

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: VIDYA SAGAR
Last name: AEDLA
Your social security number: 686-34-9099
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.
3300 E PALM DRIVE
Apt. no.: 326
Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.
City, town, or post office. If you have a foreign address, also complete spaces below.
FULLERTON
State: CA
ZIP code: 92831
Foreign country name:
Foreign province/state/county:
Foreign postal code:
[] You [] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent
[] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1956 [] Are blind Spouse: [] Was born before January 2, 1956 [] Is blind

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

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for (with instructions for single, married, HOH), and final taxable income calculation.

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

| | | | |
|----|---|-----|---------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 9,634. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 9,634. |
| 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 | 9,634. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 23 | 0. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 9,634. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 11,734. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 11,734. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) | 27 | |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | 584. |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | 584. |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 12,318. |

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

Refund

| | | | |
|-----|---|-----|--------|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 2,684. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 2,684. |
| b | Routing number 1 1 1 0 0 0 0 2 5 | | |
| c | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number 5 8 6 0 3 6 7 2 6 3 8 0 | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |

Amount You Owe

For details on how to pay, see instructions.

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

Third Party Designee

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

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

Sign Here

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

| | | | |
|---|---------------|--|---|
| Your signature | Date | Your occupation MECHANICAL ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. | Email address | | |

Paid Preparer Use Only

| | | | | |
|--|---|--------------------|-------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 02/23/2021 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 2530 Pebble Creek Ln Cumming GA 30041 | | | Phone no. (678) 965-9522 |
| Firm's EIN | | | | 30-1017196 |

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
VIDYA SAGAR AEDLA

Your social security number
686-34-9099

Part I Additional Income

| | | | |
|-----------|---|-----------|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | |
| 2a | Alimony received | 2a | |
| b | Date of original divorce or separation agreement (see instructions) ▶ _____ | | |
| 3 | Business income or (loss). Attach Schedule C | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | -6,220. |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income. List type and amount ▶ _____ | 8 | |
| 9 | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 9 | -6,220. |

Part II Adjustments to Income

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

SCHEDULE 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 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

VIDYA SAGAR AEDLA

Your social security number

686-34-9099

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) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| 1a 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 . | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 6. | 4. | | 2. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss). 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 | | | | 2. |

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) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| 8a 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 . | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 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 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back | | | | 15 |

Part III Summary

| | | |
|---|-----------|-----|
| <p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | 16 | 2. |
| <p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> | | |
| <p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p> | 18 | |
| <p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶</p> | 19 | |
| <p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p> | | |
| <p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> | 21 | () |
| <p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p> | | |

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

► Go to 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

VIDYA SAGAR AEDLA

Social security number or taxpayer identification number

686-34-9099

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) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|--|--|---|--|--|--|---|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | Robinhood Securities LLC | 02/01/20 | 12/31/20 | 6. | 4. | | | 2. |
| | | | | | | | | |
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| | | | | | | | | |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ► | | | | 6. | 4. | | | 2. |

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 for instructions and the latest information.

Name(s) shown on return

Your social security number

VIDYA SAGAR AEDLA

686-34-9099

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

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

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

| | | | | | |
|-----------|---|--|-------------------------|--------------------------|--------------------------|
| 1a | Physical address of each property (street, city, state, ZIP code) | | | | |
| A | 17-40/8 KAMALA NAGAR MEDIPALLY MEDCHAL, TELANGANA IN 500098 | | | | |
| B | | | | | |
| C | | | | | |
| 1b | Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
| A | 3 | | 365 | 0 | <input type="checkbox"/> |
| B | | | | | <input type="checkbox"/> |
| C | | | | | <input type="checkbox"/> |

Type of Property:

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

| Income: | | Properties: | | A | B | C |
|------------------|---|-------------|--|-------------|-----|---------|
| 3 | Rents received | 3 | | 580. | | |
| 4 | Royalties received | 4 | | | | |
| Expenses: | | | | | | |
| 5 | Advertising | 5 | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | |
| 7 | Cleaning and maintenance | 7 | | 1,050. | | |
| 8 | Commissions. | 8 | | | | |
| 9 | Insurance | 9 | | | | |
| 10 | Legal and other professional fees | 10 | | | | |
| 11 | Management fees | 11 | | 1,270. | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | |
| 13 | Other interest. | 13 | | | | |
| 14 | Repairs. | 14 | | 1,370. | | |
| 15 | Supplies | 15 | | 1,290. | | |
| 16 | Taxes | 16 | | | | |
| 17 | Utilities | 17 | | 1,820. | | |
| 18 | Depreciation expense or depletion | 18 | | | | |
| 19 | Other (list) ▶ | 19 | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 6,800. | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 | | -6,220. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | | (-6,220.) | () | () |
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | | 580. | | |
| b | Total of all amounts reported on line 4 for all royalty properties | 23b | | | | |
| c | Total of all amounts reported on line 12 for all properties | 23c | | | | |
| d | Total of all amounts reported on line 18 for all properties | 23d | | | | |
| e | Total of all amounts reported on line 20 for all properties | 23e | | 6,800. | | |
| 24 | Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | | (6,220.) | | |
| 26 | Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | 26 | | | | -6,220. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Keep for your records

Name(s) shown on return
VIDYA SAGAR AEDLA

Social Security No.
686-34-9099

General Information:

Property description 17-40/8 KAMALA NAGAR MEDIPALLY
Property type . . 3 Vacation/Short-term If type is other, enter a description . .
Location (street address) 17-40/8 KAMALA NAGAR
City MEDIPALLY State ZIP code
If a foreign address: Foreign province or state MEDCHAL, TELANGANA
Foreign postal code 500098 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
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?
J Treat all assets acquired after August 27, 2005 as qualified GO Zone property?
K Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?
L Was this activity located in a Qualified Disaster Area?
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

17-40/8 KAMALA NAGAR, MEDIPALLY, MEDCHAL, TELANGANA, 500098, India

| Income | | % if Different | Total |
|----------|---|-----------------|-------|
| 3 | Enter rental income (not reported elsewhere) | | |
| | Rental income from Form 1099-MISC | | |
| | Rental income from Form 1099-K | | |
| | Rental Income from Cancellation of Debt Wks | | |
| | Total rents received | 580. 100.000000 | 580. |
| 4 | Enter 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) Total | (b) Enter % if not 100.00 | (c) Reported On Schedule E | (d) Vacation Home Loss Limitation | (e) Allocated to Personal use |
|--|--------------|------------------------------------|----------------------------------|--|--|
| 5 Advertising | | | | | |
| 6 a Auto | | | | | |
| b Travel | | | | | |
| 7 Cleaning and maint . . | 1,050. | | 1,050. | | |
| 8 Commissions | | | | | |
| 9 a Mort insur qualified . . | | | | | |
| From Form 1098 import | | | | | |
| Total mort insur qual . | | | | | |
| b Other Insurance | | | | | |
| 10 Legal & other prof fees | | | | | |
| 11 Management fees . . . | 1,270. | | 1,270. | | |
| 12 a Mortgage int qualified . | | | | | |
| From Form 1098 import | | | | | |
| Total mort int qualified | | | | | |
| b Mort int other | | | | | |
| From Form 1098 import | | | | | |
| Total mort int other . . | | | | | |
| 13 Other interest. | | | | | |
| 14 Repairs | 1,370. | | 1,370. | | |
| 15 Supplies | 1,290. | | 1,290. | | |
| 16 a Real estate taxes . . . | | | | | |
| From Form 1098 import | | | | | |
| Total real estate taxes | | | | | |
| b Other taxes | | | | | |
| 17 Utilities | 1,820. | | 1,820. | | |
| 18 a Depreciation | | | | | |
| b Depletion | | | | | |
| c Depreciation carryover | | | | | |
| 19 Other expenses | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e Indirect operating exp . | | | | | |
| f Operating exp carryover | | | | | |
| g Vehicle rental. | | | | | |
| h Amortization | | | | | |
| 20 Add lines 5 through 19 | 6,800. | | 6,800. | | |
| 21 Income or (loss) | | | -6,220. | | |
| 22 Deductible rental real estate loss | | | -6,220. | | |

TAXABLE YEAR

FORM

2020

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name/SSN or ITIN. Row 1: VIDYA SAGAR AEDLA, 686-34-9099. Row 2: Spouse's/RDP's name, Spouse's/RDP's SSN or ITIN.

Part I Tax Return Information (whole dollars only)

Table with 3 rows: 1 California Adjusted Gross Income (AGI) 75,315; 2 Amount You Owe 394; 3 Refund or No Amount Due.

Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN 4 9 0 9 9 as my signature on my 2020 e-filed California individual income tax return. I will enter my PIN as my signature on my 2020 e-filed California individual income tax return.

Your signature Date

Spouse's/RDP's PIN: check one box only

- I authorize to enter my PIN as my signature on my 2020 e-filed California individual income tax return. I will enter my PIN as my signature on my 2020 e-filed California individual income tax return.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature Date 02/23/2021

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF YOUR TAX RETURN WITH THE PAYMENT VOUCHER.
If amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make your check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2020 FTB 3582" on the check or money order. Detach the voucher below. Enclose, but **do not** staple, payment with the voucher and mail to:

**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Calendar Year – File and pay by April 15, 2021.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information.
Do not mail this voucher if you use Web Pay.

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

CAUTION: You may be required to pay electronically. See instructions.

TAXABLE YEAR

CALIFORNIA FORM

2020 Payment Voucher for Individual e-filed Returns

3582 (e-file)

686-34-9099 AEDL
VIDYASAGAR AEDLA

20

3300 E PALM DRIVE
FULLERTON CA 92831

APT 326

Amount of Payment

394.

2020 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

686-34-9099 AEDL
VIDYASAGAR AEDLA

20

3300 E PALM DRIVE APT 326
FULLERTON CA 92831

12-29-1995

Principal Residence

Enter your county at time of filing (see instructions)

ORANGE

If your address above is the same as your principal/physical residence address at the time of filing, check this box

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

City

State

ZIP code

If your California filing status is different from your federal filing status, check the box here

Filing Status

1 Single

4 Head of household (with qualifying person). See instructions.

2 Married/RDP filing jointly. See inst.

5 Qualifying widow(er). Enter year spouse/RDP died.

See instructions.

3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst

Exemptions

▶ For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 X \$124 = \$ 124

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. 8 X \$124 = \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 9 X \$124 = \$

Your name: Your SSN or ITIN:

10 Dependents: Do not include yourself or your spouse/RDP.

| | Dependent 1 | Dependent 2 | Dependent 3 |
|---------------------------------|----------------------|----------------------|----------------------|
| First Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Last Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| SSN. See instructions. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Dependent's relationship to you | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Exemptions

Total dependent exemptions ● 10 X \$383 = ● \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 ● 11 \$

12 State wages from your federal Form(s) W-2, box 16 ● 12 .00

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ● 13 .00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B. ● 14 .00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 .00

16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 23, column C. ● 16 .00

17 California adjusted gross income. Combine line 15 and line 16 ● 17 .00

18 Enter the larger of {
 Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**
 Your California **standard deduction** shown below for your filing status:
 • Single or Married/RDP filing separately. \$4,601
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,202
 If Married/RDP filing separately or the box on line 6 is checked, **STOP.** See instructions ● 18 .00

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ● 19 .00

Taxable Income

31 Tax. Check the box if from: Tax Table Tax Rate Schedule

● FTB 3800 ● FTB 3803 ● 31 .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$203,341, see instructions. ● 32 .00

33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33 .00

34 Tax. See instructions. Check the box if from: ● Schedule G-1 ● FTB 5870A . . ● 34 .00

35 Add line 33 and line 34. ● 35 .00

Tax

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. ● 40 .00

43 Enter credit name code ● and amount. . . ● 43 .00

44 Enter credit name code ● and amount. . . ● 44 .00

Special Credits

Your name: Your SSN or ITIN:

| | | | | | | |
|------------------------|----|--|----------------------------------|----|-----------------------------------|----------------------------------|
| Special Credits | 45 | To claim more than two credits. See instructions. Attach Schedule P (540). | <input type="radio"/> | 45 | <input type="text"/> | <input type="text" value=".00"/> |
| | 46 | Nonrefundable Renter's Credit. See instructions | <input type="radio"/> | 46 | <input type="text"/> | <input type="text" value=".00"/> |
| | 47 | Add line 40 through line 46. These are your total credits | <input checked="" type="radio"/> | 47 | <input type="text"/> | <input type="text" value=".00"/> |
| | 48 | Subtract line 47 from line 35. If less than zero, enter -0- | <input checked="" type="radio"/> | 48 | <input type="text" value="3580"/> | <input type="text" value=".00"/> |

| | | | | | | |
|--------------------|----|--|-----------------------|----|-----------------------------------|----------------------------------|
| Other Taxes | 61 | Alternative Minimum Tax. Attach Schedule P (540) | <input type="radio"/> | 61 | <input type="text"/> | <input type="text" value=".00"/> |
| | 62 | Mental Health Services Tax. See instructions | <input type="radio"/> | 62 | <input type="text"/> | <input type="text" value=".00"/> |
| | 63 | Other taxes and credit recapture. See instructions | <input type="radio"/> | 63 | <input type="text"/> | <input type="text" value=".00"/> |
| | 64 | Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions | <input type="radio"/> | 64 | <input type="text"/> | <input type="text" value=".00"/> |
| | 65 | Add line 48, line 61, line 62, line 63, and line 64. This is your total tax | <input type="radio"/> | 65 | <input type="text" value="3580"/> | <input type="text" value=".00"/> |

| | | | | | | |
|-----------------|----|--|----------------------------------|----|-----------------------------------|----------------------------------|
| Payments | 71 | California income tax withheld. See instructions | <input type="radio"/> | 71 | <input type="text" value="3186"/> | <input type="text" value=".00"/> |
| | 72 | 2020 CA estimated tax and other payments. See instructions | <input type="radio"/> | 72 | <input type="text"/> | <input type="text" value=".00"/> |
| | 73 | Withholding (Form 592-B and/or 593). See instructions | <input type="radio"/> | 73 | <input type="text"/> | <input type="text" value=".00"/> |
| | 74 | Excess SDI (or VPD) withheld. See instructions | <input type="radio"/> | 74 | <input type="text"/> | <input type="text" value=".00"/> |
| | 75 | Earned Income Tax Credit (EITC) | <input type="radio"/> | 75 | <input type="text"/> | <input type="text" value=".00"/> |
| | 76 | Young Child Tax Credit (YCTC). See instructions | <input type="radio"/> | 76 | <input type="text"/> | <input type="text" value=".00"/> |
| | 77 | Net Premium Assistance Subsidy (PAS). See instructions | <input type="radio"/> | 77 | <input type="text"/> | <input type="text" value=".00"/> |
| | 78 | Add line 71 through line 77. These are your total payments. See instructions | <input checked="" type="radio"/> | 78 | <input type="text" value="3186"/> | <input type="text" value=".00"/> |

| | | | | | | |
|----------------|-------------------------------|--|-------------------------------------|---------------------|--------------------------------|----------------------------------|
| Use Tax | 91 | Use Tax. Do not leave blank. See instructions | <input type="radio"/> | 91 | <input type="text" value="0"/> | <input type="text" value=".00"/> |
| | If line 91 is zero, check if: | | <input checked="" type="checkbox"/> | No use tax is owed. | | <input type="checkbox"/> |

| | | | | | | |
|--------------------|----------------------------------|--|-----------------------|----|----------------------|----------------------------------|
| ISR Penalty | 92 | Individual Shared Responsibility (ISR) Penalty. See instructions | <input type="radio"/> | 92 | <input type="text"/> | <input type="text" value=".00"/> |
| | <input checked="" type="radio"/> | Full-year health care coverage. | | | | |

| | | | | | | |
|-----------------------------|----|---|----------------------------------|----|-----------------------------------|----------------------------------|
| Overpaid Tax/Tax Due | 93 | Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 | <input checked="" type="radio"/> | 93 | <input type="text" value="3186"/> | <input type="text" value=".00"/> |
| | 94 | Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 | <input checked="" type="radio"/> | 94 | <input type="text"/> | <input type="text" value=".00"/> |
| | 95 | Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93 | <input checked="" type="radio"/> | 95 | <input type="text" value="3186"/> | <input type="text" value=".00"/> |
| | 96 | Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92 | <input checked="" type="radio"/> | 96 | <input type="text"/> | <input type="text" value=".00"/> |

Your name: Your SSN or ITIN:

Overpaid Tax/Tax Due

| | | | | | |
|------------|---|----------------------------------|------------|----------------------------------|----------------------------------|
| 97 | Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95. | <input checked="" type="radio"/> | 97 | <input type="text"/> | <input type="text" value=".00"/> |
| 98 | Amount of line 97 you want applied to your 2021 estimated tax | <input type="radio"/> | 98 | <input type="text"/> | <input type="text" value=".00"/> |
| 99 | Overpaid tax available this year. Subtract line 98 from line 97 | <input type="radio"/> | 99 | <input type="text"/> | <input type="text" value=".00"/> |
| 100 | Tax due. If line 95 is less than line 65, subtract line 95 from line 65 | <input checked="" type="radio"/> | 100 | <input type="text" value="394"/> | <input type="text" value=".00"/> |

Contributions

| | | | Code | Amount | |
|------------|---|-----------------------|-------------|----------------------|----------------------------------|
| | California Seniors Special Fund. See instructions | <input type="radio"/> | 400 | <input type="text"/> | <input type="text" value=".00"/> |
| | Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund | <input type="radio"/> | 401 | <input type="text"/> | <input type="text" value=".00"/> |
| | Rare and Endangered Species Preservation Voluntary Tax Contribution Program | <input type="radio"/> | 403 | <input type="text"/> | <input type="text" value=".00"/> |
| | California Breast Cancer Research Voluntary Tax Contribution Fund. | <input type="radio"/> | 405 | <input type="text"/> | <input type="text" value=".00"/> |
| | California Firefighters' Memorial Voluntary Tax Contribution Fund | <input type="radio"/> | 406 | <input type="text"/> | <input type="text" value=".00"/> |
| | Emergency Food for Families Voluntary Tax Contribution Fund | <input type="radio"/> | 407 | <input type="text"/> | <input type="text" value=".00"/> |
| | California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund. | <input type="radio"/> | 408 | <input type="text"/> | <input type="text" value=".00"/> |
| | California Sea Otter Voluntary Tax Contribution Fund | <input type="radio"/> | 410 | <input type="text"/> | <input type="text" value=".00"/> |
| | California Cancer Research Voluntary Tax Contribution Fund | <input type="radio"/> | 413 | <input type="text"/> | <input type="text" value=".00"/> |
| | School Supplies for Homeless Children Fund | <input type="radio"/> | 422 | <input type="text"/> | <input type="text" value=".00"/> |
| | State Parks Protection Fund/Parks Pass Purchase | <input type="radio"/> | 423 | <input type="text"/> | <input type="text" value=".00"/> |
| | Protect Our Coast and Oceans Voluntary Tax Contribution Fund. | <input type="radio"/> | 424 | <input type="text"/> | <input type="text" value=".00"/> |
| | Keep Arts in Schools Voluntary Tax Contribution Fund | <input type="radio"/> | 425 | <input type="text"/> | <input type="text" value=".00"/> |
| | Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund | <input type="radio"/> | 431 | <input type="text"/> | <input type="text" value=".00"/> |
| | California Senior Citizen Advocacy Voluntary Tax Contribution Fund | <input type="radio"/> | 438 | <input type="text"/> | <input type="text" value=".00"/> |
| | Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund. | <input type="radio"/> | 439 | <input type="text"/> | <input type="text" value=".00"/> |
| | Rape Kit Backlog Voluntary Tax Contribution Fund | <input type="radio"/> | 440 | <input type="text"/> | <input type="text" value=".00"/> |
| | Schools Not Prisons Voluntary Tax Contribution Fund | <input type="radio"/> | 443 | <input type="text"/> | <input type="text" value=".00"/> |
| | Suicide Prevention Voluntary Tax Contribution Fund | <input type="radio"/> | 444 | <input type="text"/> | <input type="text" value=".00"/> |
| 110 | Add code 400 through code 444. This is your total contribution | <input type="radio"/> | 110 | <input type="text"/> | <input type="text" value=".00"/> |

Your name: Your SSN or ITIN:

Amount You Owe 111 **AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● 111 .00
Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties 112 Interest, late return penalties, and late payment penalties 112 .00
113 Underpayment of estimated tax.
Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** ● 113 .00
114 Total amount due. See instructions. Enclose, but **do not** staple, any payment 114 .00

115 **REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● 115 .00

Refund and Direct Deposit Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type Checking ● Account number ● 116 Direct deposit amount .00
 Savings

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
● Routing number ● Type Checking ● Account number ● 117 Direct deposit amount .00
 Savings

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.
To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov/forms** and search for **1131**. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature Date Spouse's/RDP's signature (if a joint tax return, both must sign)

● Your email address. Enter only one email address. ● Preferred phone number

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed) ● PTIN

Firm's address ● Firm's FEIN

Joint tax return? (See instructions)

Do you want to allow another person to discuss this tax return with us? See instructions. ● Yes No

Print Third Party Designee's Name Telephone Number



Form M-8453 Individual Income Tax Declaration for Electronic Filing

2020
Massachusetts
Department of
Revenue

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2020.

| | | |
|--|-------------|--|
| Your first name and initial VIDYA SAGAR AEDLA | Last name | Your Social Security number 686349099 |
| If a joint return, spouse's first name and initial | Last name | Spouse's Social Security number |
| Present street address (and apartment number) 3300 E PALM DRIVE APT NO 326 | | |
| City/Town/Post Office FULLERTON | State CA | Zip 92831 |
| Filing status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household | | |

Part 1. Tax Return Information for Electronic Filing

| | | |
|---|----------|-------|
| 1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12) | 1 | -5020 |
| 2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36) | 2 | 0 |
| 3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38) | 3 | |
| 4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42) | 4 | 60 |
| 5 Refund amount (from Form 1, line 50, or Form 1-NR/PY, line 54) | 5 | 60 |
| 6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55) | 6 | |

Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2020 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

| | | | |
|----------------|------|---|------|
| Your signature | Date | Spouse's signature (if joint return, both must sign) | Date |
|----------------|------|---|------|

Part 3. Declaration and Signature of Electronic Return Originator (ERO)

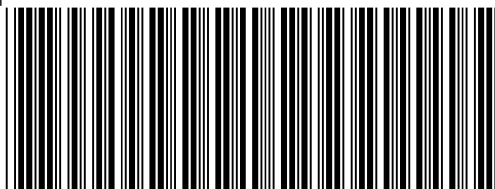
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

| | | | |
|--|-----------|-----------|--|
| ERO's signature and SSN or PTIN | Date | EIN | <input type="checkbox"/> Check if self-employed |
| | 02232021 | 301017196 | |
| Firm name (or yours, if self-employed) and address | City/Town | State | Zip |
| GLOBAL TAXES LLC 2530 PEBBLE CREEK LN | CUMMING | GA | 30041 |
| | | | <input type="checkbox"/> Check if also paid preparer |

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

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

| | | | |
|--|--------------------|-----------|---|
| Paid preparer's signature and SSN or PTIN | Date | EIN | <input type="checkbox"/> Check if self-employed |
| | P02082703 02232021 | 301017196 | |
| Firm name (or yours, if self-employed) and address | City/Town | State | Zip |
| SIAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN | CUMMING | GA | 30041 |



2020 Form 1-NR/PY

MA20006011555

Massachusetts Nonresident/Part-Year Resident Income Tax Return

For the year January 1–December 31, 2020 or other taxable

Year beginning

Ending

VIDYA SAGAR

AEDLA

686349099

3300 E PALM DRIVE

FULLERTON

CA 92831

Fill in if: Original return Amended return Amended return due to federal change

Apt. no. 326

State Election Campaign Fund:

\$1 You \$1 Spouse TOTAL

Fill in if veteran of U.S. armed forces who served in Operations Enduring Freedom, Iraqi Freedom, Noble Eagle
or Sinai Peninsula

You Spouse

Taxpayer deceased

You Spouse

Fill in if under age 18

You Spouse

Check one: Nonresident

Filing as both nonresident and part-year resident

Name changed since 2019

Part-year resident

Nonresident composite

Fill in if noncustodial parent

a. Total federal income 75315

b. Federal adjusted gross income 75315

1. Filing status (select one only): Single

Fill in if filing Schedule TDS

Married filing jointly

Married filing separate return

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From To

3. Total days as Massachusetts resident ÷ 365 = 3

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature

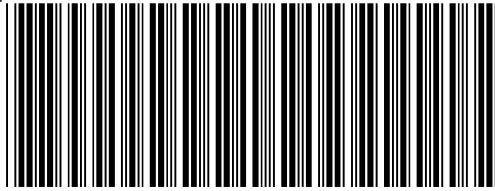
Date

Spouse's signature

Date

361-355-5095

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



2020 Form 1-NR/PY, pg. 2

MA20006021555

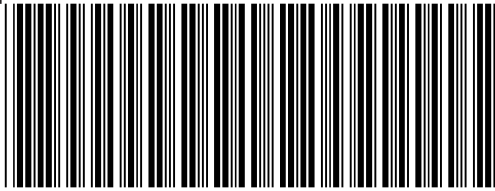
Massachusetts Nonresident/

Part-Year Resident Income Tax Return

686349099

| | | | | |
|--|--------------------------|-----------------------|-------|------------|
| 4. Exemptions: | | | | |
| a. Personal exemptions | | 4a | 4400 | |
| b. Number of dependents. (Do not include yourself or your spouse.) Enter number | | x \$1,000 = 4b | | |
| c. Age 65 or over before 2021 | You + Spouse = | x \$700 = 4c | | |
| d. Blindness | You + Spouse = | x \$2,200 = 4d | | |
| e. Medical/dental | | 4e | | |
| f. Adoption | | 4f | | |
| g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a | | 4g | 4400 | |
| 5. Wages, salaries, tips | | 5 | 1200 | |
| 6. Taxable pensions and annuities | | 6 | | |
| 7. Mass. bank interest: a. | - b. exemption | = 7 | | |
| 8. Business/profession income/loss a. | + b. Farming income/loss | = 8 | | |
| 9. Rental, royalty and REMIC, partnership, S corp., trust income/loss | | 9 | -6220 | |
| 10a. Unemployment | | 10a | | |
| 10b. Mass. lottery winnings | | 10b | | |
| 11. Other income | | 11 | | |
| 12. TOTAL 5.0% INCOME | | 12 | -5020 | |
| 13. NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis: | working days | miles | sales | other: |
| Working days (or other basis) outside Massachusetts | | | | 13a |
| Working days (or other basis) inside Massachusetts | | | | 13b |
| Total working days | | | | 13c |
| Nonworking days (holidays, weekends, etc.) | | | | 13d |
| Massachusetts ratio | | | | 13e |
| Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2 | | | | 13f |
| Massachusetts income | | | | 13g |

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2020 Form 1-NR/PY, pg. 3

MA20006031555

Massachusetts Nonresident/
Part-Year Resident Income Tax Return

VIDYA SAGAR

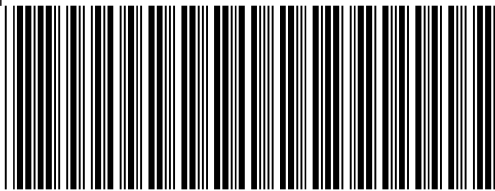
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14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO

| | | |
|--|------------|-------|
| a. Total 5.0% income | 14a | |
| b. Interest income | 14b | |
| c. Total capital gain income | 14c | 2 |
| d. Total income this return | 14d | 2 |
| e. Non-Massachusetts source income. Not less than "0" | 14e | 80333 |
| f. Total income | 14f | 80335 |
| g. Deduction and exemption ratio | 14g | |
| 15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement | 15a | |
| 15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement | 15b | |
| 16. Child under age 13, or disabled dependent/spouse care expenses | 16 | |
| 17. Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/20, or disabled dependent(s) Not more than two. a. x \$3,600 = b. Part-year residents multiply line 17b by line 3; nonresidents multiply line 17b by line 14g | 17 | |
| 18. Rental deduction. a. Nonresidents, fill in if during 2020 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future | 18 | |
| 19. Other deductions from Schedule Y, line 19 | 19 | |
| 20. Total deductions. Add lines 15 through 19 | 20 | |
| 21. 5.0% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. Not less than "0" | 21 | |
| 22. Exemption amount. a. 4400 | 22 | |
| 23. 5.0% INCOME AFTER DEDUCTIONS. Subtract line 22 from line 21. Not less than "0" | 23 | |
| 24. INTEREST AND DIVIDEND INCOME | 24 | |
| 25. TOTAL TAXABLE 5.0% INCOME. Add lines 23 and 24 | 25 | |
| 26. TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585 | 26 | |

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2020 Form 1-NR/PY, pg. 4

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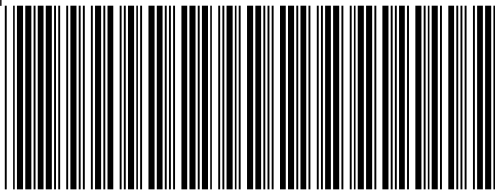
Massachusetts Nonresident/

Part-Year Resident Income Tax Return

686349099

| | | | |
|---|---|---------|-----|
| 27. 12% INCOME. Not less than "0." a. | 2 | x .12 = | 27 |
| 28. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS | | | 28 |
| Fill in if any excess exemptions were used in calculating lines 24, 27 or 28 | | | |
| 29. Credit recapture amount (from Credit Recapture Schedule) | | | 29 |
| 30. Additional tax on installment sale | | | 30 |
| 31. If you qualify for No Tax Status, fill in and enter "0" on line 32 | | | |
| 32. TOTAL INCOME TAX. Add lines 26 through 30. | | | 32 |
| 33. Limited Income Credit | | | 33 |
| 34. Income tax due to another state or jurisdiction | | | 34 |
| 35. Other credits (from Credit Manager Schedule) | | | 35 |
| 36. INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 from line 32. Not less than "0" | | | 36 |
| 37. Voluntary Contributions | | | |
| a. Endangered Wildlife Conservation | | | 37a |
| b. Organ Transplant Fund | | | 37b |
| c. Massachusetts Public Health HIV and Hepatitis Fund | | | 37c |
| d. Massachusetts U.S. Olympic Fund | | | 37d |
| e. Massachusetts Military Family Relief Fund | | | 37e |
| f. Homeless Animal Prevention and Care | | | 37f |
| Total. Add lines 37a through 37f | | | 37 |
| 38. Use tax due on Internet, mail order and other out-of-state purchases | | | 38 |
| 39. Health care penalty a. You + b. Spouse | | | 39 |
| 40. Amended return only. Overpayment from original return | | | 40 |
| 41. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 36 through 40 | | | 41 |

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2020 Schedule B

MA20010011555

VIDYA SAGAR

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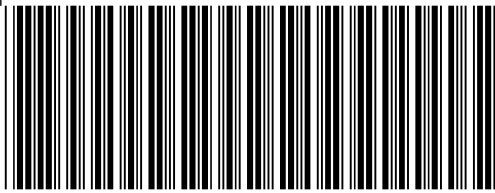
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Part 1. Interest and Dividend Income

| | |
|---|----|
| 1. Total interest income | 1 |
| 2. Total ordinary dividends | 2 |
| 3. Other interest and dividends not included above | 3 |
| 4. Total interest and dividends | 4 |
| 5. Total interest from Massachusetts banks | 5 |
| 6a. Other interest and dividends to be excluded | 6a |
| 6b. Part-year/Nonresidents only | 6b |
| 7. Subtotal | 7 |
| 8. Allowable deductions from your trade or business | 8 |
| 9. Subtotal | 9 |

Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

| | | |
|--|-----|---|
| 10. Massachusetts short-term capital gains | 10 | 2 |
| 11. Massachusetts long-term capital gains on collectibles and pre-1996 installment sales | 11 | |
| 12. Massachusetts gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less | 12 | |
| 13a. Add lines 10 through 12 | 13a | 2 |
| 13b. Part-year/Nonresidents only | 13b | |
| 13c. Subtract line 13b from line 13a. Not less than 0 | 13c | 2 |
| 14. Allowable deductions from your trade or business | 14 | |
| 15. Subtotal | 15 | 2 |
| 16. Massachusetts short-term capital losses | 16 | |
| 17. Massachusetts loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less | 17 | |
| 18. Prior short-term unused losses for years beginning after 1981 | 18 | |



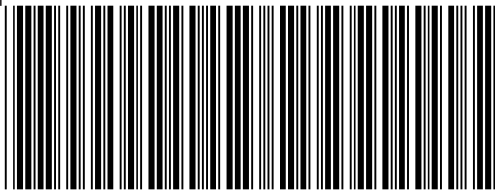
2020 Schedule B, pg. 2

686349099 MA20010021555

| | | |
|--|-----|---|
| 19a. Combine lines 15 through 18 | 19a | 2 |
| 19b. Part-year/Nonresidents only | 19b | |
| 19c. Exclude line 19b losses from line 19a | 19c | 2 |
| 20. Short-term losses applied against interest and dividends | 20 | |
| 21. Available short-term losses | 21 | |
| 22. Short-term losses applied against long-term gains | 22 | |
| 23. Short-term losses available for carryover in 2021 | 23 | |
| 24. Short-term gains and long-term gains on collectibles | 24 | 2 |
| 25. Long-term losses applied against short-term gain | 25 | |
| 26. Subtotal | 26 | 2 |
| 27. Long-term gains deduction | 27 | |
| 28. Short-term gains after long-term gains deduction | 28 | 2 |

Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

| | | |
|--|----|---|
| 29. Enter the amount from line 9 | 29 | |
| 30. Short-term losses applied against interest and dividends | 30 | |
| 31. Subtotal interest and dividends | 31 | |
| 32. Long-term losses applied against interest and dividends | 32 | |
| 33. Adjusted interest and dividends | 33 | |
| 34. Enter the amount from line 28 | 34 | 2 |
| 35. Adjusted gross interest, dividends and certain capital gains | 35 | 2 |
| 36. Excess exemptions | 36 | |
| 37. Subtract line 36 from line 35 | 37 | 2 |
| 38. Interest and dividends taxable at 5.0% | 38 | |
| 39. Taxable 12% capital gains | 39 | 2 |
| 40. Available short-term losses for carryover in 2021 | 40 | |



2020 Schedule INC

MA20INC011555

VIDYA SAGAR

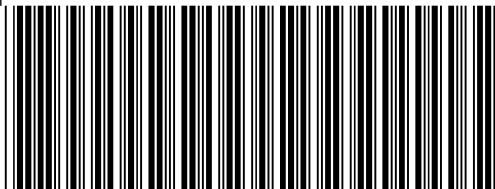
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Form W-2 and 1099 I formation

| A. FEDERAL ID NUMBER | B. STATE TAX WITHHELD | C. STATE WAGES/INCOME | D. TAXPAYER SS WITHHELD | E. SPOUSE SS WITHHELD | F. SOURCE OF WITHHOLDING |
|----------------------|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| 823013618 | 60 | 1200 | | | W2 |

| | | | | | |
|--------|----|------|--|--|--|
| TOTALS | 60 | 1200 | | | |
|--------|----|------|--|--|--|



2020 Schedule NTS-L-NRPY

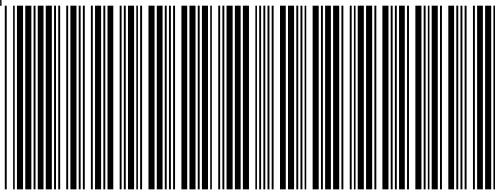
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No Tax Status and Limited Income Credit

686349099

Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

| | | |
|---|----|-------|
| 1. Total 5.0% income | 1 | |
| 2. Adjustments to income | 2 | |
| 3. Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0" | 3 | |
| 4. Interest exemption used | 4 | |
| 5. Adjusted gross interest, dividends and certain capital gains | 5 | 2 |
| 6. Long-term capital gain | 6 | |
| 7. Additional income/loss while a nonresident/part-year resident | 7 | 80333 |
| 8. Total income. Combine lines 3 through 7 | 8 | 80335 |
| 9. Additional adjustments to income while a nonresident/part-year resident | 9 | |
| 10. Massachusetts Adjusted Gross Income (AGI) | 10 | 80335 |
| If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status | | |
| 11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount | 11 | |
| 12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount | 12 | |
| 13. No Tax Status threshold | 13 | |
| 14. Income for Limited Income Credit | 14 | |
| 15. Tax before adjustments | 15 | |
| 16. Tax for Limited Income Credit | 16 | |
| 17. Limited Income Credit | 17 | |



2020 Schedule E

MA20013041555

VIDYA SAGAR

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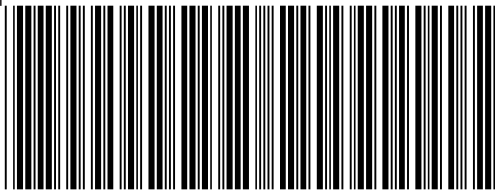
Income or Loss from Real Estate and Royalties

Income

| | | |
|-----------------------|---|-----|
| 1. Rents received | 1 | 580 |
| 2. Royalties received | 2 | |

Expenses

| | | |
|---|----|-------|
| 3. Advertising | 3 | |
| 4. Auto and travel | 4 | |
| 5. Cleaning and maintenance | 5 | 1050 |
| 6. Commissions | 6 | |
| 7. Insurance | 7 | |
| 8. Legal and other professional fees | 8 | |
| 9. Management fees | 9 | 1270 |
| 10. Mortgage interest paid to banks, etc. | 10 | |
| 11. Other interest | 11 | |
| 12. Repairs | 12 | 1370 |
| 13. Supplies | 13 | 1290 |
| 14. Taxes | 14 | |
| 15. Utilities | 15 | 1820 |
| 16. Other expenses | 16 | |
| 17. Add lines 3 through 16 | 17 | 6800 |
| 18. Depreciation expense or depletion | 18 | |
| 19. Total expenses. Add lines 17 and 18 | 19 | 6800 |
| 20. Income or loss from rental real estate or royalty properties | 20 | -6220 |
| 21. Deductible rental real estate loss | 21 | -6220 |
| 22. Income. Enter positive amounts shown on line 20 | 22 | |
| 23. Losses. Add royalty losses from line 20 and real estate losses from line 21 | 23 | -6220 |
| 24. Rental real estate and royalty income or loss | 24 | -6220 |



2020 Schedule E, pg. 2

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Income or Loss from Partnerships and S Corporations

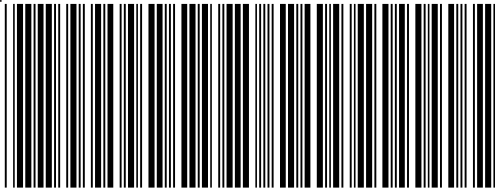
| | |
|---|----|
| 25. Passive loss allowed | 25 |
| 26. Passive income | 26 |
| 27. Non-passive loss | 27 |
| 28. Section 179 expense deduction | 28 |
| 29. Non-passive income | 29 |
| 30. Combine lines 26 and 29 | 30 |
| 31. Combine lines 25, 27 and 28 | 31 |
| 32. Partnership and S corporation income or loss. Combine lines 30 and 31 | 32 |
| 33. Interest (other than MA banks) and dividends if included in line 32 | 33 |
| 34. Interest from Massachusetts banks if included in line 32 | 34 |
| 35. Total income or loss from partnerships and S corporations | 35 |
| 36. Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses | |

Income or Loss from Estates and Trusts

| | |
|--|----|
| 37. Passive deduction or loss allowed | 37 |
| 38. Passive income | 38 |
| 39. Non-passive deduction or loss | 39 |
| 40. Non-passive other income | 40 |
| 41. Add lines 38 and 40 | 41 |
| 42. Add lines 37 and 39 | 42 |
| 43. Estate and trust income or loss. Combine lines 41 and 42 | 43 |
| 44. Estate or non-grantor-type trust income | 44 |
| 45. Grantor-type trust and non-Massachusetts estate and trust income | 45 |
| 46. Interest and dividends if included in line 45 | 46 |
| 47. Adjustments to 5.0% income | 47 |
| 48. Subtotal. Combine lines 46 and 47 | 48 |
| 49. Income or loss from grantor type and non-Mass estates and trusts | 49 |

Income or Loss from REMICs

| | |
|-----------------------------|----|
| 50. Excess inclusion | 50 |
| 51. Taxable income or loss | 51 |
| 52. Income | 52 |
| 53. Combine lines 51 and 52 | 53 |



2020 Schedule E, pg. 3

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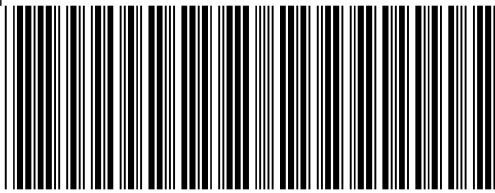
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Farm Income

54. Net farm rental income or loss 54

Summary

| | | |
|---|----|-------|
| 55. Income or loss. Combine lines 24, 35, 49, 53 and 54 | 55 | -6220 |
| 56. Massachusetts differences Enclose statements | 56 | |
| 57. Abandoned building renovation deduction | 57 | |
| 58. Total income or loss. Combine lines 55 through 57 | 58 | -6220 |



2020 Schedule E-1

MA20013011555

VIDYA SAGAR AEDLA 686349099
17-40/8 KAMALA NAGAR MEDIPA
17-40/8 KAMALA NAGAR MEDIPALLY

Check one: Real estate Royalty Rental property used for short-term rentals

Income or Loss from Real Estate and Royalties

Income

| | | |
|-----------------------|---|-----|
| 1. Rents received | 1 | 580 |
| 2. Royalties received | 2 | |

Expenses

| | | |
|--|----|-------|
| 3. Advertising | 3 | |
| 4. Auto and travel | 4 | |
| 5. Cleaning and maintenance | 5 | 1050 |
| 6. Commissions | 6 | |
| 7. Insurance | 7 | |
| 8. Legal and other professional fees | 8 | |
| 9. Management fees | 9 | 1270 |
| 10. Mortgage interest paid to banks, etc | 10 | |
| 11. Other interest | 11 | |
| 12. Repairs | 12 | 1370 |
| 13. Supplies | 13 | 1290 |
| 14. Taxes | 14 | |
| 15. Utilities | 15 | 1820 |
| 16. Other expenses | 16 | |
| 17. Add lines 3 through 16 | 17 | 6800 |
| 18. Depreciation expense or depletion | 18 | |
| 19. Total expenses. Add lines 17 and 18 | 19 | 6800 |
| 20. Income or loss from rental real estate or royalty properties | 20 | -6220 |
| 21. Deductible rental real estate loss | 21 | -6220 |
| 22. Income. Enter positive amounts shown on line 20 | 22 | |
| 23. Losses. Enter royalty losses from line 20 or rental real estate losses from line 21 | 23 | -6220 |
| 24. Rental real estate and royalty income or loss | 24 | -6220 |
| 25. Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value | | |