

Filing Status [X] 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: NAVEEN
Last name: SATHINENI
Your social security number: 795-31-7645
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.
4415 HERITAGE AVENUE
Apt. no.: B12
City, town, or post office. If you have a foreign address, also complete spaces below.
OKEMOS
State: MI
ZIP code: 48864
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 [X] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for, and final taxable income calculation. Total taxable income: 46,770.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

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	6,081.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	6,081.
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	6,081.
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	6,081.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	7,108.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	7,108.
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	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	8,908.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,827.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,827.
b	Routing number 051000017 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 435038770016		
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	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (571) 499-8999 Email address NAVEENSATHINENI1@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 09/15/2021	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.

**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
NAVEEN SATHINENI

Your social security number
795-31-7645

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	-4,600.
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	-4,600.

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

OMB No. 1545-0074

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

2020

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

NAVEEN SATHINENI

795-31-7645

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	AREPALLY KARIMNAGAR TELANGANA IN 505001				
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 Days	Personal Use Days	QJV
A	3		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			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		650.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7		850.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11				
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13				
14	Repairs.	14		1,200.		
15	Supplies	15		1,200.		
16	Taxes	16				
17	Utilities.	17		2,000.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		5,250.		
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		-4,600.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-4,600.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		650.		
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		5,250.		
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	(4,600.)		
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		-4,600.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

2020 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AMD)

Return is due April 15, 2021. Type or print in blue or black ink.

1. Filer's First Name NAVEEN	M.I.	Last Name SATHINENI	2. Filer's Full Social Security No. (Example: 123-45-6789) 795 — 31 — 7645	
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —	
Home Address (Number, Street, or P.O. Box) 4415 HERITAGE AVENUE, APT. B12			4. School District Code (5 digits – see page 60) 33170	
City or Town OKEMOS		State MI	ZIP Code 48864	
5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse			6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.	
7. 2020 FILING STATUS. Check one. a. <input checked="" type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* <div style="border: 1px solid black; width: 200px; height: 20px; margin-left: 100px;"></div> <small>* If you check box "c," complete line 3 and enter spouse's full name below:</small>			8. 2020 RESIDENCY STATUS. Check all that apply. a. <input checked="" type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident * <small>* If you check box "b" or "c," you must complete and include Schedule NR.</small>	

9. **EXEMPTIONS. NOTE:** If someone else can claim you as a dependent, check box 9e, enter 0 on line 9a and enter \$1,500 on line 9e (see instr.).

a. Number of exemptions (see instructions).....	9a.	<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div>	x	\$4,750	9a.	4750	00
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled.....	9b.		x	\$2,800	9b.		00
c. Number of qualified disabled veterans.....	9c.		x	\$400	9c.		00
d. Number of Certificates of Stillbirth from MDHHS (see instructions).....	9d.		x	\$4,750	9d.		00
e. Claimed as dependent, see line 9 NOTE above.....	9e.	<input type="checkbox"/>			9e.		00
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15.....	9f.				9f.	4750	00
10. Adjusted Gross Income from your U.S. Forms 1040 or 1040NR (see instructions).....	10.					59170	00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.						00
12. Total. Add lines 10 and 11.....	12.					59170	00
13. Subtractions from Schedule 1, line 29. Include Schedule 1	13.						00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....	14.					59170	00
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19.....	15.					4750	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.					54420	00
17. Tax. Multiply line 16 by 4.25% (0.0425).....	17.					2313	00

NON-REFUNDABLE CREDITS

		AMOUNT		CREDIT		
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a.	<div style="border: 1px solid black; width: 80px; height: 20px; display: flex; align-items: center; justify-content: center;">1366</div>	00	18b.	<div style="border: 1px solid black; width: 80px; height: 20px; display: flex; align-items: center; justify-content: center;">1068</div>	00
19. Michigan Historic Preservation Tax Credit carryforward (see instructions).....	19a.	<div style="border: 1px solid black; width: 80px; height: 20px; display: flex; align-items: center; justify-content: center;">00</div>	00	19b.	<div style="border: 1px solid black; width: 80px; height: 20px; display: flex; align-items: center; justify-content: center;">00</div>	00
20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0".....	20.				<div style="border: 1px solid black; width: 80px; height: 20px; display: flex; align-items: center; justify-content: center;">1245</div>	00

Filer's Full Social Security Number

795 — 31 — 7645

21. Enter amount of Income Tax from line 20.....	21.	1245	00
22. Voluntary Contributions from Form 4642, line 6. Include Form 4642	22.		00
23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.	0	00
24. Total Tax Liability. Add lines 21, 22 and 23	24.	1245	00

REFUNDABLE CREDITS AND PAYMENTS

25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2	25.		00
26. Farmland Preservation Tax Credit. Include MI-1040CR-5	26.		00
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b.	27a.		00
	27b.		00
28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581	28.		00
29. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s)	29.	1336	00
30. Estimated tax, extension payments and 2019 credit forward	30.		00
31. 2020 AMENDED RETURNS ONLY. Taxpayers completing an original 2020 return should skip to line 32. Amended returns must include Schedule AMD (see instructions) .			
31a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 31a and enter this amount as a negative number on line 31c.			
31b. <input type="checkbox"/> If you paid with the original return, check box 31b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 31c. Do not include interest or penalty.	31c.		00
32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c	32.	1336	00

REFUND OR TAX DUE

33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions.	33.		00
Include interest <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> and penalty <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
YOU OWE			
34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32	34.	91	00
35. Credit Forward. Amount of line 34 to be credited to your 2021 estimated tax for your 2021 tax return ...	35.		00
REFUND			
36. Subtract line 35 from line 34	36.	91	00

DIRECT DEPOSIT

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

a. Routing Transit Number	b. Account Number	c. Type of Account	
051000017	435038770016	1. <input checked="" type="checkbox"/> Checking	2. <input type="checkbox"/> Savings

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2019, enter dates below. **ENTER DATE OF DEATH ONLY.** Example: 04-15-2020 (MM-DD-YYYY)

Filer	— —	Spouse	— —
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Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN
P02082703

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature	Date
Spouse's Signature	Date

Preparer's Name (print or type)
SYAM PRIYA RAM SAGAR GUPTA TA

Preparer's Signature
SYAM PRIYA RAM SAGAR GUPTA TA

Preparer's Business Name, Address and Telephone Number
GLOBAL TAXES LLC
2530 PEBBLE CREEK LN
CUMMING GA 30041
678-965-9522

By checking this box, I authorize Treasury to discuss my return with my preparer.

Refund, credit, or zero returns. Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**
Pay amount on line 33 (see instructions). Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

2020 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2020, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 29). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name NAVEEN	M.I.	Last Name SATHINENI	2. Filer's Full Social Security No. (Example: 123-45-6789) 795 — 31 — 7645
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

A		B	C	D		E	
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld	
X		45-2700157	E-GIANTS TECHNOL	63770	00	1336	00
					00		00
					00		00
					00		00
					00		00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....							00
4. SUBTOTAL. Enter total of Table 1, column E.						4.	1336 00

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

A		B	C	D	E		
Enter "X" for: Filer or Spouse		Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld		
					00	00	
					00	00	
					00	00	
					00	00	
					00	00	
Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....							00
5. SUBTOTAL. Enter total of Table 2, column E.						5.	00
6. TOTAL. Add lines 4 and 5. Enter here and carry to MI-1040, line 29.....						6.	1336 00

Name as Shown on Return <u>NAVEEN SATHINENI</u>	Social Security Number <u>795-31-7645</u>
--	--

- **QuickZoom** to another copy of this worksheet ➔
- **Part-year residents:** You can claim this credit only when your income from another state was earned while you were a Michigan resident.
- Jurisdiction code ▶ IA
Jurisdiction name Iowa

1	Income earned in another state or locality subject to Michigan tax	1	<u>27,324.</u>
2	Enter the amount from Form MI-1040, line 14.	2	<u>59,170.</u>
3	Divide line 1 by line 2	3	<u>0.4618</u>
4	Enter the amount from Form MI-1040, line 17.	4	<u>2,313.</u>
5	Multiply line 4 by line 3	5	<u>1,068.</u>
6	Enter the amount of tax imposed by another state or locality	6	<u>1,366.</u>
7	Credit. Enter line 6 or the smaller of line 5 or line 6	7	<u>1,068.</u>

Your first name, middle initial, and last name NAVEEN SATHINENI

Spouse's first name, middle initial, and last name

Your Social Security number 795-31-7645

Spouse's Social Security number

Home address, City, State, ZIP 4415 HERITAGE AVENUE, B12

OKEMOS MI 48864

Part I Tax Return Information

Table with 5 rows and 4 columns: Line number, Description, B. Spouse (filing status 3), A. You or Joint. Values include 1. Iowa Net Income 59,170.00, 2. Total Tax 2,537.00, 3. Iowa Income Tax Withheld 1,198.00, 5. Total Amount Due 168.00.

Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return.)

- 6. [X] I do not want direct deposit or direct debit.
7. [] I consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

I authorize the Iowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated below for payment of my individual Iowa taxes owed on this return, and the financial institution to debit the entry to this account on (the payment/settlement date). I also authorize the financial institution 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. This authorization is to remain in full force and effect until I notify IDR to terminate the authorization. To revoke (cancel) a payment, I must contact IDR at (515) 281-3114 or idrefit@iowa.gov. Payment cancellation requests must be received no later than five business days prior to the payment/settlement date. Note: This electronic withdrawal from your bank account will be identified with the ACH Company ID 4426004574. If you currently have a debit block on this account, contact your financial institution to request that they allow a withdrawal from your bank account by this ACH Company ID.

Name of financial institution:

Routing Number

Routing Number input boxes

The first two digits must be 01 through 12 or 21 through 32.

Account Number

Account Number input boxes

Type of Account:

Savings [] Checking []

Will this refund go to (or payment come from) an account outside the United States? Yes [] No []

Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and statements for tax year ending December 31, 2020 and certify 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 shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedules, attachments, and statements be sent to the Iowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originator (ERO). In addition, by using software to prepare and transmit my return electronically, I consent to the disclosure to IDR of all information pertaining to the transmission of my tax return electronically. I authorize IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize IDR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if IDR does not receive full and timely payment of my tax liability I will remain liable for the tax liability and all applicable penalties and interest. I consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my return, refund, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. I understand that this declaration with required attachments must be forwarded upon request to IDR.

Your Signature

Date

Spouse Signature. If a joint return, both must sign.

Date

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with IDR and have followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form IA 8453-IND should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whichever is later, to which the IA 8453-IND relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I have based this declaration on all information available to me.

Table with 5 columns: ERO Signature, Date, Check if also paid preparer, Check if self-employed, ERO PTIN. Includes firm name GLOBAL TAXES LLC and address 2530 PEBBLE CREEK LN CUMMING GA 30041.

Pay electronically using e-File & Pay on the Department's website: tax.iowa.gov

Instructions for Payment Vouchers

1. Complete using blue or black ink. Do not use gel pens on checks. **Do not staple.**
2. **SSN:** Enter the Social Security Number in the boxes provided below.
3. **Period ending:** Enter the date of the calendar or fiscal year end. Use MMDDYY format. MM: two-digit month. DD: two-digit day. YY: last two digits of the tax year. The period ending for December 31, 2020, would be entered as: 123120.
4. **Payment amount:** Enter dollars and cents. The two boxes separated to the right on the amount line are for cents. Do not enter any punctuation or symbols (for example ", or \$").
5. When paying by check, **make checks payable to** Iowa Department of Revenue.
6. Mail your payment on or before the due date with this voucher to:

Iowa Department of Revenue
PO Box 9187
Des Moines IA 50306-9187

Note: Penalties can only be waived under limited circumstances, as described in Iowa Code section 421.27.

Failure to Timely File a Return: A penalty of 10% will be added to the tax due for failure to timely file a return if the return is filed after the original due date of the return and if at least 90% of the correct amount of tax is not paid by the original due date of the return.

Failure to Timely Pay the Tax Due or Penalty for Audit Deficiency: A penalty of 5% will be added to the tax due if the return is filed by the original due date and at least 90% of the correct amount of tax is not paid by the original due date of the return.

When the failure to file penalty and the failure to pay penalty are both applicable, only the failure to file penalty will apply.

Penalty for Willful Failure to File: A penalty of 75% will be added to the tax due for willful failure to file a return or for filing with intent to evade tax.

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Iowa Department of Revenue

INT REV 07/30/21 PRO

IA 1040V

Individual Income Tax Payment Voucher

200679531764591231208208 8

SSN:

7	9	5	3	1	7	6	4	5
---	---	---	---	---	---	---	---	---

Print name: SATHINENI NAVEEN
(Last, first MI)

Period ending:

1	2	3	1	2	0
---	---	---	---	---	---

Address: 4415 HERITAGE AVENUE, B12

Payment amount:

				1	6	8	0	0
--	--	--	--	---	---	---	---	---

City, state, ZIP: OKEMOS MI 48864

Phone: 571-499-8999

Mail to:

Iowa Department of Revenue
PO Box 9187
Des Moines IA 50306-9187

Make checks payable to:

Iowa Department of Revenue. When you pay by check, you authorize the Department of Revenue to convert your check to a one-time electronic banking transaction. 41-137 (06/18/2020)



2020 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning _____ and ending _____

Step 1: Fill in all spaces. You must fill in your Social Security number (SSN).

Your last name: SATHINENI Your first name/middle initial: NAVEEN
 Spouse's last name: _____ Spouse's first name/middle initial: _____



Current mailing address (number and street, apartment, lot, or suite number) or PO Box:
4415 HERITAGE AVENUE, B12

City, State, ZIP:
OKEMOS MI 48864

Spouse SSN: _____ Your SSN: 795-31-7645

Step 2 Filing Status: Mark one box only

1	<input checked="" type="checkbox"/> Single: Were you claimed as a dependent on another person's Iowa return? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Email Address: _____
2	<input type="checkbox"/> Married filing a joint return. (Two-income families may benefit by using status 3 or 4.)	Check this box if you or your spouse were 65 or older as of 12/31/20. <input type="checkbox"/>
3	<input type="checkbox"/> Married filing separately on this combined return. Spouse use column B.	Residence on 12/31/20: County No. <u>00</u> School District No. <u>0000</u>
4	<input type="checkbox"/> Married filing separate returns. Spouse's name: _____ ▲ SSN: _____ Net Income: \$ _____	
5	<input type="checkbox"/> Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below.	
6	<input type="checkbox"/> Qualifying widow(er) with dependent child. Name: _____ SSN: _____	

Step 3 Exemptions

	B. Spouse (Filing Status 3 ONLY)	A. You or Joint
a. Personal Credit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3..... ▲	_____ X \$ 40 = \$ _____	▲ <u>1</u> X \$ 40 = \$ <u>40</u>
b. Enter 1 for each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind..... ▲	_____ X \$ 20 = \$ _____	▲ _____ X \$ 20 = \$ _____
c. Dependents: Enter 1 for each dependent..... ▲	_____ X \$ 40 = \$ _____	▲ _____ X \$ 40 = \$ _____
d. Enter first names of dependents here _____	e. Total \$ _____	e. Total \$ <u>40</u>

Step 4 Reportable Social Security benefits as calculated on line 13 of Iowa Social Security Worksheet

B. Spouse/Status 3 ▲	<u> </u>	A. You or Joint ▲	<u> </u>
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Step 5 Gross Income

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
1. Wages, salaries, tips, etc.....1.	_____	<u>63,770.00</u>	_____	_____
2. Taxable interest income. If more than \$1,500, complete Sch. B.....2.	_____	_____	_____	_____
3. Ordinary dividend income. If more than \$1,500, complete Sch. B.....3.	_____	_____	_____	_____
4. Taxable alimony received.....4.	_____	_____	_____	_____
5. Business income/(loss). See instructions.....5.	_____	_____	_____	_____
6. Capital gain/(loss). See instructions.....6.	_____	_____	_____	_____
7. Other gains/(losses). See instructions.....7.	_____	_____	_____	_____
8. Taxable IRA distributions.....8.	_____	_____	_____	_____
9. Taxable pensions and annuities.....9.	_____	_____	_____	_____
10. Rents, royalties, partnerships, estates, etc. See instructions.....10.	_____	<u>-4,600.00</u>	_____	_____
11. Farm income/(loss). See instructions.....11.	_____	_____	_____	_____
12. Unemployment compensation. See instructions.....12.	_____	_____	_____	_____
13. Gambling winnings.....13.	_____	_____	_____	_____
14. Other income, bonus depreciation, and section 179 adjustment.....14.	_____	_____	_____	_____
15. Gross Income. Add lines 1-14.....15.	_____	_____	_____	<u>59,170.00</u>

NOTE: Use only blue or black ink, no pencils or red ink.

Step 6 Adjustments to Income

16. Payments to an IRA, Keogh, or SEP.....16.	_____	_____	_____	_____
17. Deductible part of self-employment tax.....17.	_____	_____	_____	_____
18. Health insurance premium.....18.	_____	<u>0.00</u>	_____	_____
19. Penalty on early withdrawal of savings.....19.	_____	_____	_____	_____
20. Alimony paid.....20.	_____	_____	_____	_____
21. Pension/retirement income exclusion.....21.	_____ ▲	_____	_____	_____
22. Moving expense deduction from federal form 3903.....22.	_____	_____	_____	_____
23. Iowa capital gain deduction; Include corresponding IA 100 schedule.....23.	_____ ▲	_____	_____	_____
24. Other adjustments.....24.	_____	_____	_____	_____
25. Total adjustments. Add lines 16-24.....25.	_____	_____	_____	<u>0.00</u>
26. Net Income. Subtract line 25 from line 15.....26.	_____	_____	_____	<u>59,170.00</u>

Step 7 Federal Taxes and Qualified Deductions

27. Federal income tax refund/overpayment received in 2020.....27.	_____	_____	_____	_____
28. Self-employment/household employment/other federal taxes.....28.	_____ ▲	_____	_____	_____
29. Addition for federal taxes. Add lines 27 and 28.....29.	_____	_____	_____	<u>0.00</u>
30. Total. Add lines 26 and 29.....30.	_____	_____	_____	<u>59,170.00</u>
31. Federal tax withheld in 2020, federal estimated tax payments made in 2020, and federal taxes paid in 2020 for 2019 and prior years.....31.	_____	_____	<u>7,108.00</u>	_____
32. Qualified business income deduction. 25.0% (.25) of federal amount. See instructions.....32.	_____ ▲	_____	_____	_____
33. DPAD 199A(g) deduction. 25.0% (.25) of federal amount.....33.	_____ ▲	_____	_____	_____
34. Total federal tax and other qualified deductions. Add lines 31, 32, and 33.....34.	_____	_____	_____	<u>7,108.00</u>
35. Balance. Subtract line 34 from line 30. Enter here and on line 36, page 2.....35.	_____	_____	_____	<u>52,062.00</u>



2020 IA 1040, page 2

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
Step 8 Taxable Income				
36. BALANCE. From side 1, line 35.....		36.	.00	52,062.00
37. Deduction. Check one box <input checked="" type="checkbox"/> Itemized.(Include IA Schedule A) <input type="checkbox"/> Standard <input checked="" type="checkbox"/>		37.	.00	2,110.00
38. TAXABLE INCOME. SUBTRACT line 37 from line 36.....		38.	.00	49,952.00
Step 9 Tax, Credits, and Check-off Contributions				
39. Tax from tables or alternate tax.....	.00	▲	2,537.00	
40. Iowa lump-sum tax. See instructions.....	.00	▲	.00	
41. Iowa alternative minimum tax. Include IA 6251.....	.00	▲	.00	
42. Total tax. ADD lines 39, 40, and 41.....		42.	.00	2,537.00
43. Total exemption credit amount(s) from Step 3, side 1.....	.00		40.00	
44. Tuition and textbook credit for dependents K-12.....	.00	▲	.00	
45. Volunteer firefighter/EMS/reserve peace officer credit.....	.00	▲	.00	
46. Total credits. ADD lines 43, 44, and 45.....		46.	.00	40.00
47. BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter zero.....		47.	.00	2,497.00
48. Credit for nonresident or part-year resident. Must include IA 126 and federal return.....		48.	.00	1,131.00
49. BALANCE. SUBTRACT line 48 from 47. If less than zero, enter zero.....		49.	.00	1,366.00
50. Out-of-state tax credit. Must include IA 130.....		50.	.00	.00
51. BALANCE. SUBTRACT line 50 from 49. If less than zero, enter zero.....		51.	.00	1,366.00
52. Other nonrefundable Iowa credits. Must include IA 148 Tax Credits Schedule.....		52.	.00	.00
53. BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter zero.....		53.	.00	1,366.00
54. School district surtax or EMS surtax. Take percentage from table; multiply by line 53.....		54.	.00	0.00
55. Total state and local tax. ADD lines 53 and 54.....		55.	.00	1,366.00
56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here.....		56.		1,366.00
57. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars.				
Fish/Wildlife 57a: <input checked="" type="checkbox"/> State Fair 57b: <input type="checkbox"/> Firefighters/Veterans 57c: <input type="checkbox"/> Child Abuse Prevention 57d: <input type="checkbox"/> Enter here.....		57.		.00
58. TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 56 and line 57 and enter here.....		58.	▲	1,366.00
Step 10 Credits				
59. Iowa fuel tax credit. Include IA 4136.....	.00	▲	.00	
60. Check One: Child and dependent care credit <input type="checkbox"/> OR <input type="checkbox"/> Early childhood development credit <input type="checkbox"/>		60.	.00	.00
61. Iowa earned income tax credit. 15.0% (.15) of federal credit.....	.00	▲	0.00	
62. Other refundable credits. Include IA 148 Tax Credits Schedule.....	.00	▲	.00	
63. Iowa income tax withheld.....	.00	▲	1,198.00	
64. Estimated and voucher payments made for tax year 2020.....	.00	▲	.00	
65. TOTAL. ADD lines 59 through 64 and enter here.....		65.	.00	1,198.00
66. TOTAL CREDITS. ADD columns A and B on line 65 and enter here.....		66.		1,198.00
Step 11 Refund				
67. If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid.....		67.	▲	.00
68. Amount of line 67 to be REFUNDED.....		REFUND 68.	▲	.00
68a. Routing number: <input type="text"/>		68b. Type	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
68c. Account number: <input type="text"/>				
69. Amount of line 67 to be applied to your 2021 estimated tax.....	.00	▲	.00	
Step 12 Pay				
70. If line 66 is less than line 58, subtract line 66 from line 58. This is the AMOUNT OF TAX YOU OWE.....		70.	▲	168.00
71. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. Check if annualized income method is used. <input type="checkbox"/>		71.	▲	.00
72. Penalty and interest <input checked="" type="checkbox"/> 72a. Penalty <input type="text"/> .00 <input checked="" type="checkbox"/> 72b. Interest <input type="text"/> .00 ADD. Enter total.....		72.		.00
73. TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here.....		PAY THIS AMOUNT 73.	▲	168.00

Step 13 I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<input type="checkbox"/>				
Your signature	Date	Check if deceased	Date of death	SYAM PRIYA RAM SAGAR GUPTA TALLAM 09/15/2021	Preparer's signature
SIGN HERE	<input type="checkbox"/>				
Spouse's signature	Date	Check if deceased	Date of death	P02082703 30-1017196	Preparer's PTIN Firm's FEIN
		(571) 499-8999		(678) 965-9522	Daytime telephone number

This return is due April 30, 2021. Sign, enclose W-2s, and verify SSNs.
MAILING ADDRESS: Iowa Income Tax Document Processing,
PO BOX 9187, Des Moines IA 50306-9187
Make check payable to Iowa Department of Revenue



Name(s): NAVEEN SATHINENI Social Security number: 795-31-7645

Mark the appropriate box for you and your spouse

	B. Spouse	A. You or Joint
A nonresident of Iowa for all of 2020	<input type="checkbox"/> ▲	<input checked="" type="checkbox"/> ▲
A part-year resident of Iowa during 2020	<input type="checkbox"/> ▲	<input type="checkbox"/> ▲
	Date moved into Iowa: _____	_____
	Date moved out of Iowa: _____	_____
A full-year resident of Iowa during 2020	<input type="checkbox"/>	<input type="checkbox"/>

Iowa-Source Income

	B. Spouse	A. You or Joint
1. Wages, salaries, tips, etc.	1. _____ .00	32,342.00
2. Taxable interest income	2. _____ .00	_____ .00
3. Ordinary dividend income.....	3. _____ .00	_____ .00
4. Taxable alimony received.....	4. _____ .00	_____ .00
5. Business income or (loss)	5. _____ .00	_____ .00
6. Capital gain or (loss)	6. _____ .00	_____ .00
7. Other gains or (losses)	7. _____ .00	_____ .00
8. Taxable IRA distributions	8. _____ .00	_____ .00
9. Taxable pensions and annuities.....	9. _____ .00	_____ .00
10. Rents, royalties, partnerships, estates, etc.....	10. _____ .00	0.00
11. Farm income or (loss)	11. _____ .00	_____ .00
12. Unemployment compensation.....	12. _____ .00	_____ .00
13. Gambling winnings.....	13. _____ .00	_____ .00
14. Other income, bonus depreciation, and section 179 adjustment.....	14. _____ .00	_____ .00
15. Iowa gross income. Add lines 1-14	15. _____ .00	▲ 32,342.00
16. Payments to an IRA, Keogh, or SEP.....	16. _____ .00	_____ .00
17. Deductible part of self-employment tax	17. _____ .00	_____ .00
18. Health insurance premium	18. _____ .00	_____ .00
19. Penalty on early withdrawal of savings	19. _____ .00	_____ .00
20. Alimony paid	20. _____ .00	_____ .00
21. Pension/retirement income exclusion.....	21. _____ .00	_____ .00
22. Moving expense deduction into Iowa only	22. _____ .00	_____ .00
23. Iowa capital gain deduction	23. _____ .00	_____ .00
24. Other adjustments.....	24. _____ .00	_____ .00
25. Total adjustments. Add lines 16-24	25. _____ .00	▲ _____ .00
26. Iowa net income. Subtract line 25 from line 15	26. _____ .00	32,342.00
27. All-source net income from IA 1040, line 26.....	27. _____ .00	59,170.00
28. Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0%	28. _____ %	54.7 %
29. Nonresident/part-year resident credit percentage: Subtract the percentage on line 28 from 100.0%	29. _____ %	45.3 %
30. Iowa tax on total income from IA 1040, line 39	30. _____ .00	2,537.00
31. Total credits from IA 1040, line 46.....	31. _____ .00	40.00
32. Tax after credits. Subtract line 31 from line 30.....	32. _____ .00	2,497.00
33. Nonresident/part-year resident credit. Multiply line 32 by the percentage on line 29. Enter this amount on IA 1040, line 48.....	33. _____ .00	1,131.00

