

**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<br>SAI KRISHNA  | Last name<br>ADABALA | Your social security number<br>123-95-0902 |
| 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.<br>1240 GREEN VALLEY DR  |                      | Apt. no.<br>13                             |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br>PITTSBURGH |                      | State<br>PA                                |
| Foreign country name   |                      | ZIP code<br>15220                          |
| 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

|  | (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"/> | <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>   | 134,009. |
| 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>  | 413. | <b>3b</b>  | 413.     |
|  | <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 . . . . . ▶ <input type="checkbox"/> |            |      | <b>7</b>   | -3,000.  |
|  | <b>8</b>                         | Other income from Schedule 1, line 9 . . . . .  |            |      | <b>8</b>   | -5,981.  |
|  | <b>9</b>                         | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶                                 |            |      | <b>9</b>   | 125,441. |
| <b>Standard Deduction for—</b><br>• Single or Married filing separately, \$12,400<br>• Married filing jointly or Qualifying widow(er), \$24,800<br>• Head of household, \$18,650<br>• 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>  | 125,441. |
|  | <b>12</b>                        | <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .  |            |      | <b>12</b>  | 12,400.  |
|  | <b>13</b>                        | Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .  |            |      | <b>13</b>  |          |
|  | <b>14</b>                        | Add lines 12 and 13 . . . . .   |            |      | <b>14</b>  | 12,400.  |
|  | <b>15</b>                        | <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .                              |            |      | <b>15</b>  | 113,041. |

|    |   |     |         |
|----|---|-----|---------|
| 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  | 21,172. |
| 17 | Amount from Schedule 2, line 3  | 17  |         |
| 18 | Add lines 16 and 17   | 18  | 21,172. |
| 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  | 21,172. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10  | 23  | 0.      |
| 24 | Add lines 22 and 23. This is your <b>total tax</b>  | 24  | 21,172. |
| 25 | Federal income tax withheld from:   |     |         |
| a  | Form(s) W-2   | 25a | 21,519. |
| b  | Form(s) 1099  | 25b |         |
| c  | Other forms (see instructions)  | 25c |         |
| d  | Add lines 25a through 25c   | 25d | 21,519. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return   | 26  |         |
| 27 | Earned income credit (EIC) <b>NO</b>  | 27  |         |
| 28 | Additional child tax credit. Attach Schedule 8812   | 28  |         |
| 29 | American opportunity credit from Form 8863, line 8  | 29  |         |
| 30 | Recovery rebate credit. See instructions  | 30  |         |
| 31 | Amount from Schedule 3, line 13   | 31  |         |
| 32 | Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>  | 32  |         |
| 33 | Add lines 25d, 26, and 32. These are your <b>total payments</b>   | 33  | 21,519. |

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

**Refund**

|     |   |     |      |
|-----|---|-----|------|
| 34  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>            | 34  | 347. |
| 35a | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 347. |
| b   | Routing number 1 2 1 0 0 0 3 5 8  |     |      |
| c   | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings                               |     |      |
| d   | Account number 3 2 5 0 6 5 8 9 5 2 1 0  |     |      |
| 36  | Amount of line 34 you want <b>applied to your 2021 estimated tax</b>  | 36  |      |

**Amount You Owe**

For details on how to pay, see instructions.

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

**Third Party Designee**

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

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

**Sign Here**

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

|   |               |                     |   |
|---|---------------|---------------------|---|
| Your signature  | Date          | Your occupation     | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| HRIS CLOUD DEVELOPER  |               |                     |   |
| 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                       | Preparer's signature              | Date       | PTIN      | Check if:                              |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM     | SYAM PRIYA RAM SAGAR GUPTA TALLAM | 03/01/2021 | P02082703 | <input type="checkbox"/> Self-employed |
| Firm's name                           | Phone no.                         |            |           |  |
| GLOBAL TAXES LLC                      | (678) 965-9522                    |            |           |  |
| Firm's address                        | Firm's EIN                        |            |           |  |
| 2530 Pebble Creek Ln Cumming GA 30041 | 30-1017196                        |            |           |  |

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
SAI KRISHNA ADABALA

**Your social security number**  
123-95-0902

**Part I Additional Income**

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .                | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions) ▶ _____                   |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E   | <b>5</b>  | -5,981. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |         |
| <b>8</b>  | Other income. List type and amount ▶ _____  | <b>8</b>  |         |
| <b>9</b>  | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . . | <b>9</b>  | -5,981. |

**Part II Adjustments to Income**

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

**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.**  
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return

SAI KRISHNA ADABALA

Your social security number

123-95-0902

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 302,139.                         | 308,562.                        | 578.  | -5,845.   |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  | 730.                             | 790.                            |   | -60.  |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( )  |
| <b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .   |                                  |                                 |   | <b>7</b> -5,905.  |

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  |                                  |                                 |  |   |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( )   |
| <b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .  |                                  |                                 |  | <b>15</b>   |

**Part III Summary**

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>16</b> | Combine lines 7 and 15 and enter the result . . . . .  | <b>16</b> | -5,905.    |
|           | <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> |           |            |
| <b>17</b> | Are lines 15 and 16 <b>both</b> gains?<br><input type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.  |           |            |
| <b>18</b> | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶   | <b>18</b> |            |
| <b>19</b> | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶   | <b>19</b> |            |
| <b>20</b> | Are lines 18 and 19 both zero or blank and are you not filing Form 4952?<br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.                |           |            |
| <b>21</b> | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:<br><ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>   | <b>21</b> | ( 3,000. ) |
|           | <b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.  |           |            |
| <b>22</b> | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?<br><br><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.<br><br><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.   |           |            |



**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification number

SAI KRISHNA ADABALA

123-95-0902

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

| 1  | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis.<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions | Adjustment, if any, to gain or loss.<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss).</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|--|---|---|--|--|---|--------------------------------|--|
|  |  |   |   |  |  | (f)<br>Code(s) from<br>instructions   | (g)<br>Amount of<br>adjustment |  |
|  | E*TRADE SECURITIES LLC                                       | 03/30/20                                | 10/02/20  | 730.   | 790.   |   |                                | -60.   |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
| <b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ► |  |   |   | 730.   | 790.   |   |                                | -60.   |

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.



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

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2020**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

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

Name(s) shown on return

Your social security number

SAI KRISHNA ADABALA

123-95-0902

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

**A** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No

**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

|           |   |  |                  |                   |                          |
|-----------|---|--|------------------|-------------------|--------------------------|
| <b>1a</b> | Physical address of each property (street, city, state, ZIP code) |  |                  |                   |                          |
| <b>A</b>  | 7-99/1 SREE RAM NAGAR 12TH ROAD, ELURU ANDHRA PRADESH IN 534003   |  |                  |                   |                          |
| <b>B</b>  |   |  |                  |                   |                          |
| <b>C</b>  |   |  |                  |                   |                          |
| <b>1b</b> | Type of Property (from list below)                                | <b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV                      |
| <b>A</b>  | 3   |  | 365              | 0                 | <input type="checkbox"/> |
| <b>B</b>  |   |  |                  |                   | <input type="checkbox"/> |
| <b>C</b>  |   |  |                  |                   | <input type="checkbox"/> |

**Type of Property:**

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

| Income:          |   | Properties: |  | A           | B   | C       |
|------------------|---|-------------|--|-------------|-----|---------|
| <b>3</b>         | Rents received . . . . .  | <b>3</b>    |  | 600.        |     |         |
| <b>4</b>         | Royalties received . . . . .  | <b>4</b>    |  |             |     |         |
| <b>Expenses:</b> |   |             |  |             |     |         |
| <b>5</b>         | Advertising . . . . .   | <b>5</b>    |  |             |     |         |
| <b>6</b>         | Auto and travel (see instructions) . . . . .  | <b>6</b>    |  |             |     |         |
| <b>7</b>         | Cleaning and maintenance . . . . .  | <b>7</b>    |  | 1,106.      |     |         |
| <b>8</b>         | Commissions. . . . .  | <b>8</b>    |  |             |     |         |
| <b>9</b>         | Insurance . . . . .   | <b>9</b>    |  |             |     |         |
| <b>10</b>        | Legal and other professional fees . . . . .   | <b>10</b>   |  |             |     |         |
| <b>11</b>        | Management fees . . . . .   | <b>11</b>   |  | 1,600.      |     |         |
| <b>12</b>        | Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>   |  |             |     |         |
| <b>13</b>        | Other interest. . . . .   | <b>13</b>   |  |             |     |         |
| <b>14</b>        | Repairs. . . . .  | <b>14</b>   |  | 970.        |     |         |
| <b>15</b>        | Supplies . . . . .  | <b>15</b>   |  | 1,305.      |     |         |
| <b>16</b>        | Taxes . . . . .   | <b>16</b>   |  |             |     |         |
| <b>17</b>        | Utilities . . . . .   | <b>17</b>   |  | 1,600.      |     |         |
| <b>18</b>        | Depreciation expense or depletion . . . . .   | <b>18</b>   |  |             |     |         |
| <b>19</b>        | Other (list) ▶ . . . . .  | <b>19</b>   |  |             |     |         |
| <b>20</b>        | Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b>   |  | 6,581.      |     |         |
| <b>21</b>        | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .  | <b>21</b>   |  | -5,981.     |     |         |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b>   |  | ( -5,981. ) | ( ) | ( )     |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .   | <b>23a</b>  |  | 600.        |     |         |
| <b>b</b>         | Total of all amounts reported on line 4 for all royalty properties . . . . .  | <b>23b</b>  |  |             |     |         |
| <b>c</b>         | Total of all amounts reported on line 12 for all properties . . . . .   | <b>23c</b>  |  |             |     |         |
| <b>d</b>         | Total of all amounts reported on line 18 for all properties . . . . .   | <b>23d</b>  |  |             |     |         |
| <b>e</b>         | Total of all amounts reported on line 20 for all properties . . . . .   | <b>23e</b>  |  | 6,581.      |     |         |
| <b>24</b>        | <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | <b>24</b>   |  |             |     |         |
| <b>25</b>        | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | <b>25</b>   |  | ( 5,981. )  |     |         |
| <b>26</b>        | <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | <b>26</b>   |  |             |     | -5,981. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020



**Passive Activity Loss Limitations**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.  
▶ Attach to Form 1040, 1040-SR, or 1041.  
▶ Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

**2020**  
Attachment  
Sequence No. **858**

Name(s) shown on return

SAI KRISHNA ADABALA

Identifying number

123-95-0902

**Part I 2020 Passive Activity Loss**

**Caution:** Complete Worksheets 1, 2, and 3 before completing Part I.

**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

|  |           |            |         |
|--|-----------|------------|---------|
| <b>1a</b> Activities with net income (enter the amount from Worksheet 1, column (a)) . . . . .   | <b>1a</b> | 0.         |         |
| <b>b</b> Activities with net loss (enter the amount from Worksheet 1, column (b)) . . . . .      | <b>1b</b> | ( 5,981. ) |         |
| <b>c</b> Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)) . . . . . | <b>1c</b> | ( )        |         |
| <b>d</b> Combine lines 1a, 1b, and 1c . . . . .  | <b>1d</b> |            | -5,981. |

**Commercial Revitalization Deductions From Rental Real Estate Activities**

|   |           |     |  |
|---|-----------|-----|--|
| <b>2a</b> Commercial revitalization deductions from Worksheet 2, column (a) . . . . .                     | <b>2a</b> | ( ) |  |
| <b>b</b> Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b) . . . . . | <b>2b</b> | ( ) |  |
| <b>c</b> Add lines 2a and 2b . . . . .  | <b>2c</b> | ( ) |  |

**All Other Passive Activities**

|  |           |     |  |
|--|-----------|-----|--|
| <b>3a</b> Activities with net income (enter the amount from Worksheet 3, column (a)) . . . . .   | <b>3a</b> |     |  |
| <b>b</b> Activities with net loss (enter the amount from Worksheet 3, column (b)) . . . . .      | <b>3b</b> | ( ) |  |
| <b>c</b> Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) . . . . . | <b>3c</b> | ( ) |  |
| <b>d</b> Combine lines 3a, 3b, and 3c . . . . .  | <b>3d</b> |     |  |

|  |          |  |         |
|--|----------|--|---------|
| <b>4</b> Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used . . . . . | <b>4</b> |  | -5,981. |
|--|----------|--|---------|

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
  - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
  - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

**Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

|  |           |          |        |
|--|-----------|----------|--------|
| <b>5</b> Enter the <b>smaller</b> of the loss on line 1d or the loss on line 4 . . . . .   | <b>5</b>  |          | 5,981. |
| <b>6</b> Enter \$150,000. If married filing separately, see instructions . . . . .   | <b>6</b>  | 150,000. |        |
| <b>7</b> Enter modified adjusted gross income, but not less than zero. See instructions . . . . .  | <b>7</b>  | 131,422. |        |
| <b>Note:</b> If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.            |           |          |        |
| <b>8</b> Subtract line 7 from line 6 . . . . .   | <b>8</b>  | 18,578.  |        |
| <b>9</b> Multiply line 8 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions . . . . . | <b>9</b>  |          | 9,289. |
| <b>10</b> Enter the <b>smaller</b> of line 5 or line 9 . . . . .   | <b>10</b> |          | 5,981. |

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

**Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**

**Note:** Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

|  |           |  |  |
|--|-----------|--|--|
| <b>11</b> Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions . . . . . | <b>11</b> |  |  |
| <b>12</b> Enter the loss from line 4 . . . . .   | <b>12</b> |  |  |
| <b>13</b> Reduce line 12 by the amount on line 10 . . . . .  | <b>13</b> |  |  |
| <b>14</b> Enter the <b>smallest</b> of line 2c (treated as a positive amount), line 11, or line 13 . . . . .                 | <b>14</b> |  |  |

**Part IV Total Losses Allowed**

|  |           |  |        |
|--|-----------|--|--------|
| <b>15</b> Add the income, if any, on lines 1a and 3a and enter the total . . . . .   | <b>15</b> |  | 0.     |
| <b>16</b> <b>Total losses allowed from all passive activities for 2020.</b> Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return . . . . . | <b>16</b> |  | 5,981. |

**Caution:** The worksheets must be filed with your tax return. Keep a copy for your records.

**Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c** (see instructions)

| Name of activity                                       | Current year             |                        | Prior years                  | Overall gain or loss |          |
|--|--------------------------|------------------------|------------------------------|----------------------|----------|
|  | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain             | (e) Loss |
| 7-99/1 SREE RAM NAGAR                                  | 0.                       | 5,981.                 |                              |                      | 5,981.   |
|  |                          |                        |                              |                      |          |
|  |                          |                        |                              |                      |          |
| <b>Total.</b> Enter on Form 8582, lines 1a, 1b, and 1c | 0.                       | 5,981.                 |                              |                      |          |

**Worksheet 2—For Form 8582, Lines 2a and 2b** (see instructions)

| Name of activity                                  | (a) Current year deductions (line 2a) | (b) Prior year unallowed deductions (line 2b) | (c) Overall loss |
|---|---------------------------------------|---|------------------|
|   |                                       |   |                  |
|   |                                       |   |                  |
| <b>Total.</b> Enter on Form 8582, lines 2a and 2b |                                       |   |                  |

**Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c** (see instructions)

| Name of activity                                       | Current year             |                        | Prior years                  | Overall gain or loss |          |
|--|--------------------------|------------------------|------------------------------|----------------------|----------|
|  | (a) Net income (line 3a) | (b) Net loss (line 3b) | (c) Unallowed loss (line 3c) | (d) Gain             | (e) Loss |
|  |                          |                        |                              |                      |          |
|  |                          |                        |                              |                      |          |
| <b>Total.</b> Enter on Form 8582, lines 3a, 3b, and 3c |                          |                        |                              |                      |          |

**Worksheet 4—Use This Worksheet if an Amount Is Shown on Form 8582, Line 10 or 14.** See instructions.

| Name of activity      | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio  | (c) Special allowance | (d) Subtract column (c) from column (a) |
|-----------------------|---|----------|------------|-----------------------|---|
| 7-99/1 SREE RAM NAGAR | E Ln 22   | 5,981.   | 1.00000000 | 5,981.                | 0.                                      |
|                       |   |          |            |                       |   |
| <b>Total</b>          |   | 5,981.   | 1.00       | 5,981.                | 0.                                      |

**Worksheet 5—Allocation of Unallowed Losses** (see instructions)

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Unallowed loss |
|------------------|---|----------|-----------|--------------------|
|                  |   |          |           |                    |
|                  |   |          |           |                    |
| <b>Total</b>     |   |          | 1.00      |                    |

Keep for your records

Name(s) shown on return
SAI KRISHNA ADABALA

Social Security No.
123-95-0902

General Information:

Property description . . . . . 7-99/1 SREE RAM NAGAR 12TH ROAD
Property type . . 3 Vacation/Short-term If type is other, enter a description . .
Location (street address) . . . . . 7-99/1 SREE RAM NAGAR
City . . . . . 12TH ROAD, ELURU State . . . . . ZIP code . . . . .
If a foreign address: Foreign province or state . . . . . ANDHRA PRADESH
Foreign postal code . . . . . 534003 Foreign country . . . . . India

Complete For All Properties:

Did you make any payments that would require you to file Form(s) 1099? . . . . . Yes [ ] No [X]
If yes, did you or will you file all required Form(s) 1099? . . . . . Yes [ ] No [ ]

Complete For All Rental Properties:

Days rented at fair rental value . . . . . 365 Days of personal use . . . . . 0

Check All That Apply:

- A Owned by spouse [ ] B Owned jointly [ ]
C Active participation [X] D Material participation [ ]
E Qualified joint venture [ ] F Some investment is not at risk [ ]
G Other passive exceptions [ ] H Complete taxable disposition - See Help [ ]
I Treat all MACRS assets for this activity as qualified Indian reservation property? . . Yes [ ] No [X]
J Treat all assets acquired after August 27, 2005 as qualified GO Zone property? . . . . . Regular [ ] Extension [ ] No [X]
K Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? . . . . . Yes [ ] No [X]
L Was this activity located in a Qualified Disaster Area? . . . . . Yes [ ] No [X]
M Check this box if filing this Schedule E as an LLC in CA or TX [ ]

Ownership Percentage:

- N Check to allocate income and expenses using ownership percentage [ ]
O Enter ownership percentage . . . . . %

Owner-Occupied Rentals:

- P Check to allocate personal use items to Schedule A [ ]
Q Percentage of rental use . . . . . %

Vacation Home or Property with Personal Use Days:

- R Check to allocate interest and taxes using the Tax Court Method [ ]
S Number of days property owned if less than the entire year . . . . .

**Property Location**

7-99/1 SREE RAM NAGAR, 12TH ROAD, ELURU, ANDHRA PRADESH, 534003, India

| Income   |      | % if Different | Total |
|--|------|----------------|-------|
| <b>3 Enter</b> rental income (not reported elsewhere) . . . .  | 600. |                |       |
| Rental income from Form 1099-MISC . . . . .                    |      |                |       |
| Rental income from Form 1099-K . . . . .                       |      |                |       |
| Rental Income from Cancellation of Debt Wks . . . .            |      |                |       |
| Total rents received . . . . .                                 | 600. | 100.000000     | 600.  |
| <b>4 Enter</b> royalties received (not reported elsewhere) . . |      |                |       |
| Royalty income from Form 1099-MISC . . . . .                   |      |                |       |
| Royalty income from Form 1099-K . . . . .                      |      |                |       |
| Royalty Income from Cancellation of Debt Wks . . . .           |      |                |       |
| Royalty Income from Schedule K-1 . . . . .                     |      |                |       |
| Total royalties received . . . . .                             |      |                |       |

| Expenses   | (a)<br>Total | (b)<br>Enter %<br>if not<br>100.00 | (c)<br>Reported On<br>Schedule E | (d)<br>Vacation<br>Home Loss<br>Limitation | (e)<br>Allocated to<br>Personal<br>use |
|--|--------------|------------------------------------|----------------------------------|--|--|
| <b>5</b> Advertising . . . . .                         |              |                                    |                                  |  |  |
| <b>6 a</b> Auto . . . . .                              |              |                                    |                                  |  |  |
| <b>b</b> Travel . . . . .                              |              |                                    |                                  |  |  |
| <b>7</b> Cleaning and maint . . . . .                  | 1,106.       |                                    | 1,106.                           |  |  |
| <b>8</b> Commissions . . . . .                         |              |                                    |                                  |  |  |
| <b>9 a</b> Mort insur qualified . . . . .              |              |                                    |                                  |  |  |
| From Form 1098 import . . . . .                        |              |                                    |                                  |  |  |
| Total mort insur qual . . . . .                        |              |                                    |                                  |  |  |
| <b>b</b> Other Insurance . . . . .                     |              |                                    |                                  |  |  |
| <b>10</b> Legal & other prof fees . . . . .            |              |                                    |                                  |  |  |
| <b>11</b> Management fees . . . . .                    | 1,600.       |                                    | 1,600.                           |  |  |
| <b>12 a</b> Mortgage int qualified . . . . .           |              |                                    |                                  |  |  |
| From Form 1098 import . . . . .                        |              |                                    |                                  |  |  |
| Total mort int qualified . . . . .                     |              |                                    |                                  |  |  |
| <b>b</b> Mort int other . . . . .                      |              |                                    |                                  |  |  |
| From Form 1098 import . . . . .                        |              |                                    |                                  |  |  |
| Total mort int other . . . . .                         |              |                                    |                                  |  |  |
| <b>13</b> Other interest . . . . .                     |              |                                    |                                  |  |  |
| <b>14</b> Repairs . . . . .                            | 970.         |                                    | 970.                             |  |  |
| <b>15</b> Supplies . . . . .                           | 1,305.       |                                    | 1,305.                           |  |  |
| <b>16 a</b> Real estate taxes . . . . .                |              |                                    |                                  |  |  |
| From Form 1098 import . . . . .                        |              |                                    |                                  |  |  |
| Total real estate taxes . . . . .                      |              |                                    |                                  |  |  |
| <b>b</b> Other taxes . . . . .                         |              |                                    |                                  |  |  |
| <b>17</b> Utilities . . . . .                          | 1,600.       |                                    | 1,600.                           |  |  |
| <b>18 a</b> Depreciation . . . . .                     |              |                                    |                                  |  |  |
| <b>b</b> Depletion . . . . .                           |              |                                    |                                  |  |  |
| <b>c</b> Depreciation carryover . . . . .              |              |                                    |                                  |  |  |
| <b>19</b> Other expenses . . . . .                     |              |                                    |                                  |  |  |
| <b>a</b> . . . . .                                     |              |                                    |                                  |  |  |
| <b>b</b> . . . . .                                     |              |                                    |                                  |  |  |
| <b>c</b> . . . . .                                     |              |                                    |                                  |  |  |
| <b>d</b> . . . . .                                     |              |                                    |                                  |  |  |
| <b>e</b> Indirect operating exp . . . . .              |              |                                    |                                  |  |  |
| <b>f</b> Operating exp carryover . . . . .             |              |                                    |                                  |  |  |
| <b>g</b> Vehicle rental . . . . .                      |              |                                    |                                  |  |  |
| <b>h</b> Amortization . . . . .                        |              |                                    |                                  |  |  |
| <b>20</b> Add lines 5 through 19 . . . . .             | 6,581.       |                                    | 6,581.                           |  |  |
| <b>21</b> Income or (loss) . . . . .                   |              |                                    | -5,981.                          |  |  |
| <b>22</b> Deductible rental real estate loss . . . . . |              |                                    | -5,981.                          |  |  |

MAKE CHECK PAYABLE TO:  
PENNSYLVANIA DEPARTMENT OF REVENUE  
MAIL TO:  
PENNSYLVANIA DEPARTMENT OF REVENUE  
PAYMENT ENCLOSED  
1 REVENUE PLACE  
HARRISBURG, PA 17129-0001

NOTE:  
WRITE THE LAST FOUR DIGITS OF YOUR SSN (AND SPOUSE'S SSN IF FILING JOINT),  
DAYTIME PHONE NUMBER AND TAX YEAR ON YOUR CHECK.

2020 PA-40 V PA PAYMENT VOUCHER

1555  
REV 02/15/21 PRO

123-95-0902 AD

2000918793

PAYMENT AMOUNT

ADABALA  
SAI KRISHNA

510-458-9994

₹ 14.00

APT 13  
1240 GREEN VALLEY DR  
PITTSBURGH  
PA  
15220

DEPARTMENT USE ONLY

Make check or money order  
payable to the Pennsylvania  
Department of Revenue

PA-40 - 2020
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (06-20)

123950902

ADABALA

SAI KRISHNA

Occupation HRIS CLOUD

Occupation

APT 13

1240 GREEN VALLEY DR

PITTSBURGH

PA 15220

(no 510-458-9994

02175

N Extension. N Amended Return.

R Residency Status.
PA Resident/Nonresident/Part-Year Resident
from to

S Single, Married/Filing Jointly,
Married/Filing Separately, Final Return

N Deceased

N Taxpayer Date of Death

N Spouse Date of Death

N Farmers.

School District Name CHARTIERS VAL

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
1b Unreimbursed Employee Business Expenses.
1c Net Compensation. Subtract Line 1b from Line 1a.
2 Interest Income. Complete PA Schedule A if required.
3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
4 Net Income or Loss from the Operation of a Business, Profession or Farm.
5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
7 Estate or Trust Income. Complete and submit PA Schedule J.
8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
10 Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.
11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

Table with 2 columns: Line Number, Amount. Rows: 1a (75209), 1b (0), 1c (75209), 2 (0), 3 (413), 4 (0), 5 (-6483), 6 (0), 7 (0), 8 (0), 9 (75622), 10 (0), 11 (75622)



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[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

PA-40 - 2020

Social Security Number

123950902

Name(s) SAI KRISHNA ADABALA

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).

13 Total PA Tax Withheld. See the instructions.

14 Credit from your 2019 PA Income Tax return.

15 2020 Estimated Installment Payments. REV-459B included.

16 2020 Extension Payment.

17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)

18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

Tax Forgiveness Credit. Submit PA Schedule SP.

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased

19b Dependents, Section II, Line 2, PA Schedule SP

20 Total Eligibility Income from Section III, Line 11, PA Schedule SP.

21 Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.

22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.

23 Total Other Credits. Submit your PA Schedule OC.

24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.

25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.

26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.

27 Penalties and Interest. See the instructions. Enter Code:

If including form REV-1630/REV-1630A, mark the box.

28 TOTAL PAYMENT DUE. See the instructions.

29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.

The total of Lines 30 through 36 must equal Line 29.

30 Refund - Amount of Line 29 you want as a check mailed to you.

31 Credit - Amount of Line 29 you want as a credit to your 2021 estimated account.

32 Refund donation line. Enter the organization code and donation amount. See instructions.

33 Refund donation line. Enter the organization code and donation amount. See instructions.

34 Refund donation line. Enter the organization code and donation amount. See instructions.

35 Refund donation line. Enter the organization code and donation amount. See instructions.

36 Refund donation line. Enter the organization code and donation amount. See instructions.

|     |    |      |
|-----|----|------|
| 12  |    | 2322 |
| 13  |    | 2308 |
| 14  |    | 0    |
| 15  |    | 0    |
| 16  |    | 0    |
| 17  |    | 0    |
| 18  |    | 0    |
| 19a | 00 |      |
| 19b | 00 |      |
| 20  |    | 0    |
| 21  |    | 0    |
| 22  |    | 0    |
| 23  |    | 0    |
| 24  |    | 2308 |
| 25  |    | 0    |
| 26  |    | 14   |
| 27  |    | 0    |
| 28  |    | 14   |
| 29  |    | 0    |
| 30  |    | 0    |
| 31  |    | 0    |
| 32  |    |      |
| 33  |    |      |
| 34  |    |      |
| 35  |    |      |
| 36  |    |      |

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

|   |  |                                       |  |
|---|--|---------------------------------------|--|
| Your Signature                                  |  | Spouse's Signature, if filing jointly |  |
| Preparer's Name and Telephone Number            |  | Date                                  |  |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM<br>6789659522 |  | 030121                                |  |

E-File Opt Out

N

Firm FEIN

301017196

Preparer's PTIN

P02082703





**PA SCHEDULE B**  
Dividend Income

2001510029

PA-40 B (EX) 06-20 (1)  
PA Department of Revenue

**2020**

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|  |   |
|--|---|
| Name shown first on the PA-40 (if filing jointly)<br>SAI KRISHNA ADABALA | Social Security Number (shown first)<br>123-95-0902 |
|--|---|

**CAUTION:** Federal and PA rules for dividend income are different. **Read the instructions.**

If your total PA-taxable dividend and capital gains distributions income (taxpayer, spouse and/or joint) is equal to the amount reported on your federal return and does not include any amounts for Lines 2 through 11 (not including subtotal Line 6) of PA Schedule B, you must report your income on Line 3 of the PA-40, but you do not have to submit PA Schedule B. If there are any amounts (taxpayer, spouse and/or joint) for any of the Lines 2 through 11 (not including subtotal Line 6), you must complete and submit PA Schedule B with your PA-40. A taxpayer and spouse must complete separate schedules to report their income if any amounts are reported on Lines 2 through 11 (not including subtotal Line 6) of Schedule B. However, if all the income is earned on a joint basis, one schedule may be completed. Complete the oval to indicate whether the income included on the schedule is from the taxpayer, spouse or joint. If a separate PA Schedule B is prepared for a taxpayer and spouse, include only the taxpayer or spouse share of the income for each line.

**PA SCHEDULE B - PA-Taxable Dividend and  
Capital Gains Distributions Income** (See the instructions.)

Taxpayer  Spouse  Joint

|  |     |    |     |
|--|-----|----|-----|
| 1. Dividend income from Line 3b of your federal return. <b>See instructions.</b>   | 1.  | \$ | 413 |
| 2. Dividend income from federal Schedule K-1(s). <b>See instructions.</b>  | 2.  | \$ |     |
| 3. Pennsylvania exempt-interest dividend income. <b>See instructions.</b>  | 3.  | \$ |     |
| 4. Other reduction adjustments. <b>See instructions.</b><br>Description: _____   | 4.  | \$ |     |
| 5. Add the amounts on Lines 2, 3 and 4.  | 5.  | \$ |     |
| 6. Subtract Line 5 from Line 1.  | 6.  | \$ | 413 |
| 7. Total exempt-interest dividends. <b>See instructions.</b>   | 7.  | \$ |     |
| 8. Other addition adjustments. <b>See instructions.</b><br>Description: _____  | 8.  | \$ |     |
| 9. Repatriation of foreign income. <b>See instructions.</b>  |     |    |     |
| a. Total earnings and profits included on Line 1 of<br>IRC Section 965 Transition Tax Statement.      9a. _____                    |     |    |     |
| b. Total payments of earnings and profits included<br>in Line 9a received in prior years.            9b. _____                     |     |    |     |
| c. Payments of earnings and profits included in Line 9a received in current year.   9c.  |     | \$ |     |
| 10. Capital Gains Distributions - <b>See instructions.</b>   | 10. | \$ |     |
| 11. Dividend income from PA S corporation(s) and partnerships, reported on your<br>PA Schedule(s) RK-1 or federal Schedule(s) K-1. | 11. | \$ |     |
| <b>12. Total PA-Taxable Dividend Income.</b> Add Lines 6, 7, 8, 9c, 10 and 11.<br>Enter on Line 3 of your PA-40.                   | 12. | \$ | 413 |

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**PA SCHEDULE E**  
Rents and Royalty Income (Loss)

2001410022

PA-40 E (EX) 06-20 (I)  
PA Department of Revenue

**2020**

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Name of the taxpayer filing this schedule: **SAI KRISHNA ADABALA** Social Security Number (shown first) or EIN: **123-95-0902**

Sales Tax License Number (if applicable). See the instructions. Are rental payments made by lessees through a third party broker?  Yes  No

**See the instructions.** Report the income and expenses for the use of your personal property by others. Also, report the income you received for the extraction of oil, gas and other minerals from your property, and the use of your patents and copyrights. **Note:** If you are in the business of renting your property, extracting minerals from your property or producing products from your patents and copyrights – use PA Schedule C.

**SECTION I PROPERTY DESCRIPTION**

Enter the type and complete address of each rental real estate property, and/or each source of royalty income. See the instructions.

| Type | Description of Property           | For Profit Property  | Complete Address (street, city, state and ZIP code)                      |
|------|-----------------------------------|--|--|
| A    | 3 7-99/1 SREE RAM NAGAR 12TH ROAD | YES <input type="checkbox"/><br>NO <input checked="" type="checkbox"/> | 7-99/1 SREE RAM NAGAR<br>12TH ROAD, ELURU, ANDHRA PRADESH, 534003, India |
| B    |                                   | YES <input type="checkbox"/><br>NO <input type="checkbox"/>            |  |
| C    |                                   | YES <input type="checkbox"/><br>NO <input type="checkbox"/>            |  |

**Property type:** 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: \_\_\_\_\_

**SECTION II INCOME & EXPENSES**

|  | Property A  | Property B   | Property C   |
|--|---|--|--|
| <b>Line a:</b> Identify the property from Section I and indicate ownership (T/S/J)   | <input checked="" type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J | <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J | <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J |
| <b>Line b:</b> Is the property rental location in PA?  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                         | <input type="checkbox"/> YES <input type="checkbox"/> NO                         | <input type="checkbox"/> YES <input type="checkbox"/> NO                         |
| <b>Line c:</b> Is the property rented for any period less than 30 days?  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                         | <input type="checkbox"/> YES <input type="checkbox"/> NO                         | <input type="checkbox"/> YES <input type="checkbox"/> NO                         |
| <b>Income:</b> 1. Rent received  | 600   |  |  |
| 2. Royalties received  |   |  |  |
| <b>Expenses:</b> 3. Advertising  |   |  |  |
| 4. Automobile and travel   |   |  |  |
| 5. Cleaning and maintenance  | 1,106   |  |  |
| 6. Commissions   |   |  |  |
| 7. Insurance   |   |  |  |
| 8. Legal and professional fees   |   |  |  |
| 9. Management fees   | 1,600   |  |  |
| 10. Mortgage interest  |   |  |  |
| 11. Other interest   |   |  |  |
| 12. Repairs  | 970   |  |  |
| 13. Supplies   | 1,305   |  |  |
| 14. Taxes - not based on net income  |   |  |  |
| 15. Utilities  | 1,600   |  |  |
| 16. Depreciation expense - See the instructions  |   |  |  |
| 17. Other expenses (itemize):  |   |  |  |
| 18. Total Expenses - Add Lines 3 through 17  | 6,581   |  |  |
| <b>Income or Loss:</b> 19. Income – Subtract Line 18 from Line 1 or 2  |   |  |  |
| 20. Loss – Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss)  | <input type="checkbox"/> 0 <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 21. Net Income or Loss - Total Lines 19 and 20 for short-term rentals. See the instructions. (fill in the oval, if a net loss)   |   |  |  |
| 22. Net Income or Loss - Total Lines 19 and 20 for non short-term rentals. See the instructions. (fill in the oval, if a net loss)   |   |  | 0  |
| 23. Rent or royalty income (loss) from PA S corporation(s) and partnerships from your PA Schedule(s) RK-1 or NRK-1. (fill in the oval, if a net loss)  |   |  |  |
| 24. Net Rent and Royalty Income (Loss). Add Lines 22 and 23. If submitting more than one schedule, total all Line 22 and 23 amounts and include on Line 6 of your PA-40. (fill in the oval, if a net loss) |   |  | 0  |

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# TAXPAYER ANNUAL LOCAL EARNED INCOME TAX RETURN

**SCOTT TWP**

*You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes. Contact your Tax Officer.*

*\*If you have relocated during the tax year, please supply additional information.*

Tax Year 20

| DATES LIVING AT EACH ADDRESS | STREET ADDRESS (No PO Box, RD or RR) | CITY OR POST OFFICE | STATE | ZIP |
|------------------------------|--------------------------------------|---------------------|-------|-----|
| TO                           |                                      |                     |       |     |
| TO                           |                                      |                     |       |     |

*\*\*If you need additional space - please see back of form.*

|   |  |  |  |  |
|---|--|--|--|--|
| LAST NAME, FIRST NAME, MIDDLE INITIAL<br>ADABALA, SAI KRISHNA         |  | SPOUSE'S LAST NAME, FIRST NAME, MIDDLE INITIAL |  |  |
| STREET ADDRESS (No PO Box, RD or RR)<br>1240 GREEN VALLEY DR , APT 13 |  |  |  |  |
| SECOND LINE OF ADDRESS  |  |  |  |  |
| CITY<br>PITTSBURGH  |  | STATE<br>PA                                    | ZIP CODE<br>15220  |  |
| DAYTIME PHONE NUMBER  | RESIDENT PSD CODE<br><span style="border: 1px solid black; padding: 2px;">7 3 0 5 0 4</span> |  | EXTENSION <input type="checkbox"/> AMENDED RETURN <input type="checkbox"/> NON-RESIDENT <input type="checkbox"/> |  |

|   |   |  |
|---|---|--|
| <p>The calculations reported in the first column MUST pertain to the name printed in the column, regardless of whether the husband or wife appears first.<br/><b>Combining income is NOT permitted.</b></p> <p><b>ONLY USE BLACK OR BLUE INK TO COMPLETE THIS FORM</b></p> <p><input checked="" type="checkbox"/> Single    <input type="checkbox"/> Married, Filing Jointly    <input type="checkbox"/> Married, Filing Separately    <input type="checkbox"/> Final Return*</p> | <p style="text-align: center;">Social Security #</p> <p style="text-align: center;"><span style="border: 1px solid black; padding: 2px;">1 2 3 9 5 0 9 0 2</span></p> <p style="text-align: center;">If you had NO EARNED INCOME, check the reason why:</p> <p><input type="checkbox"/> disabled                      <input type="checkbox"/> student<br/> <input type="checkbox"/> deceased                      <input type="checkbox"/> military<br/> <input type="checkbox"/> homemaker                      <input type="checkbox"/> retired<br/> <input type="checkbox"/> unemployed</p> | <p style="text-align: center;">Spouse's Social Security #</p> <p style="text-align: center;"><span style="border: 1px solid black; padding: 2px;"> </span></p> <p style="text-align: center;">If you had NO EARNED INCOME, check the reason why:</p> <p><input type="checkbox"/> disabled                      <input type="checkbox"/> student<br/> <input type="checkbox"/> deceased                      <input type="checkbox"/> military<br/> <input type="checkbox"/> homemaker                      <input type="checkbox"/> retired<br/> <input type="checkbox"/> unemployed</p> |
|---|---|--|

|  |                  |              |
|--|------------------|--------------|
| 1. Gross Compensation as Reported on W-2(s). (Enclose W-2s) . . . . .  | 75184 .00        | 0 .00        |
| 2. Unreimbursed Employee Business Expenses. (Enclose PA Schedule UE) . . . . .   | 0 .00            | 0 .00        |
| 3. Other Taxable Earned Income * . . . . .   | 0 .00            | 0 .00        |
| <b>4. Total Taxable Earned Income</b> (Subtract Line 2 from Line 1 and add Line 3) . . . . .   | <b>75184 .00</b> | <b>0 .00</b> |
| 5. Net Profit (Enclose PA Schedules*) . . . . .<br>NON-TAXABLE S-Corp earnings check this box: <input type="checkbox"/>  | 0 .00            | 0 .00        |
| 6. Net Loss (Enclose PA Schedules*) . . . . .  | 0 .00            | 0 .00        |
| 7. Total Taxable Net Profit (Subtract Line 6 from Line 5. If less than zero, enter zero) . . . . .   | 0 .00            | 0 .00        |
| 8. Total Taxable Earned Income and Net Profit (Add Lines 4 and 7) . . . . .  | 75184 .00        | 0 .00        |
| 9. <b>Total Tax Liability</b> (Line 8 multiplied by 1.0000) . . . . .  | 752 .00          | 0 .00        |
| 10. Total Local Earned Income Tax Withheld (May not equal W-2 - See Instructions)  | 752 .00          | 0 .00        |
| 11. Quarterly Estimated Payments/Credit From Previous Tax Year . . . . .   | 0 .00            | 0 .00        |
| 12. Out-of-State or Philadelphia Credits (include supporting documentation) . . . . .  | 0 .00            | 0 .00        |
| 13. <b>TOTAL PAYMENTS and CREDITS</b> (Add Lines 10 through 12) . . . . .  | <b>752 .00</b>   | <b>0 .00</b> |
| 14. <b>Refund</b> IF MORE THAN \$1.00, enter amount (or select option in 15) . . . . .   | 0 .00            | 0 .00        |
| 15. <b>Credit Taxpayer/Spouse</b> (Amount of Line 13 you want as a credit to your account) . . . . .<br><input type="checkbox"/> Credit to next year <input type="checkbox"/> Credit to spouse | 0 .00            | 0 .00        |
| 16. <b>EARNED INCOME TAX BALANCE DUE</b> (Line 9 minus Line 13) . . . . .  | 0 .00            | 0 .00        |
| 17. <b>Penalty after April 15*</b> (multiply Line 16 by ) . . . . .  | 0 .00            | 0 .00        |
| 18. <b>Interest after April 15*</b> (multiply Line 16 by ) . . . . .   | 0 .00            | 0 .00        |
| 19. <b>TOTAL PAYMENT DUE</b> (Add Lines 16, 17, and 18) . . . . .  | <b>0 .00</b>     | <b>0 .00</b> |

\*See Instructions REV 02/15/21 PRO

|   |  |                                |
|---|--|--------------------------------|
| Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete. |  |                                |
| YOUR SIGNATURE  | SPOUSE'S SIGNATURE (If Filing Jointly) | DATE (MM/DD/YYYY)              |
| PREPARER'S PRINTED NAME & SIGNATURE<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM  |  | PHONE NUMBER<br>(678) 965-9522 |

**Make Check Payable To:** **Mail To:**

Declaration Control Number/Submission ID

|  |                                       |
|--|---------------------------------------|
| Primary Taxpayer's Name<br>SAI KRISHNA ADABALA | Social Security Number<br>123-95-0902 |
| Secondary Taxpayer's Name                      | Social Security Number                |

**SECTION I TAX RETURN INFORMATION – TAX YEAR ENDING DEC. 31, 2020 (whole dollars only)**

|   |    |        |
|---|----|--------|
| 1. Adjusted PA Taxable Income (Form PA-40, Line 11) | 1. | 75,622 |
| 2. PA Tax Liability (Form PA-40, Line 12)           | 2. | 2,322  |
| 3. Total PA Tax Withheld (Form PA-40, Line 13)      | 3. | 2,308  |
| 4. Refund (Form PA-40, Line 30)                     | 4. |        |
| 5. Total Payment (Tax Due) (Form PA-40, Line 28)    | 5. | 14     |

**SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2020 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Section I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

**Primary Taxpayer's Personal Identification Number (PIN): (mark one oval only)**

- I authorize GLOBAL TAXES LLC to enter my PIN 50902 as my signature on my tax year 2020 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Secondary Taxpayer's PIN: (mark one oval only)**

- I authorize \_\_\_\_\_ to enter my PIN \_\_\_\_\_ as my signature on my tax year 2020 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Practitioner PIN Program Participants Only – Continue Below**

**SECTION III CERTIFICATION AND AUTHENTICATION**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 587278 / 61989

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2020 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's signature \_\_\_\_\_ Date \_\_\_\_\_

**ERO must retain this form and the supporting documents for three years.**

**DO NOT SUBMIT THIS FORM TO THE PENNSYLVANIA DEPARTMENT OF REVENUE**

Name  
SAI KRISHNA ADABALA

Social Security Number  
123-95-0902

**Federal Forms W-2**

| # of W2 | * N T / T X B L                     | TS | N R H                    | Employer Name<br><br>Employer identification number from box B | Federal wages from box 1<br><br>Medicare wages from box 5 | Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax withheld from box 17 | ST ID |
|---------|-------------------------------------|----|--------------------------|--|---|---|-------|
| 1       | <input checked="" type="checkbox"/> | T  | <input type="checkbox"/> | PROFESSIONAL VISION TECHNOLOGI<br>27-1638652                   | 58,800.   | 58,800.<br>0.   | MI    |
| 2       | <input type="checkbox"/>            | T  | <input type="checkbox"/> | UPMC PRESBYTERIAN SHADYSIDE<br>25-0965480                      | 75,209.<br>75,209.  | 75,209.<br>2,308.   | PA    |
|         | <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"/>            |    | <input type="checkbox"/> |  |   |   |       |
|         | <input type="checkbox"/>            |    | <input type="checkbox"/> |  |   |   |       |
|         | <input type="checkbox"/>            |    | <input type="checkbox"/> |  |   |   |       |
|         | <input type="checkbox"/>            |    | <input type="checkbox"/> |  |   |   |       |

|   | Taxpayer | Spouse |
|---|----------|--------|
| Pennsylvania W-2 . . . . .                            | 75,209.  | 0.     |
| Pennsylvania W-2 to Schedule NRH, line 9 . . . . .    |          |        |
| Federal Form 4137, Unreported Tips, line 6 . . . . .  |          |        |
| Non-Pennsylvania W-2 to Schedule SP, line 6 . . . . . | 58,800.  |        |
| Withholding . . . . .                                 | 2,308.   |        |

**Federal Forms W-2: Local Tax**

| # of W2 | * N T / T X B L          | TS | Employer identification number from box B | Locality name | Local wages, tips, etc. (local) from box 18 | Local income tax (local) from box 19 | ST ID |
|---------|--------------------------|----|---|---------------|---|--------------------------------------|-------|
| 2       | <input type="checkbox"/> | T  | 25-0965480                                | 70            | 75,184.                                     | 752.                                 | PA    |
|         | <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"/> |    |   |               |   |                                      |       |

|  | Taxpayer | Spouse |
|--|----------|--------|
| Pennsylvania Local W-2 . . . . .                     | 75,184.  |        |
| Federal Form 4137, Unreported Tips, line 6 . . . . . |          |        |
| Withholding . . . . .                                | 752.     |        |

**Excess Reimbursements**

| * | Description | Employer's EIN | T/S | Amount |
|---|-------------|----------------|-----|--------|
|   |             |                |     |        |
|   |             |                |     |        |
|   |             |                |     |        |
|   |             |                |     |        |

|                                 | Taxpayer | Spouse |
|---------------------------------|----------|--------|
| Excess Reimbursements . . . . . |          |        |

**Miscellaneous Compensation from Federal Forms 1099MISC, 1099K, 1099NEC, and other statements**

| *                        | Payer Name | Payer EIN | T/S | Code | PA Taxable Comp. | PA Tax Withheld | Fed. Income |
|--------------------------|------------|-----------|-----|------|------------------|-----------------|-------------|
| <input type="checkbox"/> |            |           |     |      |                  |                 |             |
| <input type="checkbox"/> |            |           |     |      |                  |                 |             |
| <input type="checkbox"/> |            |           |     |      |                  |                 |             |

**Pennsylvania Payment type:**

- |   |  |
|---|--|
| <b>A</b> Executor fee   | <b>H</b> Other nonemployee compensation.<br>Describe: _____                  |
| <b>B</b> Jury duty pay  | <b>I</b> Employer sponsored retirement/pension/deferred compensation plan    |
| <b>C</b> Director's fee   | <b>J</b> Distribution from IRA (Traditional or Roth)                         |
| <b>D</b> Expert witness fee   | <b>K</b> Distribution from Life Insurance, Annuity or Endowment Contracts    |
| <b>E</b> Honorarium   | <b>L</b> Distribution from Charitable Gift Annuities                         |
| <b>F</b> Covenant not to compete  | <b>M</b> Distribution from Employee Stock Ownership Plan.<br>Describe: _____ |
| <b>G</b> Damages or settlement for lost wages, other than personal injury | <b>N</b> Fiduciary fees from a trust   |
|   | <b>O</b> Other income not listed above<br>Describe: _____                    |

|  |                 |               |
|--|-----------------|---------------|
|  | <b>Taxpayer</b> | <b>Spouse</b> |
| Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC. . . . . | _____           | _____         |
| Withholding . . . . .  | _____           | _____         |

**Compensation from Federal Forms 1099R**

| *                        | Payer's EIN<br>Payer's Name | T<br>S | Fed<br># | PA<br>Type | Gross<br>Distribution | Basis | PA Taxable | PA Tax<br>Withheld |
|--------------------------|-----------------------------|--------|----------|------------|-----------------------|-------|------------|--------------------|
| <input type="checkbox"/> |                             |        |          |            |                       |       |            |                    |
| <input type="checkbox"/> |                             |        |          |            |                       |       |            |                    |
| <input type="checkbox"/> |                             |        |          |            |                       |       |            |                    |
| <input type="checkbox"/> |                             |        |          |            |                       |       |            |                    |

\* Enter an 'X' if this income is **Not** subject to Pennsylvania tax - PA Part-Year and Nonresidents Only.

**Pennsylvania Distribution type:**

- |   |   |
|---|---|
| <b>N</b> No entry   | <b>I22</b> I'm not eligible yet; plan is eligible in PA |
| <b>I31</b> PA school, state, or municipal employee plan                                       | <b>J1</b> Traditional or Roth IRA; I'm over 59.5        |
| <b>I11</b> United Mine Workers pension  | <b>J2</b> Traditional or Roth IRA; I'm under 59.5       |
| <b>I32</b> Military pension   | <b>K2</b> Non-qualified deferred compensation plan      |
| <b>I33</b> U.S. Civil service retirement/disability/annuity                                   | <b>K3</b> Life insurance or endowment                   |
| <b>K1</b> Annuity or Non-civil service disability (including Qual Joint Survivorship Annuity) | <b>L</b> Distribution from Charitable Gift Annuities    |
| <b>I21</b> Early distribution from a retirement plan  | <b>M1</b> ESOP: Allocated ESOP Stock Dividend           |
| <b>I12</b> Rollover   | <b>M2</b> ESOP: Non-Allocated ESOP Stock Dividend       |
| <b>I13</b> I'm eligible; plan is eligible (no PA tax)   | <b>M3</b> KSOP: Taxable ESOP within a 401(k)            |
|   | <b>M4</b> KSOP: Nontaxable ESOP within a 401(k)         |

|   |                 |               |
|---|-----------------|---------------|
|   | <b>Taxpayer</b> | <b>Spouse</b> |
| Distribution from Life Insurance, Annuity, Endowment Contracts or . . . . .<br>ineligible retirement plans (see Tax Help FAQ's for more info) . . . . . | _____           | _____         |
| Distribution from Charitable Gift Annuities . . . . .   | _____           | _____         |
| Compensation from Form 1099R (eligible retirement plans) . . . . .  | _____           | _____         |
| Withholding . . . . .   | _____           | _____         |

**Total Gross Compensation**

|   |                 |               |
|---|-----------------|---------------|
|   | <b>Taxpayer</b> | <b>Spouse</b> |
| Total gross compensation to Form PA-40 line 1a . . . . .          | 75,209.         | 0.            |
| Total Schedule NRH gross compensation to PA-40, line 12 . . . . . | _____           | _____         |
| Withholding to Form PA-40 line 13 . . . . .                       | 2,308.          | _____         |

|  |         |
|--|---------|
| Total gross compensation to Form PA-40 line 1a . . . . . | 75,209. |
|--|---------|

\* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.



# 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<br>SAI KRISHNA   | M.I. | Last Name<br>ADABALA | 2. Filer's Full Social Security No. (Example: 123-45-6789)<br><br>123 — 95 — 0902   |  |
| If a Joint Return, Spouse's First Name   | M.I. | Last Name            | 3. Spouse's Full Social Security No. (Example: 123-45-6789)<br><br>— —  |  |
| Home Address (Number, Street, or P.O. Box)<br>1240 GREEN VALLEY DR, APT. 13  |      |                      | 4. School District Code (5 digits – see page 60)<br>10000   |  |
| City or Town<br>PITTSBURGH   |      | State<br>PA          | ZIP Code<br>15220   |  |
| 5. <b>STATE CAMPAIGN FUND</b><br>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.<br>a. <input type="checkbox"/> Filer<br>b. <input type="checkbox"/> Spouse  |      |                      | 6. <b>FARMERS, FISHERMEN, OR SEAFARERS</b><br><br><input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.   |  |
| 7. <b>2020 FILING STATUS.</b> Check one.<br>a. <input checked="" type="checkbox"/> Single<br>b. <input type="checkbox"/> Married filing jointly<br>c. <input type="checkbox"/> Married filing separately*<br><br>* If you check box "c," complete line 3 and enter spouse's full name below:<br><div style="border: 1px solid black; width: 200px; height: 20px; margin-left: 100px;"></div> |      |                      | 8. <b>2020 RESIDENCY STATUS.</b> Check all that apply.<br>a. <input type="checkbox"/> Resident<br>b. <input checked="" type="checkbox"/> Nonresident *<br>c. <input type="checkbox"/> Part-Year Resident *<br><br>* If you check box "b" or "c," you must complete and include Schedule NR. |  |

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).....  | a.  | 1                        | 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 .....   | c.  |                          | x \$400   | 9c. |        | 00 |
| d. Number of Certificates of Stillbirth from MDHHS (see instructions).....   |     |                          | x \$4,750 | 9d. |        | 00 |
| e. Claimed as dependent, see line 9 NOTE above .....   | e.  | <input type="checkbox"/> |           | 9e. |        | 00 |
| f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15 .....  | 9f. |                          |           |     | 4750   | 00 |
| 10. <b>Adjusted Gross Income</b> from your U.S. Forms 1040 or 1040NR (see instructions).....   | 10. |                          |           |     | 125441 | 00 |
| 11. Additions from Schedule 1, line 9. <b>Include Schedule 1</b> .....   | 11. |                          |           |     |        | 00 |
| 12. <b>Total.</b> Add lines 10 and 11 .....  | 12. |                          |           |     | 125441 | 00 |
| 13. Subtractions from Schedule 1, line 29. <b>Include Schedule 1</b> .....   |     |                          |           |     | 66641  | 00 |
| 14. <b>Income subject to tax.</b> Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" .....   |     |                          |           |     | 58800  | 00 |
| 15. <b>Exemption allowance.</b> Enter amount from line 9f or Schedule NR, line 19.....   | 15. |                          |           |     | 2226   | 00 |
| 16. <b>Taxable income.</b> Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" .....  |     |                          |           |     | 56574  | 00 |
| 17. <b>Tax.</b> Multiply line 16 by 4.25% (0.0425) .....   | 17. |                          |           |     | 2404   | 00 |

**NON-REFUNDABLE CREDITS**

|   |      | AMOUNT |    | CREDIT |      |    |
|---|------|--------|----|--------|------|----|
| 18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....                                   | 18a. |        | 00 | 18b.   |      | 00 |
| 19. Michigan Historic Preservation Tax Credit carryforward (see instructions).....  | 19a. |        | 00 | 19b.   |      | 00 |
| 20. <b>Income Tax.</b> 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.  |        |    |        | 2404 | 00 |

Filer's Full Social Security Number

123 — 95 — 0902

|  |     |      |    |
|--|-----|------|----|
| 21. Enter amount of Income Tax from line 20.....   | 2   | 2404 | 00 |
| 22. Voluntary Contributions from Form 4642, line 6. <b>Include Form 4642</b> .....   | 22. |      | 00 |
| 23. <b>USE TAX.</b> Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions)..... | 23. | 0    | 00 |
| <b>24. Total Tax Liability.</b> Add lines 21, 22 and 23.....   | 24. | 2404 | 00 |

**REFUNDABLE CREDITS AND PAYMENTS**

|  |      |      |    |
|--|------|------|----|
| 25. <b>Property Tax Credit.</b> Include MI-1040CR or MI-1040CR-2.....  | 25.  |      | 00 |
| 26. <b>Farmland Preservation Tax Credit.</b> 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 |
| 28. Michigan Historic Preservation Tax Credit (refundable). <b>Include Form 3581</b> .....   | 27b. |      | 00 |
| 29. Michigan tax withheld from Schedule W, line 6. <b>Include Schedule W (do not submit W-2s)</b> .....  | 29.  | 2499 | 00 |
| 30. Estimated tax, extension payments and 2019 credit forward.....   | 30.  |      | 00 |
| 31. <b>2020 AMENDED RETURNS ONLY.</b> Taxpayers completing an original 2020 return should skip to line 32. Amended returns must <b>include Schedule AMD (see instructions)</b> .   | 31c. |      | 00 |
| 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. |      |      |    |
| <b>32. Total refundable credits and payments.</b> Add lines 25, 26, 27b, 28, 29, 30 and 31c.....   | 32.  | 2499 | 00 |

**REFUND OR TAX DUE**

|   |     |    |    |
|---|-----|----|----|
| 33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions.<br>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"/> <b>YOU OWE</b> | 33. |    | 00 |
| 34. <b>Overpayment.</b> If line 32 is greater than line 24, subtract line 24 from line 32.....  | 34. | 95 | 00 |
| 35. <b>Credit Forward.</b> Amount of line 34 to be credited to your 2021 estimated tax for your 2021 tax return ...   | 35. |    | 00 |
| 36. Subtract line 35 from line 34..... <b>REFUND</b>  | 36. | 95 | 00 |

|  |   |  |  |
|--|---|--|--|
| <b>DIRECT DEPOSIT</b><br>Deposit your refund directly to your financial institution! See instructions and complete a, b and c. | <b>a. Routing Transit Number</b><br>121000358 | <b>b. Account Number</b><br>325065895210 | <b>c. Type of Account</b><br>1. <input checked="" type="checkbox"/> Checking 2. <input type="checkbox"/> Savings |
|--|---|--|--|

|   |  |  |  |
|---|--|--|--|
| <b>Deceased Taxpayer.</b> If Filer and/or Spouse died after December 31, 2019, enter dates below.<br><b>ENTER DATE OF DEATH ONLY.</b> Example: 04-15-2020 (MM-DD-YYYY)  | Filer <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  | Spouse <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <b>Preparer Certification.</b> I declare under penalty of perjury that this return is based on all information of which I have any knowledge.<br>Preparer's PTIN, FEIN or SSN<br>P02082703 |
| <b>Taxpayer Certification.</b> 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   | Preparer's Name (print or type)<br>SYAM PRIYA RAM SAGAR GUPTA TA   |
|   | Spouse's Signature   | Date   | Preparer's Signature<br>SYAM PRIYA RAM SAGAR GUPTA TA  |
| <input type="checkbox"/> By checking this box, I authorize Treasury to discuss my return with my preparer.  | Preparer's Business Name, Address and Telephone Number<br>GLOBAL TAXES LLC<br>2530 PEBBLE CREEK LN<br>CUMMING GA 30041<br>678-965-9522 |  |  |

**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 Schedule 1 Additions and Subtractions

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

**Attachment 01**

Include with Form MI-1040. Type or print in blue or black ink.

|                                   |      |                      |  |
|-----------------------------------|------|----------------------|--|
| Filer's First Name<br>SAI KRISHNA | M.I. | Last Name<br>ADABALA | Filer's Full Social Security No. (Example: 123-45-6789)<br>123 — 95 — 0902 |
|-----------------------------------|------|----------------------|--|

**Additions to Income (all entries must be positive numbers)**

|  |    |   |    |
|--|----|---|----|
| 1. Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions.....         | 1. |   | 00 |
| 2. Deduction for taxes on, or measured by, income including self-employment tax taken on your federal return (see instructions)..... | 2. |   | 0  |
| 3. Gains from Michigan column of MI-1040D and MI-4797 .....  | 3. |   | 0  |
| 4. Losses attributable to other states (see instructions) .....  | 4. |   | 0  |
| 5. Net loss from federal column of your Michigan MI-1040D or MI-4797 .....   |    |   |    |
| 6. Oil, gas, and nonferrous metallic mineral expenses (Michigan sourced) deducted to arrive at Adjusted Gross Income (AGI).....      | 6. |   | 00 |
| 7. Federal Net Operating Loss deduction included in AGI.....   | 7. |   | 00 |
| 8. Other (see instructions). Describe: _____   | 8. |   | 00 |
| 9. <b>Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11</b> .....   | 9. | 0 | 00 |

**Subtractions from Income (all entries must be positive numbers)**

|  |     |       |    |
|--|-----|-------|----|
| 10. Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Include U.S. <i>Schedule B</i> if over \$5,000.....   | 10. |       | 00 |
| 11. Amount included in MI-1040, line 10, from military retirement benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement benefits ..... | 11. |       | 00 |
| 12. Gains from federal column of Michigan MI-1040D and MI-4797 .....   | 12. |       | 00 |
| 13. Income attributable to another state. <b>Explain type and source:</b> <u>SCHEDULE NR</u>   | 13. | 66641 | 00 |
| 14. Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10 .   | 14. |       | 00 |
| 15. Income earned while a resident of a Renaissance Zone (see instructions). .....   | 15. |       | 00 |
| 16. Michigan state and local income tax refunds received in 2020 and included on MI-1040, line 10.....   | 16. |       | 00 |
| 17. Michigan Education Savings Program, MI 529 Advisor Plan, and Michigan Achieving a Better Life Experience Program. ....   | 17. |       |    |
| 18. Michigan Education Trust .....   | 18. |       | 00 |
| 19. Oil, gas, and nonferrous metallic minerals income (Michigan sourced) included in AGI .....   | 19. |       | 00 |
| 20. Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to <i>Revenue Administrative Bulletin 1988-47</i> .....  | 20. |       | 0  |
| 21. Miscellaneous subtractions (see instructions). <b>Describe:</b> _____  | 21. |       | 00 |

REV 02/15/21 PRO

## 2020 MICHIGAN Schedule 1 Additions and Subtractions

|                                   |      |                      |  |
|-----------------------------------|------|----------------------|--|
| Filer's First Name<br>SAI KRISHNA | M.I. | Last Name<br>ADABALA | Filer's Full Social Security No. (Example: 123-45-6789)<br>123 — 95 — 0902 |
|-----------------------------------|------|----------------------|--|

### Deduction Based on Year of Birth

Complete 22A through 22H if claiming the Michigan Standard Deduction, the retirement benefits deduction or the senior investment income deduction on lines 23, 24, 25, or 26. Check box(es) 22C and/or 22G **only** if you or your spouse received retirement benefits from employment with a governmental agency not covered by the federal Social Security Act (SSA exempt employment). **See instructions before continuing.**

| 22. | FILER                         |                                  |  |  | SPOUSE                        |                                  |   |  |
|-----|-------------------------------|----------------------------------|--|--|-------------------------------|----------------------------------|---|--|
|     | A.<br>Year of Birth<br>(19xx) | B.<br>Age<br>as of<br>12-31-2020 | C.<br>Check if filer<br>received benefits<br>from SSA exempt<br>employment | D.<br>Check if retired<br>as of<br>01-01-2013 and<br>born after 1952 | E.<br>Year of Birth<br>(19xx) | F.<br>Age<br>as of<br>12-31-2020 | G.<br>Check if spouse<br>received benefits<br>from SSA exempt<br>employment | H.<br>Check if retired<br>as of<br>01-01-2013 and<br>born after 1952 |
|     | 1992                          | 28                               | <input type="checkbox"/>   | <input type="checkbox"/>   |                               |                                  | <input type="checkbox"/>  | <input type="checkbox"/>   |

|  |     |  |    |
|--|-----|--|----|
| 23. <b>Tier 2 Michigan Standard Deduction.</b> Complete this line <b>ONLY</b> if the older of you or your spouse (if married) was born during the period January 1, 1946 through December 31, 1952, and reached age 67 before December 31, 2020. <b>Do not complete lines 24, 25 or 26</b> .....   | 23. |  | 00 |
| 24. <b>Tier 3 Michigan Standard Deduction.</b> Complete this line <b>ONLY</b> if the older of you or your spouse (if married) was born during the period January 1, 1953 through January 1, 1954, and reached age 67 on or before December 31, 2020. <b>Do not complete lines 23, 25 or 26.</b> Enter amount from line 6 of Worksheet 2..... | 24. |  | 00 |
| 25. <b>Retirement benefits.</b> Enter amount from line 16, 27, 28 or 29 of Form 4884, <i>Michigan Pension Schedule</i> . <b>Include Form 4884</b> .....  | 25. |  | 00 |
| 26. Dividend/interest/capital gains deduction for taxpayers <b>75 years and older</b> . Deduction is limited to \$11,983 for single or married filing separately filers and \$23,966 for joint filers, less any deduction for retirement benefits (see instructions).....  | 26. |  | 00 |

Check this box if you are the unremarried surviving spouse claiming a dividend, interest or capital gains deduction for someone born before 1946 who was at least age 65 at the time of death.

|   |     |                   |    |
|---|-----|-------------------|----|
| 27. Reserved. Skip to line 28.....  | 27. | X X X X X X X X X | 00 |
| 28. Michigan Net Operating Loss .....   | 28. |                   | 00 |
| 29. <b>Total Subtractions.</b> Add lines 10 through 28. Enter here and on MI-1040, line 13..... | 29. | 66641             | 00 |

**2020 MICHIGAN Nonresident and Part-Year Resident Schedule**

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

Type or print in blue or black ink.

Include with Form MI-1040. Read all instructions before completing this form.

**Attachment 02**

|  |      |                          |   |
|--|------|--------------------------|---|
| 1. Filer's First Name<br><br>SAI KRISHNA | M.I. | Last Name<br><br>ADABALA | 2. Filer's Full Social Security No. (Example: 123-45-6789)<br><br>123 — 95 — 0902 |
| If a Joint Return, Spouse's First Name   | M.I. | Last Name                | 3. Spouse's Full Social Security No. (Example: 123-45-6789)<br><br>— —            |

**4. 2020 RESIDENCY STATUS:**

Check all that apply.

a.  Nonresident

b.  Part-Year Resident of Michigan.  
Enter dates of Michigan residency in 2020\*

\*Dates of Michigan residency in 2020 (Enter dates as MM-DD-YYYY, Example: 04-15-2020)

|       | FILER    | SPOUSE   |
|-------|----------|----------|
| FROM: | — — 2020 | — — 2020 |
| TO:   | — — 2020 | — — 2020 |

**Income Allocation**

|  | A. Total Income | B. Michigan Income | C. Other State(s) Income |
|--|-----------------|--------------------|--------------------------|
| 5. Wages, salaries, other payments (tips, etc.) .....  | 134009 00       | 58800 00           | 75209 00                 |
| 6. Interest and dividends .....  | 413 00          | 0 00               | 413 00                   |
| 7. Business and farm income (include U.S. Schedules C and F).....  | 00              | 00                 | 00                       |
| 8. Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S Form 4797.....   | -3000 00        | 0 00               | -3000 00                 |
| 9. Income reported on U.S. Schedule E (include U.S. Schedule E and supporting statements)....  | -5981 00        | 0 00               | -5981 00                 |
| 10. Pensions, IRA distributions, annuities and Social Security (see Form 4884).....  | 00              | 00                 | 00                       |
| 11. Other (see instructions) .....   | 00              | 00                 | 00                       |
| 12. Total income. Add lines 5 through 11.....  | 125441 00       | 58800 00           | 66641 00                 |
| 13. Enter the total adjustments from U.S. 1040, Schedule 1<br>Describe: .....  | 0 00            | 0 00               | 0 00                     |
| 14. Subtract line 13 from line 12. The amount in column A should equal MI-1040, line 10. Enter amount in column C on Schedule 1, line 13 or, if a negative amount, enter as a positive amount on Schedule 1, line 4. | 125441 00       | 58800 00           | 66641 00                 |

**Exemption Allowance** (If one spouse is a full-year resident, and the other is not, see instructions.)

|  |     |        |    |
|--|-----|--------|----|
| 15. Enter amount from MI-1040, line 9f.....  | 15. | 4750   | 00 |
| 16. Enter Michigan source income from line 14, column B.....   | 16. | 58800  | 00 |
| 17. Enter total income from line 14, column A.....   | 17. | 125441 | 00 |
| 18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%).....  | 18. | 46.87  | %  |
| 19. If both spouses are part-year or nonresidents, multiply line 15 by the percentage on line 18 and enter here and on MI-1040, line 15. If one spouse is a full-year resident, complete Worksheet 6 and enter here and on MI-1040, line 15..... | 19. | 2226   | 00 |

**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<br><br>SAI KRISHNA | M.I. | Last Name<br><br>ADABALA | 2. Filer's Full Social Security No. (Example: 123-45-6789)<br><br>123 — 95 — 0902 |
| If a Joint Return, Spouse's First Name   | M.I. | Last Name                | 3. Spouse's Full Social Security No. (Example: 123-45-6789)<br><br>— —            |

**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:<br>Filer or Spouse  |  | Employer's identification number<br>(Example: 38-1234567) | Box c — Employer's name | Box 1 — Wages, tips,<br>other compensation |    | Box 17 — Michigan<br>income tax withheld |      |    |
| X  |  | 27-1638652  | PROFESSIONAL VIS        | 58800                                      | 00 | 2499                                     | 00   |    |
|  |  |   |                         |  | 00 |  | 00   |    |
|  |  |   |                         |  | 00 |  | 00   |    |
|  |  |   |                         |  | 00 |  | 00   |    |
|  |  |   |                         |  | 00 |  | 00   |    |
| Enter Table 1 Subtotal from additional Schedule W forms (if applicable)..... |  |   |                         |  |    |  |      | 00 |
| 4. <b>SUBTOTAL.</b> Enter total of Table 1, column E. ....                   |  |   |                         |  |    |  | 2499 |    |

**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:<br>Filer or Spouse   |  | Payer's federal identification<br>number (Example: 38-1234567) | Payer's name | Taxable pension distribution,<br>misc. income, etc. (see inst.) | Michigan income<br>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. <b>SUBTOTAL.</b> Enter total of Table 2, column E. ....                        |  |  |              |   |                                 |    | 00   |    |
| 6. <b>TOTAL.</b> Add lines 4 and 5. Enter here and carry to MI-1040, line 29..... |  |  |              |   |                                 |    | 2499 | 00 |