

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 RAMMOHAN CHARY | | Last name TUNIKI | Your social security number 836-20-2419 |
| If joint return, spouse's first name and middle initial RADHIKA | | Last name TUNIKI | Spouse's social security number 319-87-1656 |
| Home address (number and street). If you have a P.O. box, see instructions. 899 POWERS FERRY RD SE | | | Apt. no. |
| City, town, or post office. If you have a foreign address, also complete spaces below. MARIETTA | | State GA | ZIP code 30067 |
| Foreign country name | | Foreign province/state/county | Foreign postal code |

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.
 You Spouse

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 |
|----------------|-----------|----------------------------|-------------------------|--|-------------------------------------|
| SAANVI | TUNIKI | 958-92-0423 | Daughter | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| SAHASRA | TUNIKI | 958-92-0413 | Daughter | <input type="checkbox"/> | <input checked="" 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 | 95,288. | |
| | 2a Tax-exempt interest | 2a | 2b 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 | | | 7 | |
| | 8 Other income from Schedule 1, line 9 | | | 8 | -6,200. |
| | 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | 9 | 89,088. |
| | 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 | 89,088. | |
| 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 | 64,288. | |

| | | | |
|--|--|------------|---------|
| 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 | 7,318. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 7,318. |
| 19 | Child tax credit or credit for other dependents | 19 | 1,000. |
| 20 | Amount from Schedule 3, line 7 | 20 | |
| 21 | Add lines 19 and 20 | 21 | 1,000. |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 6,318. |
| 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 | 6,318. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 7,548. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 7,548. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) No | 27 | |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | 3,000. |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | 3,000. |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 10,548. |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 4,230. |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 4,230. |
| Direct deposit? See instructions. | b Routing number: 0 5 2 0 0 1 6 3 3 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number: 4 4 6 0 3 3 4 1 7 3 4 7 | | |
| | 36 Amount of line 34 you want applied to your 2021 estimated tax | 36 | |
| Amount You Owe | 37 Subtract line 33 from line 24. This is the amount you owe now | 37 | |
| For details on how to pay, see instructions. | 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 | |

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

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.

| | | | | |
|---|--|---------------|------------------------------------|---|
| Joint return? See instructions. Keep a copy for your records. | Your signature | Date 02/22/21 | 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, both must sign. | Date 02/23/21 | 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 02/22/2021 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 2530 Pebble Creek Ln Cumming GA 30041 | | Phone no. (678) 965-9522 | Firm's EIN 30-1017196 |

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2020

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
RAMMOHAN CHARY & RADHIKA TUNIKI

Your social security number
836-20-2419

Part I Additional Income

| | | | |
|-----------|---|-----------|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | |
| 2a | Alimony received | 2a | |
| b | Date of original divorce or separation agreement (see instructions) ▶ _____ | | |
| 3 | Business income or (loss). Attach Schedule C | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | -6,200. |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income. List type and amount ▶ _____ | 8 | |
| 9 | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 9 | -6,200. |

Part II Adjustments to Income

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

SCHEDULE E
(Form 1040)

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

OMB No. 1545-0074

2020

Department of the Treasury
Internal Revenue Service (99)

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

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

Attachment
Sequence No. **13**

Name(s) shown on return

RAMMOHAN CHARY & RADHIKA TUNIKI

Your social security number

836-20-2419

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)
A 7-84/69/69/1 MARUTHI NAGAR DAMMAIGUDA, HYDERABAD TELANGANA IN 500083
B
C

| 1b | Type of Property (from list below) | 2 | For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental | Personal Use | QJV |
|----------|---------------------------------------|---|---|-------------|--------------|--------------------------|
| | | | | Days | Days | |
| A | 3 | | | 365 | 0 | <input type="checkbox"/> |
| B | | | | | | <input type="checkbox"/> |
| C | | | | | | <input type="checkbox"/> |

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

| Income: | Properties: | A | B | C |
|---|-------------|-----------|--------|----------|
| 3 Rents received | 3 | 620. | | |
| 4 Royalties received | 4 | | | |
| Expenses: | | | | |
| 5 Advertising | 5 | | | |
| 6 Auto and travel (see instructions) | 6 | | | |
| 7 Cleaning and maintenance | 7 | 1,200. | | |
| 8 Commissions. | 8 | | | |
| 9 Insurance | 9 | | | |
| 10 Legal and other professional fees | 10 | | | |
| 11 Management fees | 11 | 1,500. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | | |
| 13 Other interest. | 13 | | | |
| 14 Repairs. | 14 | 1,240. | | |
| 15 Supplies | 15 | 1,100. | | |
| 16 Taxes | 16 | | | |
| 17 Utilities. | 17 | 1,780. | | |
| 18 Depreciation expense or depletion | 18 | | | |
| 19 Other (list) ▶ | 19 | | | |
| 20 Total expenses. Add lines 5 through 19 | 20 | 6,820. | | |
| 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 | -6,200. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (-6,200.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a | | 620. | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | | |
| c Total of all amounts reported on line 12 for all properties | 23c | | | |
| d Total of all amounts reported on line 18 for all properties | 23d | | | |
| e Total of all amounts reported on line 20 for all properties | 23e | | 6,820. | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | | | (6,200.) |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | 26 | | | -6,200. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Form **8867**

Paid Preparer's Due Diligence Checklist

OMB No. 1545-0074

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

2020

Department of the Treasury
Internal Revenue Service

▶ **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**
▶ **Go to www.irs.gov/Form8867 for instructions and the latest information.**

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

Taxpayer identification number

RAMMOHAN CHARY & RADHIKA TUNIKI

836-20-2419

Enter preparer's name and PTIN

SYAM PRIYA RAM SAGAR GUPTA TALLAM

P02082703

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

| | Yes | No | N/A |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 1 Did you complete the return based on information for tax year 2020 provided by the taxpayer or reasonably obtained by you? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| a Did you make reasonable inquiries to determine the correct, complete, and consistent information? | <input type="checkbox"/> | <input type="checkbox"/> | |
| b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a Did you complete the required recertification Form 8862? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

For Paperwork Reduction Act Notice, see separate instructions.

REV 02/15/21 PRO

Form **8867** (2020)

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

| | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? | <input type="checkbox"/> | <input type="checkbox"/> | |
| c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

| | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

| | Yes | No |
|--|--------------------------|--------------------------|
| 13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? | <input type="checkbox"/> | <input type="checkbox"/> |

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

| | Yes | No |
|--|--------------------------|--------------------------|
| 14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? | <input type="checkbox"/> | <input type="checkbox"/> |

Part VI Eligibility Certification

► **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - 1. A copy of this Form 8867.
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

► **If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

| | Yes | No |
|---|-------------------------------------|--------------------------|
| 15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | | |
|------------------------|------------------------|-----------------------------------|------------------------|----------------------------------|-------------------|-----------------------------------|----------------|
| SOCIAL SECURITY NUMBER | 836202419 | Deceased <input type="checkbox"/> | Date of Death: | *SPOUSE'S SOCIAL SECURITY NUMBER | 319871656 | Deceased <input type="checkbox"/> | Date of Death: |
| LAST NAME | TUNIKI | SUFFIX | | YOUR FIRST NAME | RAMMOHAN CHARY | MI | |
| SPOUSE'S LAST NAME | TUNIKI | SUFFIX | | SPOUSE'S FIRST NAME | RADHIKA | MI | |
| FIRST LINE OF ADDRESS | 899 POWERS FERRY RD SE | | SECOND LINE OF ADDRESS | | | | |
| CITY | MARIETTA | STATE | GA | ZIP CODE | 30067 | | |
| TELEPHONE NUMBER | 4438085853 | EMAIL | RAMMOHANCHA RY@GMAIL | | EXTENDED DUE DATE | MM/DD/YYYY | |

Amended return
 Check before 4/15/21 if you wish to stop the original debit (amended return only)
 Nonresident Special
 Nonresident/Part-Year Resident
 Form WV-8379 filed as an injured spouse

FILING STATUS
(Check One)

1 Single

2 Head of Household

3 Married, Filing Joint

4 Married, Filing Separate
*Enter spouse's SS# and name in the boxes above

5 Widow(er) with dependent child

Exemptions (If someone can claim you as a dependent, leave box (a) blank.) Enter "1" in boxes a and b if they apply

| | | |
|----------------|--------------------------|---|
| Yourselves (a) | <input type="checkbox"/> | 1 |
| Spouse (b) | <input type="checkbox"/> | 1 |

c. List your dependents. If more than five dependents, continue on Schedule DP on page 40.

| First name | Last name | Social Security Number | Date of Birth (MM DD YYYY) |
|------------|-----------|------------------------|----------------------------|
| SAANVI | TUNIKI | 958920423 | 12062013 |
| SAHASRA | TUNIKI | 958920413 | 12062013 |
| | | | |
| | | | |

d. Additional exemption if surviving spouse (see page 17) Enter total number of dependents (c) 2

Enter decedent's SSN: _____ Year Spouse Died: _____ (d)

e. **Total Exemptions** (add boxes a, b, c, and d). Enter here and on line 6 below. If box e is zero, enter \$500 on line 6 below. (e) 4

- Federal Adjusted Gross Income or income to claim senior citizen tax credit from Schedule SCTC-1
- Additions to income (line 56 of Schedule M).....
- Subtractions from income (line 48 of Schedule M).....
- West Virginia Adjusted Gross Income (line 1 plus line 2 minus line 3).....
- Low-Income Earned Income Exclusion (see worksheet on page 23).....
- Total Exemptions as shown above on Exemption Box (e) 4 x \$2,000
- West Virginia Taxable Income (line 4 minus lines 5 & 6) IF LESS THAN ZERO, ENTER ZERO
- Income Tax Due (Check One)

| | | |
|---|-------|-----|
| 1 | 89088 | .00 |
| 2 | | .00 |
| 3 | | .00 |
| 4 | 89088 | .00 |
| 5 | | .00 |
| 6 | 8000 | .00 |
| 7 | 81088 | .00 |
| 8 | 4145 | .00 |

Tax Table
 Rate Schedule
 Nonresident/Part-year resident calculation schedule

TAX DEPT USE ONLY

PAY PLAN COR SCTC NRSR HEPTC

MUST INCLUDE WITHHOLDING FORMS WITH THIS RETURN
(W-2s, 1099s, Etc.)



T 0 4 0 2 0 2 0 0 1

| | | | | | |
|---|--|--|----------|-------------|------------|
| PRIMARY LAST NAME SHOWN ON FORM IT-140 TUNIKI | SOCIAL SECURITY NUMBER 836202419 | 8. Total Taxes Due (line 8 from previous page) | 8 | 4145 | .00 |
|---|--|--|----------|-------------|------------|

| | | | |
|--|----|-------------|------------|
| 9. Credits from Tax Credit Recap Schedule (see schedule on page 5) (now includes the Family Tax Credit) | 9 | | .00 |
| 10. Line 8 minus 9. If line 9 is greater than line 8, enter 0 | 10 | 4145 | .00 |
| 11. Overpayment previously refunded or credited (amended return only) | 11 | | .00 |
| 12. Penalty Due from Form IT-210 <input type="checkbox"/> CHECK IF REQUESTING WAIVER/ANNUALIZED WORKSHEET ATTACHED If you owe penalty, enter here | 12 | | .00 |
| 13. West Virginia Use Tax Due on out-of-state purchases (See Schedule UT on page 9). <input checked="" type="checkbox"/> CHECK IF NO USE TAX DUE | 13 | | .00 |
| 14. Add lines 10 through 13. This is your total amount due. | 14 | 4145 | .00 |
| 15. West Virginia Income Tax Withheld (See instructions) <input type="checkbox"/> Check if withholding from NRSR (Nonresident Sale of Real Estate) | 15 | 4999 | .00 |
| 16. Estimated Tax Payments and Payments with Schedule 4868 | 16 | 0 | .00 |
| 17. Non-Family Adoption Tax Credit if applicable (include Schedule WV NFA-1) | 17 | | .00 |
| 18. Senior Citizen Tax Credit for property tax paid (include Schedule SCTC-1) | 18 | | .00 |
| 19. Homestead Excess Property Tax Credit for property tax paid (include Schedule HEPTC-1) | 19 | | .00 |
| 20. Amount paid with original return (amended return only) | 20 | | .00 |
| 21. Payments and Refundable Credits (add lines 15 through 20) | 21 | 4999 | .00 |
| 22. Balance Due (line 14 minus line 21). If Line 21 is greater than line 14, complete line 23 PAY THIS AMOUNT | 22 | | .00 |
| 23. Line 21 minus line 14. This is your overpayment | 23 | 854 | .00 |
| 24. Donations of part or all of line 23. Indicate below and enter the sum of columns 24A, 24B, and 24C on Line 24 | 24 | | .00 |
| 25. Amount of Overpayment to be credited to your 2021 estimated tax. | 25 | | .00 |
| 26. Refund due to you (line 23 minus line 24 and line 25). REFUND | 26 | 854 | .00 |

Direct Deposit of Refund CHECKING SAVINGS **052001633** **446033417347**
ROUTING NUMBER ACCOUNT NUMBER

PLEASE REVIEW YOUR ACCOUNT INFORMATION FOR ACCURACY. INCORRECT ACCOUNT INFORMATION MAY RESULT IN A \$15.00 RETURNED PAYMENT CHARGE.

I authorize the State Tax Department to discuss my return with my preparer YES NO
Under penalty of perjury, I declare that I have examined this return, accompanying schedules, and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Your Signature: *[Signature]* Date: *[Date]* Spouse's Signature: *[Signature]* Date: *02/23/2021* Telephone Number: *443-808-5853*

Preparer: Check HERE if client is requesting that form NOT be e-filed **301017196** **02222021 6789659522**
Preparer's EIN Signature of preparer other than above Date Telephone Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM GLOBAL TAXES LLC
Preparer's Printed Name Preparer's Firm

FOR REFUND, MAIL TO THIS ADDRESS: WV STATE TAX DEPARTMENT, P.O. BOX 1071, CHARLESTON, WV 25324-1071
FOR BALANCE DUE, MAIL TO THIS ADDRESS: WV STATE TAX DEPARTMENT, P.O. BOX 3694, CHARLESTON, WV 25336-3694

Payment Options: Returns filed with a balance of tax due may pay through any of the following methods:
• Check or Money Order payable to the WV State Tax Department - Enclose check or money order with your return.
• Electronic Payment - May be made by visiting mytaxes.wvtax.gov and clicking on "Pay Personal Income Tax".
• Credit Card Payment - May be made by visiting the Treasurer's website at: epay.wvsto.com/tax



T O 4 0 2 0 2 0 0 2