

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name SAKETH GUMMAVELLI	Social security number 708-93-8561
Spouse's name	Spouse's social security number

## Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income . . . . .	1	69,958.
2 Total tax . . . . .	2	8,457.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	7,588.
4 Amount you want refunded to you . . . . .	4	331.
5 Amount you owe . . . . .	5	

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

3	8	5	6	1
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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

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

5	8	7	2	7	8	6	1	9	8	9
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Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

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

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

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

Your first name and middle initial SAKETH	Last name GUMMADEVELLI	Your social security number 708-93-8561
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. 3401 BAYMEADOWS WAY		Apt. no. 328
City, town, or post office. If you have a foreign address, also complete spaces below. HENRICO		State VA
Foreign country name		ZIP code 23233
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>	64,899.
Attach Sch. B if required.	<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>		<b>2b</b>	
	<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>		<b>3b</b>	
	<b>4a</b>	IRA distributions . . . . .	<b>4a</b>		<b>4b</b>	
	<b>5a</b>	Pensions and annuities . . . . .	<b>5a</b>		<b>5b</b>	
	<b>6a</b>	Social security benefits . . . . .	<b>6a</b>		<b>6b</b>	
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>			<b>7</b>	13,859.
	<b>8</b>	Other income from Schedule 1, line 9 . . . . .			<b>8</b>	-6,500.
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶			<b>9</b>	72,258.
<b>Standard Deduction for—</b> • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	<b>10</b> Adjustments to income:					
	<b>a</b>	From Schedule 1, line 22 . . . . .	<b>10a</b>	2,000.		
	<b>b</b>	Charitable contributions if you take the standard deduction. See instructions . . . . .	<b>10b</b>	300.		
	<b>c</b>	Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶	<b>10c</b>			2,300.
	<b>11</b>	Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶			<b>11</b>	69,958.
	<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>	57,558.

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	8,457.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	8,457.
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	8,457.
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	8,457.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	7,588.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	7,588.
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	1,200.
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	1,200.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	8,788.

• 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	331.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	331.
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 5 1 9 0 2 1 4 6		
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 SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 04/01/2021	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](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  
SAKETH GUMMADEVELLI

Your social security number  
708-93-8561

**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>	-6,500.
<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>	-6,500.

**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>	2,000.
<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>	2,000.

**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

SAKETH GUMMADEVELLI

Your social security number

708-93-8561

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)
<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 . . . . .	132,564.	119,292.	588.	13,860.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .	3.	4.		-1.
<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 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> 13,859.

**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)
<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 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>	13,859.
	<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? <input type="checkbox"/> <b>Yes.</b> Go to line 18. <input checked="" 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? <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.  <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: <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> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b>	( )
<b>22</b>	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <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.  <input checked="" 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 SAKETH GUMMADAVELLI	Social security number or taxpayer identification number 708-93-8561
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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 <b>Note</b> 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). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Crypto LLC	07/27/20	11/27/20	382.	382.			0.
	Robinhood Securities LLC	01/01/20	12/31/20	132,182.	118,910.	W	588.	13,860.
<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) ►				132,564.	119,292.		588.	13,860.

**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.



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

SAKETH GUMMADEVELLI

Social security number or taxpayer identification number

708-93-8561

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 <b>Note</b> 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). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> 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	01/01/20	12/31/20	3.	4.			-1.
<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) ►				3.	4.			-1.

**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

SAKETH GUMMADEVELLI

708-93-8561

**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>	4-5-69, NEW BAZAR MAHABUBABAD TELANGANA IN 506101				
<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>		450.		
<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>		1,000.		
<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>		1,100.		
<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>		1,250.		
<b>15</b>	Supplies . . . . .	<b>15</b>		2,000.		
<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>		6,950.		
<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>		-6,500.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>		( -6,500. )	( )	( )
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>			450.	
<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>			6,950.	
<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>		( 6,500. )		
<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>				-6,500.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

## Tuition and Fees Deduction

▶ **Attach to Form 1040 or 1040-SR.**  
▶ **Go to [www.irs.gov/Form8917](http://www.irs.gov/Form8917) for the latest information.**

Name(s) shown on return SAKETH GUMMADEVELLI	Your social security number 708-93-8561
--	--



Use this form for qualified tuition and fees paid in 2018, 2019, or 2020, and later years if legislation extends the deduction (see instructions). File a separate Form 8917 for each year after 2017 for which you qualify to take the deduction.

You **can't** take both an education credit from Form 8863 and the tuition and fees deduction from this form for the **same student** for the same tax year.

- Before you begin:**
- ✓ To see if you qualify for this deduction, see *Who Can Take the Deduction* in the instructions below.
  - ✓ If you file Form 1040 or 1040-SR, figure any write-in adjustments.
    - For 2018: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040), line 36.
    - For 2019: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.
    - For 2020 and later years: Figure any write-in adjustments for Schedule 1 (Form 1040 or 1040-SR); see the Instructions for Forms 1040 and 1040-SR.

1	(a) Student's name (as shown on page 1 of your tax return)	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Adjusted qualified expenses (see instructions)
	First name: SAKETH      Last name: GUMMADEVELLI	708-93-8561	14,250.
2	Add the amounts on line 1, column (c), and enter the total . . . . .		14,250.
3	Enter the amount from your "total income" line of Form 1040 or 1040-SR . . . . .	72,258.	
4	<ul style="list-style-type: none"> <li>• For 2018: Enter the total of the amounts on your 2018 Schedule 1 (Form 1040), lines 23 through 33, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040), line 36.</li> <li>• For 2019 and 2020: Enter the total of the amounts on your 2019 Schedule 1 (Form 1040 or 1040-SR), lines 10 through 20, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.</li> <li>• For later years: See <a href="http://www.irs.gov/Form8917">www.irs.gov/Form8917</a> to find out if the line references above for 2019 have changed . . . . .</li> </ul>		
5	Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 if married filing jointly), <b>stop</b> ; you can't take the deduction for tuition and fees . . . . .		71,958.
* If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see <i>Effect of the Amount of Your Income on the Amount of Your Deduction</i> in Pub. 970 to figure the amount to enter on line 5.			
6	<b>Tuition and fees deduction.</b> Is the amount on line 5 more than \$65,000 (\$130,000 if married filing jointly)?  <input checked="" type="checkbox"/> <b>Yes.</b> Enter the smaller of line 2, or \$2,000. } <input type="checkbox"/> <b>No.</b> Enter the smaller of line 2, or \$4,000. }		2,000.

**Also enter** this amount on line 21 of the 2019 and 2020 Schedule 1 (Form 1040 or 1040-SR), or line 34 of the 2018 Schedule 1 (Form 1040). See [www.irs.gov/Form8917](http://www.irs.gov/Form8917) to find out if the line references above for 2019 have changed.

Mail 760ES Voucher 1 To:

Director of Finance, P.O. Box 1478, Richmond, VA 23218-1478

— Cut Here —

**2021 FORM 760ES - Voucher 1**

**Doc ID 762**

VIRGINIA ESTIMATED INCOME TAX  
PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 05-01-21

- Check if this is a new address.  
 Check here if this is your first payment for  
this taxable year.

REV 03/24/21 PRO 1555

LOCALITY NO.	FOR OFFICE USE
087	

7089385614 7621555 121053 087

Your Social Security Number (SSN)

708938561

SAKETH GUMMADAVELLI

Spouses SSN (if filing a joint return)

3401 BAYMEADOWS WAY APT # 328

HENRICO

VA 23233

Daytime Phone Number 510-717-8727

Mail your voucher and payment to the Virginia Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see pages 7-8 and use the address listed for the city or county where you intend to file.

If you file with the Department, make your check payable to the Department of Taxation. If you file locally, make your check payable to your local Treasurer.

**Amount of payment**

**60.00**

Mail 760ES Voucher 2 To:

Director of Finance, P.O. Box 1478, Richmond, VA 23218-1478

— Cut Here —

**2021 FORM 760ES - Voucher 2**

**Doc ID 762**

VIRGINIA ESTIMATED INCOME TAX  
PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 06-15-21

- Check if this is a new address.  
 Check here if this is your first payment for  
this taxable year.

REV 03/24/21 PRO 1555

LOCALITY NO.	FOR OFFICE USE
087	

7089385614 7621555 121061 087

Your Social Security Number (SSN)

708938561

SAKETH GUMMADAVELLI

Spouses SSN (if filing a joint return)

3401 BAYMEADOWS WAY APT # 328

HENRICO

VA 23233

Daytime Phone Number 510-717-8727

Mail your voucher and payment to the Virginia Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see pages 7-8 and use the address listed for the city or county where you intend to file.

If you file with the Department, make your check payable to the Department of Taxation. If you file locally, make your check payable to your local Treasurer.

**Amount of payment**

**60.00**

Mail 760ES Voucher 3 To:

Director of Finance, P.O. Box 1478, Richmond, VA 23218-1478

— Cut Here —

**2021 FORM 760ES - Voucher 3**

**Doc ID 762**

VIRGINIA ESTIMATED INCOME TAX  
PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 09-15-21

- Check if this is a new address.  
 Check here if this is your first payment for  
this taxable year.

REV 03/24/21 PRO 1555

LOCALITY NO.	FOR OFFICE USE
087	

7089385614 7621555 121096 087

Your Social Security Number (SSN)

708938561

SAKETH GUMMADAVELLI

Spouses SSN (if filing a joint return)

3401 BAYMEADOWS WAY APT # 328

HENRICO

VA 23233

Daytime Phone Number 510-717-8727

Mail your voucher and payment to the Virginia Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see pages 7-8 and use the address listed for the city or county where you intend to file.

If you file with the Department, make your check payable to the Department of Taxation. If you file locally, make your check payable to your local Treasurer.

**Amount of payment**

**60.00**

Mail 760ES Voucher 4 To:

Director of Finance, P.O. Box 1478, Richmond, VA 23218-1478

— Cut Here —

**2021 FORM 760ES - Voucher 4**

**Doc ID 762**

VIRGINIA ESTIMATED INCOME TAX  
PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 01-15-22

- Check if this is a new address.  
 Check here if this is your first payment for  
this taxable year.

REV 03/24/21 PRO 1555

LOCALITY NO.	FOR OFFICE USE
087	

7089385614 7621555 122017 087

Your Social Security Number (SSN)

708938561

SAKETH GUMMADAVELLI

Spouses SSN (if filing a joint return)

3401 BAYMEADOWS WAY APT # 328

HENRICO

VA 23233

Daytime Phone Number 510-717-8727

Mail your voucher and payment to the Virginia Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see pages 7-8 and use the address listed for the city or county where you intend to file.

If you file with the Department, make your check payable to the Department of Taxation. If you file locally, make your check payable to your local Treasurer.

**Amount of payment**

**60.00**

— Cut Here —

**Form 760-PMT 2020 Payment Coupon**  
(DOC ID 761) **Please do not staple**  
**To Be Used For Payments On Previously**  
**Filed 2020 Individual Income Tax Returns Only**

Your Social Security Number

Spouse's Social Security Number

708938561

7089385614 7611555 120006


If your return was filed through e-File or submitted directly to the Department, make your check payable to the Department of Taxation and mail to the VA Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478.

If your return was filed with your local Commissioner of the Revenue, make your check payable to your local Treasurer and send your payment to the locality where you filed the return.

Name(s) and Address

SAKETH GUMMADAVELLI

3401 BAYMEADOWS WAY APT # 328  
HENRICO VA 23233

Amount of  
Payment 

238.00

Daytime Phone Number: 510-717-8727





SAKETH GUMMADAVELLI  
 3401 BAYMEADOWS WAY APT 328  
 HENRICO VA 23233

SSN - You [ GUMM 708938561 Vendor ID 1555 XXXXX ]

SSN - Spouse

Fed Adj Gross Income (FAGI)	1.	69958 .	Withholding (VA) - You	19A.	2946 .
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	69958 .	Estimated Payments	20.	
Age Deduction - You	4A.		2019 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OSC	24.	269 .
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	3215 .
Total VA Adj Gross Income (VAGI)	9.	69958 .	Tax You Owe	27.	238 .
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.	
Standard Deduction	11.	4500 .	Overpayment Credited to Next Year	29.	
Exemptions	12.	930 .	VAC - Virginia 529 / ABLEnow	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exemptions)	14.	5430 .	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	64528 .	Sales and Use Tax	33.	
Amount of Tax	16.	3453 .	<b>Amount You Owe</b>		238 .
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card N		
VAGI - Spouse	17A.		<b>Your Refund</b>		
Net Amount of Tax	18.	3453 .	Bank Routing #		
			Bank Account #		





Filing Status, Age & License Information

Additional Filing Information

Filing Status 1  
 Federal Head of Household  
 DOB - You 03061994  
 VA Driver's License ID - You  
 VA Driver's License - Iss. Date - You  
 Spouse Name (Filing Status 3 Only)  
 DOB - Spouse  
 VA Driver's License ID - Spouse  
 VA Driver's License - Iss. Date - Spouse

Locality 087  
 Name or Filing Status Change  
 Address Change  
 VA Return Not Filed Last Year  
 Dependent on Another's Return  
 Farmer / Fisherman / Merchant Seaman  
 Amended  
 Reason Code  
 Overseas on Due Date  
 Federal EIC & Amount  
 Deceased Indicator  
 No Sales & Use Tax Due Indicator X  
 Obtain Electronic 1099G  
 ID Theft PIN

Exemptions (A)

Exemptions (B)

You 1 65 & Over - You  
 Spouse 65 & Over - Spouse  
 Dependents Blind - You  
 Total (A) 1 Blind - Spouse  
 Total (B)

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You \_\_\_\_\_ Date \_\_\_\_\_ Phone - You 5107178727  
 Signature - Spouse \_\_\_\_\_ Date \_\_\_\_\_ Phone - Spouse  
 Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 040121 Phone - Preparer 6789659522  
 The Tax Department may discuss my/our return with my/our preparer. Preparer Information 7 P02082703

**File by May 1, 2021**  
 Include Page 1, Page 2 and all supporting 760CG documents.

GLOBAL TAXES LLC  
 2530 PEBBLE CREEK LN  
 CUMMING GA 30041

**2020 Schedule INC/CG** 708938561

Report all W-2s, 1099s & VK-1s with VA Withholding



SAKETH

GUMMADAVELLI

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
708938561	W	2946.	461442192	30461442192F001	59456.

Total VA Withholding	SSN	VA Withholding
You	708938561	2946.
Spouse		

Total # of W-2s, 1099s & VK-1s 01

**To avoid delays - be sure to enter all information, including the Employer's FEIN.**

**2020 Schedule OSC/CG**

Enclose other state tax returns when filing



708938561

**Credit Computation State 1**

**If Claiming border state**

1. Filing Status - other state's return	1	6. Other State Abbreviation	CT
2. Person Claiming the Credit	1	7. Virginia Income Tax	3453.
3. Qualifying Taxable Income - other state	5443.	8. Income percentage	8.4
4. Virginia Taxable Income	64528.	9. Virginia Ratio of Income Tax	290.
5. Qualifying Tax Liability - other state	269.	10. Credit Allowed	269.

**Credit Computation State 2**

11. Filing Status - other state's return	16. Other State Abbreviation
12. Person Claiming the Credit	17. Virginia Income Tax
13. Qualifying Taxable Income - other state	18. Income percentage
14. Virginia Taxable Income	19. Virginia Ratio of Income Tax
15. Qualifying Tax Liability - other state	20. Credit Allowed

**Credit Computation State 3**

21. Filing Status - other state's return	26. Other State Abbreviation	
22. Person Claiming the Credit	27. Virginia Income Tax	
23. Qualifying Taxable Income - other state	28. Income percentage	
24. Virginia Taxable Income	29. Virginia Ratio of Income Tax	
25. Qualifying Tax Liability - other state	30. Credit Allowed	
	31. Total Credit Claimed	269.

Enclose other state tax returns when filing your Virginia tax return.



## Form CT-1040NR/PY Required Fields

The following fields are required to be automatically populated or completed for taxpayers to continue filing, or must be completed in response to the selection of other fields.

### Required to be Automatically-Populated Fields

Each page of each form submitted to DRS must include the following automatically populated fields:

1. **Document Identification Numbers** - Three occurrences of the Document Identification Number (DIN) must be on each page. The QR Code and two DINs must be on each scannable page. (See Document Identification Number and Quick Reference (QR) Code, on Page 4.)
2. **Social Security Number** - The Social Security Number must appear at the top of Form CT-1040NR/PY, Pages 2, 3, and 4; Supplemental Schedule CT-1040WH; Schedule CT-IT Credit, Pages 1 and 2; Schedule CT-PE; **and** Form CT-6251, Pages 1 and 2.
3. In addition, the following **Checklist for filing your Connecticut income tax return** must be included when hard copies of the form are printed. Taxpayers should not send the checklist to DRS with the return.

**Do not send this sheet with your return.**

### Checklist for filing your Connecticut income tax return:

1. Do not send this sheet with your return. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Verify that the address lines on the return are correct and proper abbreviations are used.
3. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 20a through 20e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
4. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
5. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
6. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
7. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at [www.ct.gov/TSC](http://www.ct.gov/TSC) using the Taxpayer Service Center.)
8. **Do not attach or send copies of forms W-2 or 1099.**
9. Send **all** completed pages of CT-1040NR/PY, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, and Form CT-6251.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2020 Form CT-1040NR/PY" on your check.
12. To mail your return, use the following addresses:  
For all tax returns with payment:  
Department of Revenue Services  
PO Box 2977  
Hartford CT 06104-2977  
  
For refunds and tax returns without payment:  
Department of Revenue Services  
PO Box 2976  
Hartford CT 06104-2976
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 27a through 27d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited.
15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040NR/PY.

**Do not send this sheet with your return.**

NRPY1220V011555



Form CT-1040NR/PY - 2020
Connecticut Nonresident and Part-Year
Resident Income Tax Return (Rev. 12/20)

Page 1 of 4

Other tax year, beginning: and ending:

Y S N FJ N MFS N HOH N QW
708 - 93 - 8561 - -

SAKETH GUMMADAVELLI N Dec. N P
N Dec. Y N

3401 BAYMEADOWS WAY N CT-8379 N CT-2210

APT 328 N CT-1040 CRC N Federal Form 1310

HENRICO VA 23233 - •

Table with 3 columns: Line number, Description, and Amount. Includes lines 1 through 18 for calculating total tax.

Clip check here. Do not use staples. Do not send Forms W-2 or 1099, or Schedules CT K-1.





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19. Amount from Line 18

19. • 269

Forms W-2, W-2G, 1099, and Schedule CT K-1 Information

Col. A - Employer's Federal ID #	Col. B - CT Wages, Tips, etc.	Sch. CT K-1	Col. C - CT Income Tax Withheld
20a. 46 - 1442192	• 5443	•	380
20b. -	• 0	•	0
20c. -	• 0	•	0
20d. -	• 0	•	0
20e. -	• 0	•	0

20f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 20f. 0

20. Total Connecticut income tax withheld: Amounts in Column C. 20. 380

21. All 2020 estimated tax payments and any overpayments applied from a prior year 21. 0

22. Payments made with Form CT-1040 EXT 22. 0

22a. Claim of right credit (from Form CT-1040 CRC, Line 6) 22a. 0

22b. Pass-through entity tax credit (from Schedule CT-PE, Line 1). Schedule must be attached. 22b. 0

23. Total payments and refundable credits: Add Lines 20, 21, 22, 22a and 22b. 23. 380

24. Overpayment: If Line 23 is more than Line 19, Line 19 subtracted from Line 23. 24. 111

25. Amount of Line 24 you want applied to your 2021 estimated tax 25. 0

26. Reserved for future use 26. 0

26a. Total contributions of refund to designated charities (from Schedule 4, Line 63) 26a. 0

27. Refund: Lines 25, 26, and 26a subtracted from Line 24. 27. 111

If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.

27a. Acct. type Y Ck. N Sv. 27b. Rout. # 121000358 c. Acct. # 325051902146

27d. Refund going to a bank account outside the U.S. 27d. N

28. Tax due: If Line 19 is more than Line 23, Line 23 subtracted from Line 19. 28. 0

29. If late: Penalty entered. Line 28 multiplied by 10% (.10). 29. 0

30. If late: Interest entered. 0

Line 28 multiplied by number of months or fraction of a month late, then by 1% (.01) 0

31. Interest on underpayment of estimated tax (from Form CT-2210.) 31. 0

32. Total amount due: Add Lines 28 through 31. 32. 0.00

**Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.**

Your signature •	Date •	Home/cell telephone number 5107178727
Spouse's signature (if joint return) •	Date •	Daytime telephone number •
Paid preparer's signature • SYAM PRIYA RAM SAGAR GU	Date • 040121	Telephone number • 6789659522
Paid preparer's name SYAM PRIYA RAM SAGAR GUPTA TALL		Paid Preparer's PTIN P02082703
Firm's name, address and ZIP code GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 -		FEIN 301017196
		Self-employed N

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name •	Telephone number •	Personal identification number (PIN) •
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Sign Here  
Keep a copy for your records.

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**Schedule 1 - Modifications to Federal Adjusted Gross Income**

33. Interest on state and local government obligations other than Connecticut	33.	0
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	34.	0
35. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	35.	0
36. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	36.	0
37. Loss on sale of Connecticut state and local government bonds	37	0
38. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year.	38.	0
38a. 80% of Section 179 federal deduction.	38a.	0
39. Other - specify •	39.	0
<b>40. Total additions:</b> Add Lines 33 through 39.	40.	0
41. Interest on U.S. government obligations	41.	0
42. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	42.	0
43. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	43.	0
44. Refunds of state and local income taxes	44.	0
45. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	45.	0
46. Military retirement pay	46.	0
47. 25% of income received from Connecticut Teachers' Retirement System	47.	0
48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	48.	0
49. Gain on sale of Connecticut state and local government bonds	49.	0
50. CHET contributions made in 2020 or an excess carried forward from a prior year Acct. #	50.	0
50a. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding three years.	50a.	0
50b. 28% of pension or annuity income.	50b.	0
51. Other - specify •	51.	0
52. <b>Total subtractions:</b> Add Lines 41 through 51.	52	0

**Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions**

53. Connecticut AGI during residency portion of taxable year	53.	0
	<b>Col. A</b>	<b>Col. B</b>
54. Qualifying jurisdiction's name and two-letter code	54. •	•
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 Worksheet)	55.	0
56. Line 55 divided by Line 53. May not exceed 1.0000.	56.	0.0000
57. Apportioned income tax	57.	0
58. Line 56 multiplied by Line 57	58.	0
59. Allowable income tax paid to a qualifying jurisdiction	59.	0
60. Lesser of Line 58 or Line 59	6	0
61. Total credit: Add Line 60, all columns.	61.	0

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**Schedule 3 - Individual Use Tax**

62a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	62a.	0
62b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	b.	0
62c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	62c.	0
62d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7)	d.	0
62. Individual use tax: Add Lines 62a, 62b, 62c, and 62d.	62. •	0

**Schedule 4 - Contributions to Designated Charities**

63a. R	63a.	0
63b. OT	6 b.	0
63c. ES/W	63c.	0
63d. BCR	63d.	0
63e. SNS	63e.	0
63f. MR	63f.	0
63g. CBS	63g.	0
63h. MHCIA	63h.	0
63. <b>Total Contributions:</b> Add Lines 63a through 63h.	63.	0

Taxpayer email

# Schedule CT-SI

## Nonresident or Part-Year Resident

### Schedule of Income From Connecticut Sources

# 2020

**Complete this schedule if you were a nonresident or part-year resident of Connecticut** and attach it to Form CT-1040NR/PY. Do not use staples. Complete in blue or black ink only. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form **must** be submitted to the Department of Revenue Services (DRS).

Your first name and middle initial SAKETH	Last name GUMMADAVELLI	Your Social Security Number 7 0 8 : 9 3 : 8 5 6 1
If joint return, spouse's first name and middle initial	Last name	Spouse's Social Security Number

See 2020 Connecticut Nonresident and Part-Year Resident Income Tax Return Instructions online before completing this schedule.

**Part 1 - Connecticut Income - Part-Year Residents:** Complete **Schedule CT-1040AW**, *Part-Year Resident Income Allocation*. Add Columns B and D for each line of Schedule CT-1040AW and enter the totals on Lines 1 through 30 below.  
**Nonresidents:** Enter the income received from Connecticut sources.

1. Wages, salaries, tips, etc. ....	▶	1.	5,443	
2. Taxable interest .....	▶	2.		
3. Ordinary dividends .....	▶	3.		
4. Alimony received .....	▶	4.		
5. Business income or (loss) .....	▶	5.		
6. Capital gain or (loss) .....	▶	6.	0	
7. Other gains or (losses) .....	▶	7.		
8. Taxable amount of IRA distributions .....	▶	8.		
9. Taxable amounts of pension and annuities .....	▶	9.		
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc. ....	▶	10.	0	
11. Farm income or (loss) .....	▶	11.		
12. Unemployment compensation .....	▶	12.		
13. Taxable amount of social security benefits .....	▶	13.		
14. Other income: See instructions. ....	▶	14.		
15. Gross income from Connecticut sources: Add Lines 1 through 14. ....	▶	15.	5,443	00

**Part 2 - Adjustments to Connecticut Income -** Enter adjustments **directly** related to income reported above.

16. Educator expenses .....	▶	16.		
17. Certain business expenses of reservists, performing artists, and fee-basis government officials .....	▶	17.		
18. Health savings account deduction .....	▶	18.		
19. Moving expenses for members of the armed forces .....	▶	19.		
20. Deductible part of self-employment tax .....	▶	20.		
21. Self-employed SEP, SIMPLE, and qualified plans .....	▶	21.		
22. Self-employed health insurance deduction .....	▶	22.		
23. Penalty on early withdrawal of savings .....	▶	23.		
24. Alimony paid. Recipient's last name ▶ _____ SSN ▶ _____ - _____ - _____	▶	24.		
25. IRA deduction .....	▶	25.		
26. Student loan interest deduction .....	▶	26.		
27. Tuition and fees .....	▶	27.	0	
28. <i>Reserved for future use</i> .....	▶	28.		
29. Total adjustments: Add Lines 16 through 27. ....	▶	29.	0	
30. <b>Income from Connecticut sources:</b> Subtract Line 29 from Line 15. Enter the amount here and on <b>Form CT-1040NR/PY</b> , Line 6. ....	▶	30.	5,443	00

**Employee Apportionment Worksheet -** Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. **Do not complete Lines A through G if you know the exact amount of your Connecticut-sourced income.**

A. Working days (or other basis) outside Connecticut .....	▶	A		
B. Working days (or other basis) inside Connecticut .....	▶	B		
C. Total working days: Add Line A and Line B. ....	▶	C		
D. Nonworking days (Holidays, weekends, etc.) .....	▶	D		
E. Connecticut ratio: Divide Line B by Line C. Round to four decimal places. ....	▶	E		
F. Total income being apportioned .....	▶	F		
G. Connecticut income: Multiply Line E by Line F. Enter here and on Schedule CT-SI, Line 1. .... Basis, if other than working days: _____	▶	G		