

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: MEGHANATH REDDY
Last name: BOBBALA
Your social security number: 808-88-4589
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): 5131 CHESAPEAKE PASS
Apt. no.:
City, town, or post office: MONTGOMERY
State: AL
ZIP code: 36116
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [] You [] Spouse

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

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

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

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

Main tax calculation table with columns for line numbers and amounts. Includes sections for Attach Sch. B if required, Standard Deduction for, 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	5,311.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	5,311.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	2,000.
21	Add lines 19 and 20	21	2,000.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	3,311.
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	3,311.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	7,917.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	7,917.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,800.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,800.
33	Add lines 25d, 26, and 32. These are your total payments	33	9,717.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	6,406.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	6,406.
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 5 4 0 7 8 6 7		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe now	37	
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 SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 09/16/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
Firm's EIN				30-1017196

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

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
MEGHANATH REDDY BOBBALA

Your social security number
808-88-4589

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-4,100.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-4,100.

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 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

▶ **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. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
MEGHANATH REDDY BOBBALA

Your social security number
808-88-4589

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	2,000.
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	6	
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	7	2,000.

Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962	8	
9	Amount paid with request for extension to file (see instructions)	9	
10	Excess social security and tier 1 RRTA tax withheld	10	
11	Credit for federal tax on fuels. Attach Form 4136	11	
12	Other payments or refundable credits:		
a	Form 2439	12a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b	
c	Health coverage tax credit from Form 8885	12c	
d	Other: _____	12d	
e	Deferral for certain Schedule H or SE filers (see instructions)	12e	
f	Add lines 12a through 12e	12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	13	

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

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Schedule 3 (Form 1040) 2020

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
MEGHANATH REDDY BOBBALA

Your social security number
808-88-4589

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	360 .	357 .		3 .
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				7 3 .

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	3.
<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

MEGHANATH REDDY BOBBALA

Social security number or taxpayer identification number

808-88-4589

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	03/04/20	11/16/20	360.	357.			3.
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) ►				360.	357.			3.

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

MEGHANATH REDDY BOBBALA

808-88-4589

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	Hanamkonda Warangal ANDHRA PRADESH IN 505468				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	3		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

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

Income:		Properties:	A	B	C
3	Rents received	3	650.		
4	Royalties received	4			

Expenses:

5	Advertising	5			
6	Auto and travel (see instructions)	6			
7	Cleaning and maintenance	7	850.		
8	Commissions.	8			
9	Insurance	9			
10	Legal and other professional fees	10			
11	Management fees	11			
12	Mortgage interest paid to banks, etc. (see instructions)	12			
13	Other interest.	13			
14	Repairs.	14	1,200.		
15	Supplies	15	1,200.		
16	Taxes	16			
17	Utilities.	17	1,500.		
18	Depreciation expense or depletion	18			
19	Other (list) ▶	19			
20	Total expenses. Add lines 5 through 19	20	4,750.		

21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198** **21** -4,100.

22 Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) **22** (-4,100.) () ()

23a	Total of all amounts reported on line 3 for all rental properties	23a	650.	
b	Total of all amounts reported on line 4 for all royalty properties	23b		
c	Total of all amounts reported on line 12 for all properties	23c		
d	Total of all amounts reported on line 18 for all properties	23d		
e	Total of all amounts reported on line 20 for all properties	23e	4,750.	

24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses **24**

25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here **25** (4,100.)

26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 **26** -4,100.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Education Credits
(American Opportunity and Lifetime Learning Credits)

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040 or 1040-SR.**

2020
Attachment
Sequence No. **50**

▶ **Go to www.irs.gov/Form8863 for instructions and the latest information.**

Name(s) shown on return

Your social security number

MEGHANATH REDDY BOBBALA

808-88-4589



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4	
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)	6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below.	8	

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	11,954.
11	Enter the smaller of line 10 or \$10,000	11	10,000.
12	Multiply line 11 by 20% (0.20)	12	2,000.
13	Enter: \$138,000 if married filing jointly; \$69,000 if single, head of household, or qualifying widow(er)	13	69,000.
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	55,694.
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	13,306.
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	10,000.
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18	2,000.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3	19	2,000.

Name(s) shown on return MEGHANATH REDDY BOBBALA	Your social security number 808-88-4589
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Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

20 Student name (as shown on page 1 of your tax return) MEGHANATH REDDY BOBBALA	21 Student social security number (as shown on page 1 of your tax return) 808-88-4589
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22 Educational institution information (see instructions)	
a. Name of first educational institution UNIVERSITY OF THE CUMBERLANDS	b. Name of second educational institution (if any)

(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 6178 COLLEGE STATION DR WILLIAMSBURG KY 40769	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
--	--

(2) Did the student receive Form 1098-T from this institution for 2020? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(2) Did the student receive Form 1098-T from this institution for 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

(3) Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(3) Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
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(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3) . You can get the EIN from Form 1098-T or from the institution. 61-0470593	(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3) . You can get the EIN from Form 1098-T or from the institution.
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23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020?	<input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.
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24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2020 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	<input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — Stop! Go to line 31 for this student.
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25 Did the student complete the first 4 years of postsecondary education before 2020? See instructions.	<input checked="" type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input type="checkbox"/> No — Go to line 26.
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26 Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance?	<input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input type="checkbox"/> No — Complete lines 27 through 30 for this student.
--	--



You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27	
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28	
29 Multiply line 28 by 25% (0.25)	29	
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30	

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	11,954.
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Mississippi Individual Income Tax Declaration For Electronic Filing 2020

Submission Number

Taxpayer First Name MEGHANATH REDDY	Initial	Last Name BOBBALA	YOU MUST ENTER SSN	
Spouse First Name	Initial	Last Name		
Mailing Address (Number and Street, Including Rural Route) 5131 CHESAPEAKE PASS				
City MONTGOMERY	State AL	Zip 36116	County Code 83	Taxpayer SSN 808884589
				Spouse SSN

PART I: TAX RETURN INFORMATION (ROUND TO THE NEAREST DOLLAR)

1 Mississippi taxable income (Form 80-105, line 16; 80-205, line 19)	1	5333
2 Total Mississippi tax (Form 80-105, line 23; 80-205, line 25)	2	73
3 Mississippi tax payments (Form 80-105, line 27; 80-205, line 29)	3	283
4 Refund (Form 80-105, line 33; 80-205, line 34)	4	210
5 Amount you owe (Form 80-105, line 36; 80-205, line 37)	5	

PART II: DIRECT DEPOSIT/DIRECT DEBIT

1 Routing number 121000358	3 Type of account:
2 Account number 325055407867	Checking <input type="checkbox"/> Savings <input checked="" type="checkbox"/>

My request for direct deposit/direct debit of my refund/payment includes my authorization for the Mississippi Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to insure my refund/payment is properly processed.

PART III: DECLARATION OF TAXPAYER

Under penalties of perjury, I declare that I have compared the information contained on my income tax return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my Mississippi income tax return. To the best of my knowledge and belief, my return is true, correct and complete. This declaration is to be maintained by the electronic return originator and provided to Mississippi Department of Revenue on request.

Taxpayer Signature _____	Date _____	Spouse Signature _____	Date _____
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PART IV: DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

Under penalties of perjury, I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correctly represented to the best of my knowledge. I have obtained the taxpayer's signature and will maintain this return for the Mississippi Department of Revenue as part of my permanent records. Upon written request, I will furnish this return to the Mississippi Department of Revenue. I have provided the taxpayer with a copy of all forms and information to be filed electronically with the Mississippi Department of Revenue and have followed all other requirements described in the Mississippi Handbook for Electronic Filers and any additional requirements specified by the Mississippi Department of Revenue. If I am the paid preparer, 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 is based on all information of which preparer has any knowledge.

ERO Use Only	ERO Signature	Date 09162021	Check if Also Paid Preparer	Check if Self-Employed	ERO SSN or PTIN
	Firm Name (or yours if self-employed), address and ZIP code	GLOBAL TAXES LLC 2530 Pebble Cr Cumming GA 30041		EIN 301017196	Phone No. (678)965-9522

Under 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. This declaration is based on all information of which I have any knowledge.

Paid Preparer Use Only	Preparer Signature	Date 09162021	Check if Also Paid Preparer <input checked="" type="checkbox"/>	Check if Self-Employed	Preparer SSN or PTIN P02082703
	Firm Name (or yours if self-employed), address and ZIP code	GLOBAL TAXES LLC 2530 Pebble Cr Cumming GA 30041		EIN 301017196	Phone No. (678)965-9522



Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2020

Amended

Non-Resident Part-Year, Tax Year Beginning and Ending

Taxpayer First Name MEGHANATH REDDY		Initial	Last Name BOBBALA	
Spouse First Name		Initial	Last Name	
Mailing Address (Number and Street, Including Rural Route) 5131 CHESAPEAKE PASS				
City MONTGOMERY	State AL	Zip 36116	County Code 83	

SSN **808884589**
Spouse SSN

- 1 Married - Combined or Joint Return (\$12,000)
- 2 Married - Spouse Died in Tax Year (\$12,000)
- 3 Married - Filing Separate Returns (\$12,000)
- 4 Head of Family (\$8,000)
- 5 Single (\$6,000)

EXEMPTIONS			
Dependents (in column B, enter "C" for child, "P" for parent or "R" for relative)			
6	(A) Name	(B)	(C) Dependent SSN
		8	Taxpayer Age 65 or Over Taxpayer Blind
			Spouse Age 65 or Over Spouse Blind
7 Total number of dependents (from line 6 and Form 80-491)			
		9	Total dependents line 7 plus number of boxes checked line 8
		10	Line 9 x \$1,500 10
		11	Enter filing status exemption 11 6000
		12	Total (line 10 plus line 11) 12 6000

PRORATION (COMPLETE PAGE 2 BEFORE PROCEEDING FURTHER)		
13a Mississippi adjusted gross income 6192	14a Standard or itemized deductions 2300	15a Exemptions (from line 12; if married filing separate, use 1/2 amount) 6000
b Adjusted gross income from all sources 59794	b Mississippi deductions (line 14a multiplied by line 13c) 238	b Mississippi exemption (line 15a multiplied by line 13c) 621
c Line 13a divided by line 13b 10.3556		

MISSISSIPPI INCOME TAX		Column A (Taxpayer)	Column B (Spouse)
16 Mississippi adjusted gross income (from page 2, line 66 or line 67)	16A	6192	16B
17 Deductions (from line 14b; if itemized, attach Form 80-108)	17A	238	17B
18 Exemptions (from line 15b)	18A	621	18B
19 Mississippi taxable income (line 16 minus line 17 and line 18)	19A	5333	19B
20 Income tax due (from Schedule of Tax Computation, see instructions)			20 73
21 Other credits (from Form 80-401, line 1)			21 0
22 Net income tax due (line 20 minus line 21)			22 73
23 Consumer use tax (see instructions)			23
24 Catastrophe savings tax (see instructions)			24
25 Total Mississippi income tax due (line 22 plus line 23 and line 24)			25 73
26 Mississippi income tax withheld (complete Form 80-107)			26 283
27 Estimated tax payments, extension payments and/or amount paid on original return			27
28 Refund received and/or amount carried forward from original return (amended return only)			28
29 Total payments (line 26 plus line 27 minus line 28)			29 283
(If no overpayment is due on line 30, skip to line 35)			
30 Overpayment (if line 29 is more than line 25, subtract line 25 from line 29)			30 210
31 Interest and penalty (from Form 80-320, line 11 and/or line 12)			31
32 Adjusted overpayment (line 30 minus line 31)		Farmers or Fishermen (see instructions)	32 210
33 Overpayment to be applied to next year estimated tax account			33 0
34 Overpayment refund (line 32 minus line 33)		REFUND	34 210
35 Balance due (if line 25 is more than line 29, subtract line 29 from line 25)		BALANCE DUE	35
36 Interest and penalty (from Form 80-320, line 19)			36
37 Total due (line 35 plus line 36)		AMOUNT YOU OWE	37

Installment Agreement Request
(see instructions for eligibility; attach Form 71-661)



Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2020

SSN 808884589

INCOME	Total Income From All Sources		Mississippi Income ONLY	
38 Wages, salaries, tips, etc. (complete Form 80-107)	38	59791	38	6192
39 Business income (loss) (attach Federal Schedule C or C-EZ)	39		39	
40 Capital gain (loss) (attach Federal Schedule D, if applicable)	40	3	40	0
41 Rent, royalties, partnerships, S corporations, trusts, etc. (from Form 80-108, part IV)	41	0	41	0
42 Farm income (loss) (attach Federal Schedule F)	42		42	
43 Interest income (from Form 80-108, part II, line 3)	43		43	
44 Dividend income (from Form 80-108, part II, line 6)	44		44	
45 Alimony received	45		45	
46 Taxable pensions and annuities (complete Form 80-107)	46		46	
47 Unemployment compensation (complete Form 80-107)	47		47	
48 Other income (loss) (from Form 80-108, part V, line 10)	48		48	
49 Total income (add lines 38 through 48)	49	59794	49	6192

ADJUSTMENTS	Total Income From All Sources		Mississippi Income ONLY	
50 Payments to IRA	50		50	
51 Payments to self-employed SEP, SIMPLE and qualified retirement plans	51		51	
52 Interest penalty on early withdrawal of savings	52		52	
53 Alimony paid (complete below)	53		53	

Name	SSN	State	Date of Divorce	
54 Moving expense (attach Federal Form 3903)	54		54	
55 National Guard or Reserve pay (enter the lesser of amount or \$15,000)	55		55	
56 Mississippi Prepaid Affordable College Tuition (MPACT)	56		56	
57 Mississippi Affordable College Savings (MACS)	57		57	
58 Self-employed health insurance deduction	58		58	
59 Health savings account deduction	59		59	
60 Catastrophe savings account deduction	60		60	
61 Self-employment tax deduction	61		61	
62 First-time home buyer saving account deduction	62		62	
63 Agricultural disaster program compensation deduction	63		63	
64 Mississippi Achieving a Better Life Experience (ABLE) Act deduction	64		64	
65 Total adjustments (add lines 50 through 64)	65		65	
66 Adjusted gross income (line 49 minus line 65; enter total AGI on page 1, line 13b and Mississippi AGI line 13a)	66	59794	66	6192
67 Split Mississippi AGI on line 66 between taxpayer and spouse	T 67	6192	S 67	

AMENDED RETURN - EXPLANATION OF CHANGES TO ORIGINAL RETURN (attach additional statement if needed)

This return may be discussed with the preparer Yes No

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

		8143849875	P02082703
Taxpayer Signature	Date	Taxpayer Phone Number	Paid Preparer PTIN
		6789659522	SYAM@GTAXFILE.COM
Spouse Signature	Date	Paid Preparer Phone Number	Paid Preparer Email Address
SYAM PRIYA RAM SAGAR GU	09162021	2530 Pebble Cree	Cumming
Paid Preparer Signature	Date	Paid Preparer Address	City
		GA	30041
		State	Zip Code



Mississippi Adjustments And Contributions 2020

Taxpayer Name

SSN 808884589

BOBBALA, MEGHANATH REDDY

PART I: SCHEDULE A - ITEMIZED DEDUCTIONS (ATTACH FEDERAL FORM 1040 SCHEDULE A)

In the event you filed using the standard deduction on your federal return and wish to itemize for Mississippi purposes, use Federal Form 1040 Schedule A as a worksheet and transfer the information from the specific lines indicated to this Schedule A.

1 Federal adjusted gross income from Federal Form 1040, line 11	1	55694	
2 a Medical and dental expenses	2a		2c
b Multiply line 1 by 7.5% (.075)	2b		
c Medical and dental expense deduction (line 2a minus line 2b)			
3 a Total taxes paid	3a	904	3c
b Less state income taxes (or other taxes in lieu of)	3b	904	
c Total taxes paid deduction (line 3a minus line 3b)			
4 Total interest paid			4
5 Charitable contributions			5
6 Total casualty or theft loss (attach Federal Form 4684)			6
7 a Other miscellaneous deductions	7a		7c
b Less Mississippi gambling losses	7b		
c Total other miscellaneous deductions (line 7a minus line 7b)			
8 Mississippi itemized deductions (add lines 2c, 3c, 4, 5, 6, 7c); enter here and on Resident Form 80-105, page 1, line 14 or Non-Resident Form 80-205, page 1, line 14a	8		0

PART II: SCHEDULE B - INTEREST AND DIVIDEND INCOME (FROM FEDERAL FORM 1040, SCHEDULE B)

1 Interest income from all sources	1		0
2 Amount of Mississippi nontaxable interest in line 1	2		
3 Total Mississippi interest (line 1 minus line 2, enter here and on Form 80-105, line 42 or Form 80-205, line 43)	3		0
4 Total dividends from all sources	4		
5 Amount of Mississippi nontaxable distributions reported in line 4	5		
6 Total Mississippi dividends (line 4 minus line 5, enter here and on Form 80-105, line 43 or Form 80-205, line 44)	6		

PART III: VOLUNTARY CONTRIBUTION CHECK-OFFS (RESIDENTS ONLY)

You may elect to voluntarily contribute all or part (at least \$1) of your income tax refund to one or more of the funds listed below. Refer to the instruction booklet 80-100 (may be downloaded from our website at www.dor.ms.gov) for an explanation of the purpose of each of these funds and how the refund donations will be used.

Military Family Relief Fund
 Burn Care Fund
 Wildlife Heritage Fund
 Educational Trust Fund

Wildlife Fisheries and Parks Foundation
 Commission for Volunteer Service Fund

Enter total of check-offs here and on Form 80-105, page 1, line 32



Mississippi Adjustments And Contributions 2020

SSN 808884589

PART IV: INCOME (LOSS) FROM RENTS, ROYALTIES, PARTNERSHIPS, S CORPORATIONS, TRUSTS AND ESTATES

A INCOME (LOSS) FROM RENTAL REAL ESTATE AND ROYALTIES

1 Total rental real estate and royalty income (loss) (from Federal Schedule E, Part 1 and Part 5; attach Federal Schedule E)	A1	0
2 Add: depletion claimed in excess of cost basis	A2	
3 Rental real estate and royalty income (loss) for Mississippi purposes (line 1 plus line 2)	A3	0

B INCOME (LOSS) FROM PARTNERSHIPS, S CORPORATIONS, ESTATES AND TRUSTS

(ATTACH MISSISSIPPI K-1S AS APPLICABLE)

NAME OF ENTITY	FEIN (MUST INCLUDE FEIN)	INCOME (LOSS) MISSISSIPPI K-1S
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Total for Section B

C Total of Section A and B (enter here and on Form 80-105, line 40 or Form 80-205, line 41) 0

PART V: SCHEDULE N - OTHER INCOME (LOSS) AND SUPPLEMENTAL INCOME

1 Net operating loss (enter from Form 80-155, line 2)	1	
2 First-time home buyer unqualified expenses	2	
3 Catastrophe savings taxable distribution	3	

List other types of income (loss)

4	4	
5	5	
6	6	
7	7	
8	8	
9	9	

10 Total Schedule N Other Income (Loss); enter here and on Form 80-105, page 2, line 47 or Form 80-205, page 2, line 48 10



Mississippi Income / Withholding Tax Schedule 2020

Primary Taxpayer Name (as shown on Forms 80-105, 80-205 and 81-110)

BOBBALA, MEGHANATH REDDY

THIS FORM MUST BE FILED EVEN IF YOU HAVE NO MISSISSIPPI WITHHOLDING

1	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
X	<p style="text-align: center;">Check appropriate box</p> <p>W-2 W-2G 1099 K-1</p> <p style="text-align: center;">If 1099-R, Code in Box 7 462823857</p> <p style="text-align: center;">Employer or Payer ID from W-2, 1099, K-1 MEGHANATH REDDY BOB</p> <p style="text-align: center;">Taxpayer Name 808884589</p> <p style="text-align: center;">Taxpayer Social Security Number</p>	<p>MS 0</p> <p>State State Wages, Tips, Etc.</p> <p style="text-align: right;">0</p> <p style="text-align: center;">Mississippi Withholding Only</p> <p>TX 34560</p> <p>State Income from Other State</p>	<p>THINK ANALYTIX LLC</p> <p>Employer or payer name</p> <p>1303 W WALNUTHILL LN STE</p> <p>Address</p> <p>IRVING TX 75038</p> <p>City, State, ZIP</p>

2	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
X	<p style="text-align: center;">Check appropriate box</p> <p>W-2 W-2G 1099 K-1</p> <p style="text-align: center;">If 1099-R, Code in Box 7 651218462</p> <p style="text-align: center;">Employer or Payer ID from W-2, 1099, K-1 MEGHANATH REDDY BOB</p> <p style="text-align: center;">Taxpayer Name 808884589</p> <p style="text-align: center;">Taxpayer Social Security Number</p>	<p>MS 6192</p> <p>State State Wages, Tips, Etc.</p> <p style="text-align: right;">283</p> <p style="text-align: center;">Mississippi Withholding Only</p> <p>State Income from Other State</p>	<p>RELIABLE SOFTWARE RESOURC</p> <p>Employer or payer name</p> <p>22260 HAGGERY RD SUITE</p> <p>Address</p> <p>NORTHVILLE MI 48167</p> <p>City, State, ZIP</p>

3	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	<p style="text-align: center;">Check appropriate box</p> <p>W-2 W-2G 1099 K-1</p> <p style="text-align: center;">If 1099-R, Code in Box 7</p> <p style="text-align: center;">Employer or Payer ID from W-2, 1099, K-1</p> <p style="text-align: center;">Taxpayer Name</p> <p style="text-align: center;">Taxpayer Social Security Number</p>	<p>MS</p> <p>State State Wages, Tips, Etc.</p> <p style="text-align: center;">Mississippi Withholding Only</p> <p>State Income from Other State</p>	<p>Employer or payer name</p> <p>Address</p> <p>City, State, ZIP</p>

4	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	<p style="text-align: center;">Check appropriate box</p> <p>W-2 W-2G 1099 K-1</p> <p style="text-align: center;">If 1099-R, Code in Box 7</p> <p style="text-align: center;">Employer or Payer ID from W-2, 1099, K-1</p> <p style="text-align: center;">Taxpayer Name</p> <p style="text-align: center;">Taxpayer Social Security Number</p>	<p>MS</p> <p>State State Wages, Tips, Etc.</p> <p style="text-align: center;">Mississippi Withholding Only</p> <p>State Income from Other State</p>	<p>Employer or payer name</p> <p>Address</p> <p>City, State, ZIP</p>