last name <b>MANUKONDA</b>	Your social security number <b>728-35-9676</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>812 REDBUD COURT</b>		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 type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. <b>PAINESVILLE</b>	State <b>OH</b>	ZIP code <b>44077</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	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"/>

	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b>	<b>41,374.</b>
Attach Sch. B if required.	<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	<b>2b</b>	
	<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	<b>3b</b>	
	<b>4a</b> IRA distributions . . . . .	<b>4a</b>	<b>4b</b>	
	<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>	<b>5b</b>	
	<b>6a</b> Social security benefits . . . . .	<b>6a</b>	<b>6b</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>	
	<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .		<b>9</b>	<b>41,374.</b>
<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>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>	<b>41,374.</b>
	<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .		<b>12</b>	<b>12,400.</b>
	<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>	<b>12,400.</b>
	<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .		<b>15</b>	<b>28,974.</b>

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	3,280.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	3,280.
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 7	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	3,280.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	3,280.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	5,091.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	5,091.
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>	
<b>27</b>	Earned income credit (EIC) <b>NO</b>	<b>27</b>	
<b>28</b>	Additional child tax credit. Attach Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 13	<b>31</b>	
<b>32</b>	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	5,091.

**Refund**

<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	1,811.
<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	1,811.
<b>b</b>	Routing number 081000210 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number 152320140162		
<b>36</b>	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	<b>36</b>	

**Amount You Owe**

<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	<b>37</b>	
<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**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 JAVA 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 02/08/2021	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.

## Instructions for Form D-400V, Payment Voucher

### What Is Form D-400V and Why Should You Use It?

It is a statement you send with your payment of a balance due on Form D-400. Using Form D-400V allows the Department to process your payment more accurately and efficiently. We strongly encourage you to use Form D-400V. (Do not use Form D-400V when making a payment of a balance due on an amended Form D-400. Use Form D-400V Amended.)

### Preparing and Sending Your Payment

- Make your check or money order payable in U.S. dollars to the **NC Department of Revenue**. **Note:** The Department will not accept a check, money order, or cashier's check unless it is drawn on a U.S. (domestic) bank and the funds are payable in U.S. dollars.
- Make sure your name and address appear on your check or money order.

- Enter "Tax Year and Form D-400," your daytime phone number, and your SSN on your check or money order. If you are filing a joint return, enter the SSN shown first on your return.
- Cut across the dotted line and send the completed voucher and your check or money order.

### What if You File Electronically?

If you choose to file electronically and have a balance due, follow your transmitter's or preparer's instructions for making your payment.

### Other Payment Methods

In lieu of mailing your payment to the Department, you may pay your tax online by bank draft (free), or credit or debit card using Mastercard or Visa (\$2 convenience fee for every \$100 paid). This online service is accurate, secure and convenient. For details, visit [www.ncdor.gov](http://www.ncdor.gov).

### Important Reminders

- **Do not** use this payment voucher if you pay your tax online.
- **Do not** staple, tape, paper clip or otherwise attach your check or money order to the voucher.
- **Do not** fold the voucher or check.
- **Do not** use this voucher to pay quarterly estimated tax.
- **Do not** use a photocopy of the voucher.
- **Do not** use another person's voucher.
- **Do not** send cash.



Cut Here



<b>D-400V (50)</b> 9-16-08	<b>Individual Income Payment Voucher</b> North Carolina Department of Revenue
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REV 01/23/21 PRO

728359676      MANU      812      44077

MANGA VISHNU      MANUKONDA

812 REDBUD COURT      For Calendar Year      2020

PAINESVILLE      OH      44077

Taxpayer/Paid Preparer: SYAM PRIYA RAM SAGAR G

Date: 02 08 21      Phone: (678) 965-9522

### AMOUNT OF THIS PAYMENT

This must match the amount shown  
on your check or money order.

**\$**      437 .00

7270150106



20206 7283596766 0000000 06408

**Mail to:**  
NCDOR, PO Box 25000,  
Raleigh, NC 27640-0640

**D-400 (50)** 8-10-20 **2020 Individual Income Tax Return**

< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

DOR  
Use  
Only

For calendar year 2020, or fiscal year beginning <u>20</u> and ending _____		Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
MANGA VISHNU MANUKONDA 812 REDBUD COURT PAINESV OH 44077		Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>
Your SSN: 728359676 Spouse's SSN: _____		Were you granted an automatic extension to file your 2020 federal income tax return (Form 1040)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Filing Status <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)		
Were you a resident of N.C. for the entire year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Return for deceased taxpayer. Date of death: _____
Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input type="checkbox"/>		Return for deceased spouse. Date of death: _____
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.)		
<input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2021, and a U.S. citizen or resident.		
<input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.		

FS 1 PP Y DT N OC N TPRES Y SPRES N VT N SVT N

MANU 812 44077 DS N EA N TD SD FDEXT N

MANGA VISHNU MANUKONDA 728359676

OH 44077

812 REDBUD COURT

PAINESVILLE

06 41374 16 986 26C 0

07 0 18 Y 0 26E 0

09 0 20A 185 EU

10A 0 20B 0 27 437

10B 0 21A 0 29 0

11 S Y I N 21B 0 30 0

11 10750 21C 0 31 0

13 00000 21D 0 32 0

14 30624 26A 437 34 0

15 1608 26B 0

TN 7046990036 PN 6789659522 PP P02082703



<b>Sign Return Below</b> <input type="checkbox"/> <b>Refund Due</b> <u>0</u> <input checked="" type="checkbox"/> <b>Payment Due</b> <u>437</u>	
I declare and certify 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. <input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.	
Your Signature _____ Date _____	Spouse's Signature (If filing joint return, both must sign.) _____ Date _____
7046990036 Contact Phone No. (Include area code)	
<b>PAID PREPARER USE ONLY</b> If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.	
SYAM PRIYA RAM SAGAR GUPT 02 08 21 6789659522	P02082703
Paid Preparer's Signature _____ Date _____	Preparer's Contact Phone Number (Include area code) _____ Preparer's FEIN, SSN, or PTIN _____
If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640	

**D-400 Line-by-Line Information**

6.	Federal Adjusted Gross Income	6.	41374
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	41374
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	0
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	10750
12.	a. Add Lines 9, 10b, and 11	12a.	10750
	b. Subtract amount on Line 12a from Line 8	12b.	30624
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	30624
15.	N.C. Income Tax	15.	1608
16.	Tax Credits	16.	986
17.	Subtract Line 16 from Line 15	17.	622
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	622

**North Carolina Income Tax Withheld**

20a.	Your tax withheld	20a.	185
20b.	Spouse's tax withheld	20b.	0

**Other Tax Payments**

21a.	2020 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Amended Returns Only - Previous payments	22.	0
23.	Total Payments	23.	185
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	185
26a.	<b>Tax Due</b>	26a.	437
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	<b>Pay this Amount</b>	27.	<b>437</b>
28.	<b>Overpayment</b>	28.	0

**Amount of Refund to Apply to:**

29.	Amount of Line 28 to be applied to 2021 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	<b>Amount to be Refunded</b>	34.	<b>0</b>

D-400TC (50)

8-10-20

2020 Individual Income Tax Credits

North Carolina Department of Revenue

DOR Use Only

If you claim a tax credit on Form D-400, Line 16, you must attach this form to the return. Otherwise, the tax credit may be disallowed.

Important: Refer to the instructions before completing this form.

Last Name (First 10 Characters) MANUKONDA Your Social Security Number 728359676

Table with 8 columns: Line number, Amount, Code, Count, Code, Amount, Count, Amount. Rows include 01, 02, 04, 06, 07A.

Part 1. Credit for Income Tax Paid to Another State or Country - N.C. Residents Only

If you claim a tax credit for taxes paid to more than one state or country, do not complete Lines 1-6. Instead, complete the "Out-of-State Tax Credit Worksheet" in the instructions to determine the amount to enter on Line 7a.

Table with 3 columns: Description, Line number, Amount. Rows 1-7b.

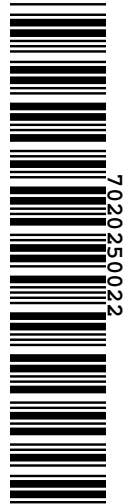
Part 2. Credits for Rehabilitating Historic Structures

Enter expenditures and expenses on Lines 8a, 9a, 10a, and 11a only in the first year the credit is taken. For Lines 8a and 9a, the expenditures and expenses must have been incurred prior to January 1, 2015. For Lines 10a and 11a, an eligibility certification must have been submitted to the State Historic Preservation Office prior to January 1, 2015. Enter the installment amount of the tax credit on Lines 8b, 9b, and 11b, and the total amount of the tax credit on 10b.

Table with 3 columns: Description, Line number, Amount. Rows 8a-13.

Part 3. Computation of Total Tax Credits to be Taken for Tax Year 2020

Table with 3 columns: Description, Line number, Amount. Rows 14-19.





Illinois Department of Revenue  
**2020 Form IL-1040**

Individual Income Tax Return or for fiscal year ending \_\_\_/\_\_\_/\_\_\_

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit [tax.illinois.gov](http://tax.illinois.gov).

**Step 1: Personal Information**

1995

728-35-9676

MANGA VISHNU PRIYA MANUKONDA

812 REDBUD COURT

PAINESVILLE OH 44077



**B** Filing status:  Single  Married filing jointly  Married filing separately  Widowed  Head of household

**C** Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.  You  Spouse

**D** Check the box if this applies to you during 2020:  Nonresident - Attach Sch. NR  Part-year resident - Attach Sch. NR

**Step 2: Income**

(Whole dollars only)

<b>1</b> Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	<b>1</b> <u>41,374.00</u>
<b>2</b> Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	<b>2</b> <u>.00</u>
<b>3</b> Other additions. Attach Schedule M.	<b>3</b> <u>.00</u>
<b>4</b> Total income. Add Lines 1 through 3.	<b>4</b> <u>41,374.00</u>

**Step 3: Base Income**

<b>5</b> Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	<b>5</b> <u>.00</u>
<b>6</b> Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	<b>6</b> <u>.00</u>
<b>7</b> Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	<b>7</b> <u>.00</u>
<b>8</b> Add Lines 5, 6, and 7. This is the total of your subtractions.	<b>8</b> <u>.00</u>
<b>9</b> Illinois base income. Subtract Line 8 from Line 4.	<b>9</b> <u>41,374.00</u>

**Step 4: Exemptions**

<b>10 a</b> Enter the exemption amount for yourself and your spouse. See instructions.	<b>a</b> <u>2,325.00</u>
<b>b</b> Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	<b>b</b> <u>.00</u>
<b>c</b> Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	<b>c</b> <u>.00</u>
<b>d</b> If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	<b>d</b> <u>0.00</u>
<b>Exemption allowance.</b> Add Lines a through d.	<b>10</b> <u>2,325.00</u>

**Step 5: Net Income and Tax**

<b>11 Residents: Net income.</b> Subtract Line 10 from Line 9.	<b>11</b> <u>22,120.00</u>
<b>Nonresidents and part-year residents:</b> Enter the Illinois net income from Schedule NR. Attach Schedule NR.	
<b>12 Residents:</b> Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	<b>12</b> <u>1,095.00</u>
<b>Nonresidents and part-year residents:</b> Enter the tax from Schedule NR.	
<b>13</b> Recapture of investment tax credits. Attach Schedule 4255.	<b>13</b> <u>.00</u>
<b>14</b> Income tax. Add Lines 12 and 13. Cannot be less than zero.	<b>14</b> <u>1,095.00</u>

**Step 6: Tax After Nonrefundable Credits**

<b>15</b> Income tax paid to another state while an Illinois resident. Attach Schedule CR.	<b>15</b> <u>.00</u>
<b>16</b> Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	<b>16</b> <u>.00</u>
<b>17</b> Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	<b>17</b> <u>.00</u>
<b>18</b> Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	<b>18</b> <u>0.00</u>
<b>19</b> Tax after nonrefundable credits. Subtract Line 18 from Line 14.	<b>19</b> <u>1,095.00</u>

**Step 7: Other Taxes**

<b>20</b> Household employment tax. See instructions.	<b>20</b> <u>.00</u>
<b>21</b> Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	<b>21</b> <u>0.00</u>
<b>22</b> Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	<b>22</b> <u>.00</u>
<b>23</b> Total Tax. Add Lines 19, 20, 21, and 22.	<b>23</b> <u>1,095.00</u>

IL-1040 2D Front (R-12/20)

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



Staple W-2 and 1099 forms here

Staple your check and IL-1040-V





24 Total tax from Page 1, Line 23. 24 1,095.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 1,160.00
26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27 .00
28 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 28 .00
29 Total payments and refundable credit. Add Lines 25 through 28. 29 1,160.00

Step 9: Total

30 If Line 29 is greater than Line 24, subtract Line 24 from Line 29. 30 65.00
31 If Line 24 is greater than Line 29, subtract Line 29 from Line 24. 31 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.

32 Late-payment penalty for underpayment of estimated tax. 32 .00
a Check if at least two-thirds of your federal gross income is from farming.
b Check if you or your spouse are 65 or older and permanently living in a nursing home.
c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.
d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
33 Voluntary charitable donations. Attach Schedule G. 33 .00
34 Total penalty and donations. Add Lines 32 and 33. 34 .00

Step 11: Refund

35 If you have an amount on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30. This is your overpayment. 35 65.00
36 Amount from Line 35 you want refunded to you. Check one box on Line 37. See instructions. 36 65.00
37 I choose to receive my refund by
a direct deposit - Complete the information below if you check this box.

Routing number 081000210 X Checking or Savings
Account number 152320140162

b Illinois Individual Income Tax refund debit card. I acknowledge I have reviewed the card information found at http://tax.illinois.gov/DebitCard prior to making this election.
c paper check.

38 Amount to be credited forward. Subtract Line 36 from Line 35. See instructions. 38 .00

Step 12: Amount You Owe

39 If you have an amount on Line 31, add Lines 31 and 34. - or -
If you have an amount on Line 30 and this amount is less than Line 34, subtract Line 30 from Line 34. This is the amount you owe. See instructions. 39 .00

Step 13: If this is a joint return, both you and your spouse must sign below.

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign Here: Your signature, Date, Spouse's signature, Date, Daytime phone number (704) 699-0036
Paid Preparer Use Only: SYAM PRIYA RAM SAGAR GUPTA TALLAM, SYAM PRIYA RAM SAGAR GUPTA TALLAM, 02/08/2021, Check if self-employed, P02082703, Paid Preparer's PTIN
Firm's name: GLOBAL TAXES LLC, Firm's FEIN: 301017196, Firm's address: 2530 Pebble Creek LnCumming GA 30041, Firm's phone: (678) 965-9522
Third Party Designee: Designee's name, Designee's phone number, Check if the Department may discuss this return with the third party designee shown in this step.

Refer to the 2020 IL-1040 Instructions for the address to mail your return.



Illinois Department of Revenue  
**2020 Schedule NR**  
 Attach to your Form IL-1040

**Nonresident and Part-Year Resident  
 Computation of Illinois Tax**

IL Attachment No. 2

MANGA VISHNU PRIYA MANUKONDA

Your name as shown on your Form IL-1040

7 2 8 - 3 5 - 9 6 7 6

Your Social Security number

**Step 1: Provide the following information**

- Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?  
 Yes  No If you answered "Yes," you cannot use this form (see instructions).
- If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2020.
  - I lived in **Illinois** from \_\_\_/\_\_\_/20 to \_\_\_/\_\_\_/20 I lived in \_\_\_\_\_ from \_\_\_/\_\_\_/20 to \_\_\_/\_\_\_/20  
 Month Day Year Month Day Year State Month Day Year Month Day Year
  - My spouse lived in **Illinois** from \_\_\_/\_\_\_/20 to \_\_\_/\_\_\_/20, and \_\_\_\_\_ from \_\_\_/\_\_\_/20 to \_\_\_/\_\_\_/20  
 Month Day Year Month Day Year State Month Day Year Month Day Year
- If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate box.  
 Iowa  Kentucky  Michigan  Wisconsin  Military Spouse
- List any state other than Illinois or any states already indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 2020. Enter the two-letter abbreviation of that state.  
 \_\_\_\_\_

**Step 2: Complete Form IL-1040**

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. **Attach Schedule NR to your Form IL-1040.**

**Step 3: Figure the Illinois portion of your federal adjusted gross income**

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

	Column A Federal Total	Column B Illinois Portion
<b>5</b> Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1)	5 41,374.00	23,436.00
<b>6</b> Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6 .00	.00
<b>7</b> Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7 .00	.00
<b>8</b> Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8 .00	.00
<b>9</b> Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	9 .00	.00
<b>10</b> Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	10 .00	.00
<b>11</b> Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11 .00	.00
<b>12</b> Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	12 .00	.00
<b>13</b> Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 .00	.00
<b>14</b> Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14 .00	.00
<b>15</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15 .00	.00
<b>16</b> Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	16 .00	.00
<b>17</b> Unemployment compensation and Alaska Permanent Fund dividends (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17 .00	.00
<b>18</b> Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	18 .00	.00
<b>19</b> Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 8) Include winnings from the <b>Illinois State Lottery</b> as Illinois income in Column B.	19 .00	.00
<b>20</b> Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	20	23,436.00

Continue with Step 3 on Page 2 →



**Step 3: Continued**

		Column A Federal Total	Column B Illinois Portion
<b>Adjustments to Income</b>	21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.	<b>21</b>	23,436.00
	22 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 10)	<b>22</b>	.00
	23 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	<b>23</b>	.00
	24 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	<b>24</b>	.00
	25 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	<b>25</b>	.00
	26 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	<b>26</b>	.00
	27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	<b>27</b>	.00
	28 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 16)	<b>28</b>	.00
	29 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 17)	<b>29</b>	.00
	30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 18a)	<b>30</b>	.00
	31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 19)	<b>31</b>	.00
	32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	<b>32</b>	.00
	33 Tuition and fees (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	<b>33</b>	.00
	34 RESERVED	<b>34</b>	.00
	35 Other adjustments (see instructions)	<b>35</b>	.00
	36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.	<b>36</b>	.00
	37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	<b>37</b>	41,374.00
	38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	<b>38</b>	23,436.00

**Step 4: Figure your Illinois additions and subtractions**

*In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.*

		Column A Form IL-1040 Total	Column B Illinois Portion
<b>Illinois Adjustments</b>	39 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	<b>39</b>	.00
	40 Other additions (Form IL-1040, Line 3)	<b>40</b>	.00
	41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	<b>41</b>	23,436.00
	42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	<b>42</b>	.00
	43 Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	<b>43</b>	.00
	44 Other subtractions (Form IL-1040, Line 7)	<b>44</b>	.00
	45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	<b>45</b>	.00

**Step 5: Figure your Illinois income and tax**

<b>Tax Calculations</b>	46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.	<b>46</b>	23,436.00
	47 Enter the base income from Form IL-1040, Line 9.	<b>47</b>	41,374.00
	48 Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	<b>48</b>	0.566
	49 Enter your exemption allowance from your Form IL-1040, Line 10.	<b>49</b>	2,325.00
	50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	<b>50</b>	1,316.00
	51 Subtract Line 50 from Line 46. This is your <b>Illinois net income</b> . Enter the amount here and on your Form IL-1040, Line 11. →	<b>51</b>	22,120.00
	52 Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 12. →	<b>52</b>	1,095.00



Illinois Department of Revenue

# 2020 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule.

IL Attachment No. 31

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	B
1099-MISC	M	1099-K	K
1099-OID	O	1099-NEC	N

## Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

MANGA VISHNU PRIYA MANUKONDA

Your name as shown on Form IL-1040

7 2 8 - 3 5 - 9 6 7 6  
Your Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1 W	82-4001510 000	\$ 31,374.00	\$ 23,436.00	\$ 1,160.00
2		\$ .00	\$ .00	\$ .00
3		\$ .00	\$ .00	\$ .00
4		\$ .00	\$ .00	\$ .00
5		\$ .00	\$ .00	\$ .00

## Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Your spouse's name as shown on Form IL-1040

Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6		\$ .00	\$ .00	\$ .00
7		\$ .00	\$ .00	\$ .00
8		\$ .00	\$ .00	\$ .00
9		\$ .00	\$ .00	\$ .00
10		\$ .00	\$ .00	\$ .00

## Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040, Line 25.

11 \$ 1,160.00

➔ Attach all Schedules IL-WIT to your IL-1040. ➔



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2020 INDIVIDUAL INCOME TAX RETURN

Your Social Security Number 728 35 9676 Check if deceased Spouse's Social Security Number Check if deceased



For the year January 1 - December 31, 2020, or fiscal tax year beginning \_\_\_\_\_, 2020 and ending \_\_\_\_\_, 2021

First name and middle initial MANGA VISHNU PRIYA Last name MANUKONDA Spouse's first name, if married filing jointly Last name Mailing address (number and street, PO Box) 812 REDBUD COURT City PAINESVILLE State OH ZIP 44077 Daytime phone number with area code (704) 699-0036

- Amended Return: Check if this is an Amended Return. (Attach Schedule AMD)
Check this box if you are a part-year or nonresident filing an SC Schedule NR
Check this box only if you are filing a composite return on behalf of a Partnership or S Corporation. Do not check this box if you are an individual
Check this box if you have filed a federal or state extension.
Check this box if you served in a military combat zone during the filing period.

CHECK YOUR FEDERAL FILING STATUS (1) [X] Single (2) [ ] Married filing jointly (3) [ ] Married filing separately - enter spouse's SSN: (4) [ ] Head of household (5) [ ] Qualifying widow(er)

Number of dependents claimed on your 2020 federal return 0
Number of dependents claimed that were under the age of 6 years as of December 31, 2020
Number of taxpayers age 65 or older as of December 31, 2020

DEPENDENTS

Table with 5 columns: First name, Last name, Social Security Number, Relationship, Date of birth (MM/DD/YYYY)



**INCOME AND ADJUSTMENTS**

Your SSN 728-35-9676

**2020**

<b>1</b> Enter <b>federal taxable income</b> from your federal form. If zero or less, enter zero here Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 below . . . . . ▶	<b>1</b>	<b>Dollars</b> 28,974	<b>00</b>
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**ADDITIONS TO FEDERAL TAXABLE INCOME**

<b>a</b> State tax addback, if itemizing on federal return (see instructions) . . . . . ▶	<b>a</b>		<b>00</b>
<b>b</b> Out-of-state losses Type: _____ . . . . . ▶	<b>b</b>		<b>00</b>
<b>c</b> Expenses related to National Guard and Military Reserve Income . . . . . ▶	<b>c</b>		<b>00</b>
<b>d</b> Interest income on obligations of states and political subdivisions other than South Carolina ▶	<b>d</b>		<b>00</b>
<b>e</b> Other additions to income. (attach explanation - see instructions) . . . . . ▶	<b>e</b>		<b>00</b>
<b>2 Total additions</b> (add line a through line e) . . . . . ▶	<b>2</b>		<b>00</b>
<b>3</b> Add line 1 and line 2 and enter the total here . . . . . ▶	<b>3</b>		<b>00</b>

**SUBTRACTIONS FROM FEDERAL TAXABLE INCOME**

<b>f</b> State tax refund, if included on your federal return . . . . . ▶	<b>f</b>		<b>00</b>
<b>g</b> Total and permanent disability retirement income, if taxed on your federal return ▶	<b>g</b>		<b>00</b>
<b>h</b> Out-of-state income/gain (do not include personal service income) Check type of income/gain: <input type="checkbox"/> Rental <input type="checkbox"/> Business <input type="checkbox"/> Other _____ ▶	<b>h</b>		<b>00</b>
<b>i</b> 44% of net capital gains held for more than one year . . . . . ▶	<b>i</b>		<b>00</b>
<b>j</b> Volunteer deductions (see instructions) Type: _____ ▶	<b>j</b>		<b>00</b>
<b>k</b> Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program . . . . . ▶	<b>k</b>		<b>00</b>
<b>l</b> Active Trade or Business Income deduction (see instructions) . . . . . ▶	<b>l</b>		<b>00</b>
<b>m</b> Interest income from obligations of the US government . . . . . ▶	<b>m</b>		<b>00</b>
<b>n</b> Certain nontaxable National Guard or Reserve pay . . . . . ▶	<b>n</b>		<b>00</b>
<b>o</b> Social Security and/or railroad retirement, if taxed on your federal return . . ▶	<b>o</b>		<b>00</b>
<b>p</b> Retirement Deduction (see instructions)			
<b>p-1</b> Taxpayer (date of birth: _____) . . . . . ▶	<b>p-1</b>		<b>00</b>
<b>p-2</b> Spouse (date of birth: _____) . . . . . ▶	<b>p-2</b>		<b>00</b>
<b>p-3</b> Surviving spouse (date of birth of deceased spouse: _____) ▶	<b>p-3</b>		<b>00</b>
Military Retirement Deduction (see instructions)			
<b>p-4</b> Taxpayer (date of birth: _____) . . . . . ▶	<b>p-4</b>		<b>00</b>
<b>p-5</b> Spouse (date of birth: _____) . . . . . ▶	<b>p-5</b>		<b>00</b>
<b>p-6</b> Surviving spouse (date of birth of deceased spouse: _____) ▶	<b>p-6</b>		<b>00</b>
<b>q</b> Age 65 and older deduction (see instructions)			
<b>q-1</b> Taxpayer (date of birth: _____) . . . . . ▶	<b>q-1</b>		<b>00</b>
<b>q-2</b> Spouse (date of birth: _____) . . . . . ▶	<b>q-2</b>		<b>00</b>
<b>r</b> Negative amount of federal taxable income . . . . . ▶	<b>r</b>		<b>00</b>
<b>s</b> Subsistence allowance (multiply _____ days by \$8) . . . . . ▶	<b>s</b>		<b>00</b>
<b>t</b> Dependents under the age of 6 years on December 31 of the tax year . . . ▶	<b>t</b>		<b>00</b>
<b>u</b> Consumer Protection Services . . . . . ▶	<b>u</b>		<b>00</b>
<b>v</b> Other subtractions (see instructions) . . . . . ▶	<b>v</b>		<b>00</b>
<b>w</b> South Carolina Dependent Exemption (see instructions) . . . . . ▶	<b>w</b>		<b>00</b>
<b>4 Total subtractions</b> (add line f through line w) . . . . . ▶	<b>4</b>	<	<b>00</b> >
<b>5</b> Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter amount from Schedule NR, line 48. If less than zero, enter zero here. This is your <b>SOUTH CAROLINA INCOME SUBJECT TO TAX</b> ▶	<b>5</b>		5,558 <b>00</b>
<b>6</b> TAX on your South Carolina Income Subject to Tax (see SC1040TT) . . . . . ▶	<b>6</b>		75 <b>00</b>
<b>7</b> TAX on Lump Sum Distribution (attach SC4972) . . . . . ▶	<b>7</b>		<b>00</b>
<b>8</b> TAX on Active Trade or Business Income (attach I-335) . . . . . ▶	<b>8</b>		<b>00</b>
<b>9</b> TAX on excess withdrawals from Catastrophe Savings Accounts . . . . . ▶	<b>9</b>		<b>00</b>
<b>10</b> Add line 6 through line 9 and enter the total here. This is your <b>TOTAL SOUTH CAROLINA TAX</b> . . . . . ▶	<b>10</b>		75 <b>00</b>



NON-REFUNDABLE CREDITS

Table with 5 rows for non-refundable credits (lines 11-15). Line 15 total: 75.00

PAYMENTS AND REFUNDABLE CREDITS

Table with 11 rows for payments and refundable credits (lines 16-22e). Line 22 total: 00.00

AMENDED RETURN: Use Schedule AMD for line 23 calculation.

Table with 3 rows for amended return (lines 23-25). Line 23 total: 520.00, Line 24 total: 445.00, Line 25 total: 00.00

AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the amount from line 25 on line 31.

Table with 6 rows for amended return (lines 26-30). Line 29 total: 0.00, Line 30 total: 445.00

REFUND OPTIONS (subject to program limitations)

Form for refund options including choice of Direct Deposit, Debit Card, or Paper Check, and routing/bank account numbers.

Table with 4 rows for tax due and balance due (lines 31-34). Line 34 total: 00.00

Pay online using our free tax portal, MyDORWAY, at dor.sc.gov/pay.

I declare that this return and all attachments are true, correct, and complete to the best of my knowledge.

Signature and preparer information section including names, dates, and PTIN/FEIN.

MAIL TO: REFUNDS OR ZERO TAX: SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100
BALANCE DUE: Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105

1555



dor.sc.gov

STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**2020 NONRESIDENT SCHEDULE**

**SCHEDULE NR**  
(Rev. 10/15/20)  
3081

For the year January 1 - December 31, 2020, or fiscal tax year beginning 2020 and ending 2021

Your name MANUKONDA, MANGA VISHNU PRIYA	Your Social Security Number 728-35-9676	Spouse's first name	Spouse's Social Security Number
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Dates of SC residency to	Schedule NR is for Nonresidents or Part-year residents	Attach to completed SC1040.
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INCOME AND EXCLUSIONS	INCOME AS SHOWN ON FEDERAL RETURN COLUMN A		SOUTH CAROLINA INCOME COLUMN B	
1 Wages, salaries, tips, etc. .... 1	41,374	00	7,938	00
2 Taxable interest income ..... 2		00		00
3 Dividend income ..... 3		00		00
4 State and local Income Tax refunds ..... 4		00		
5 Alimony received ..... 5		00		00
6 Business income or (loss) ..... 6		00		00
7 Capital gain or (loss) ..... 7		00		00
8 Other gains or (losses) ..... 8		00		00
9 Taxable amount of IRA distributions ..... 9		00		00
10 Taxable amount of pensions and annuities ..... 10		00		00
11 Rents, royalties, partnerships, estates, trusts, etc. .... 11		00		00
12 Farm income or (loss) ..... 12		00		00
13 Unemployment compensation ..... 13		00		00
14 Taxable amount of Social Security benefits ..... 14		00		
15 Other income ..... 15		00		00
16 <b>Total Income:</b> Add line 1 through line 15 ..... 16	41,374	00	7,938	00
ADJUSTMENTS TO INCOME	FEDERAL ADJUSTMENT		SC ADJUSTMENT	
17 Educator expenses ..... 17		00		00
18 Certain business expenses of reservists, performing artists, and fee-basis government officials ..... 18		00		00
19 Health savings account deduction ..... 19		00		00
20 Moving expenses for members of the Armed Forces ..... 20		00		00
21 Deductible part of self-employment tax ..... 21		00		00

*Attach to  
SC1040*

SC adjustment cannot exceed 100% of federal adjustment. Continued on next page.

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SC adjustment continued

		COLUMN A	COLUMN B
22	Self-employed SEP, SIMPLE, and qualified plans		00
23	Self-employed health insurance deduction		00
24	Penalty on early withdrawal of savings		00
25	Alimony paid		00
26	IRA deduction		00
27	Student loan interest deduction		00
28	Tuition and fees deduction		00
29	Charitable contributions if you take the standard deduction		00
30	<b>Total adjustments:</b> Add line 17 through line 29		00
31	<b>Adjusted gross income:</b> Subtract line 30 from line 16	41,374	00
<b>SOUTH CAROLINA ADJUSTMENTS</b>			
<b>ADDITIONS</b>			
32	South Carolina additions		00
<b>SUBTRACTIONS</b>			
33	South Carolina dependent exemption (see instructions)		0 00
34	44% of net capital gains held for more than one year		00
35	Retirement deduction (see instructions)		
a)	Taxpayer (date of birth: _____)		00
b)	Spouse (date of birth: _____)		00
c)	Surviving spouse (date of birth of deceased spouse: _____)		00
	Military retirement deduction (see instructions)		
d)	Taxpayer (date of birth: _____)		00
e)	Spouse (date of birth: _____)		00
f)	Surviving spouse (date of birth of deceased spouse: _____)		00
36	Age 65 and older deduction (see instructions - must be resident for part of the year)		
a)	Taxpayer (date of birth: _____)		00
b)	Spouse (date of birth: _____)		00
37	Deductions for dependents under 6 years of age on December 31 of the tax year (see instructions - must be resident for part of the year)		
	Date of birth: _____ SSN: _____		
	Date of birth: _____ SSN: _____		00
38	Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program		00
39	Active Trade or Business Income deduction (see instructions)		00
40	Consumer Protection Services		00
41	Other subtractions (see instructions)		00
42	<b>Total South Carolina subtractions:</b> Add line 33 through line 41		0 00
43	<b>Total South Carolina adjustments:</b> Subtract line 42 from line 32		0 00
44	<b>SC modified adjusted gross income:</b> Add Column B, line 31 and line 43		7,938 00
45	PRORATION: Line 31, Column B divided by line 31, Column A = <u>19.19</u> % (do not exceed 100%)		
46	DEDUCTIONS ADJUSTMENT: If using the standard deduction, enter the amount from federal form on line 46. If itemizing, <b>use the Schedule NR instructions</b> , and enter the amount from Part IV on line 46. Enter the following amounts from the instructions: Part I (Itemized Deductions) _____ Part II, Worksheet, line 6 (State Taxes) _____ Part III (Other Expenses) _____		
46		12,400	00
47	<b>Allowable deductions:</b> Multiply line 46 by <u>19.19</u> % (from line 45)	< 2,380	> 00
48	<b>South Carolina taxable income:</b> Subtract line 47 from line 44, Column B. Enter the difference <b>here and on SC1040, line 5</b> . If line 48 is a negative figure, enter zero on SC1040, line 5	5,558	00

Attach this form and a complete copy of your federal return to your SC1040. Check the **Schedule NR** box on the front of SC1040. Do not submit Schedule NR separately. We cannot process your return if this form is submitted separately.