

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 SHAI LENDRA	Last name BANDARI	Your social security number 715-81-0769
If joint return, spouse's first name and middle initial ANJANI	Last name YENNAMANENI	Spouse's social security number 158-27-9560
Home address (number and street). If you have a P.O. box, see instructions. 22 VER PLANCK LANE		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. COHOES		State NY
		ZIP code 12047
Foreign country name	Foreign province/state/county	Foreign postal code

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes 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

Dependents (see instructions):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					Child tax credit
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

	1 Wages, salaries, tips, etc. Attach Form(s) W-2			1	222,942.
Attach Sch. B if required.	2a Tax-exempt interest	2a		2b	
	3a Qualified dividends	3a		3b	
	4a IRA distributions	4a		4b	
	5a Pensions and annuities	5a		5b	
	6a Social security benefits	6a		6b	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			7	
	8 Other income from Schedule 1, line 9			8	-7,620.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶			9	215,322.
Standard Deduction for— • 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.	10 Adjustments to income:				
	a From Schedule 1, line 22	10a			
	b Charitable contributions if you take the standard deduction. See instructions	10b			
	c Add lines 10a and 10b. These are your total adjustments to income ▶			10c	
	11 Subtract line 10c from line 9. This is your adjusted gross income ▶			11	215,322.
	12 Standard deduction or itemized deductions (from Schedule A)			12	24,800.
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A			13	
	14 Add lines 12 and 13			14	24,800.
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15	190,522.

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	33,884.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	33,884.
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	33,884.
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	33,884.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	37,996.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	37,996.
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	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	37,996.

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,112.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	4,112.
b	Routing number 0 2 1 0 0 0 3 2 2		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 4 8 3 0 1 9 7 4 2 1 3 8		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

For details on how to pay, see instructions.

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

Third Party Designee

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

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

Sign Here

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

Your signature	Date	Your occupation IT EMPLOYEE	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 SOFTWARE DEVELOPER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/07/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Phone no. (678) 965-9522			
Firm's address 2530 Pebble Creek Ln Cumming GA 30041	Firm's EIN 30-1017196			

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SHAILENDRA BANDARI & ANJANI YENNAMANENI

Your social security number
715-81-0769

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	-7,620.
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	-7,620.

Part II Adjustments to Income

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

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

OMB No. 1545-0074

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

2020

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

SHAILENDRA BANDARI & ANJANI YENNAMANENI

715-81-0769

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	MANIKONDA HYDERABAD TELANAGNA IN 500089				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	3		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

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

Income:	Properties:	A	B	C
3 Rents received	3	650.		
4 Royalties received	4			
Expenses:				
5 Advertising	5	225.		
6 Auto and travel (see instructions)	6	340.		
7 Cleaning and maintenance	7	280.		
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	6,800.		
14 Repairs.	14	250.		
15 Supplies	15	125.		
16 Taxes	16			
17 Utilities	17	250.		
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	8,270.		
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	-7,620.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-7,620.)	()	()
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		8,270.	
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	(7,620.)		
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	-7,620.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-7,620.

Schedule E (Form 1040) 2020



Tips for Estimated Tax

Did you know? You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at www.tax.ny.gov to pay your estimated tax electronically.

For assistance, see Form IT-2105-I, *Instructions for Form IT-2105, Estimated Tax Payment Voucher for Individuals*.

To help us match your New York State estimated tax account to your New York State income tax return, and to avoid a delay in processing your return, note the following:

- **Social Security number (SSN)/taxpayer identification (ID) number** – Make sure that the **entire** SSN used on your vouchers agrees with the number on your Social Security card and the number used on your New York State income tax return. If you use a taxpayer ID number, this number must agree with the number used on your New York State income tax return. Failure to do so may result in monies not being properly credited to your account.
- **Name** – Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces

provided (for example, *John O. Smith*). Your name **must** agree with the name on your New York State income tax return.

- **Foreign addresses** – Enter the information in the following order: city, province or state, and then country (all in the *City, village, or post office box*). Follow the country's practice for entering the postal code. **Do not abbreviate the country name.**
- **Married taxpayers** – Each married taxpayer should establish a separate estimated tax account. If you and your spouse each maintain an estimated tax account and file a joint New York State income tax return, we will credit the balances of both accounts to your joint income tax return.
- **All filers** must be sure to **separately** enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

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Need help?



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- check for new online services and features

Telephone assistance

Automated income tax refund status:	518-457-5
Personal Income Tax Information Center:	518-457-5181
To order forms and publications:	518-457-5
Text Telephone (TTY) or TDD equipment users	al 7-1-1 for the New York Relay Service

◀ Detach (cut) here ▶



Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

IT-2105

Calendar-year filer due dates: April 15, 2021; June 15, 2021; September 15, 2021; and January 18, 2022. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and **2021 IT-2105** on your payment. Make payable to **NYS Income Tax**. Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

Estimated tax amounts

Full SSN or taxpayer ID number 715810769		Enter your 2-character special condition code if applicable (see instr.) <input type="text"/>		New York State	359	.00
Taxpayer's first name and middle initial SHAIENDRA		Taxpayer's last name BANDARI		New York City		.00
Mailing address (number and street or PO box; see instructions) 33 WHITAKER DRIVE			Apartment number		Yonkers	.00
City, village, or post office COHOES		State NY	ZIP code 12047		MCTMT	.00
Taxpayer's email address SHAIENDRASQL2020@GMAIL.COM						

	Dollars	Cents
New York State	359	.00
New York City		.00
Yonkers		.00
MCTMT		.00
Total payment	359	.00

STOP: Pay this electronically on our website

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Automated income tax refund status:	518-457-514
Personal Income Tax Information Center:	518-457-5181
To order forms and publications:	518-457-543
Text Telephone (TTY) or TDD equipment users	Dial 7-1-1 for the New York Relay Service

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Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

IT-2105

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City, village, or post office COHOES		State NY	ZIP code 12047		MCTMT	.00
Taxpayer's email address SHAIENDRASQL2020@GMAIL.COM						

	Dollars	Cents
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Yonkers		.00
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 Personal Income Tax Information Center: 518-457-518
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 Text Telephone (TTY) or TDD equipment users: Dial 7-1-1 for the New York Relay Service

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Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

IT-2105

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New York State • New York City • Yonkers • MCTMT

IT-2105

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Mailing address (number and street or PO box; see instructions) 33 WHITAKER DRIVE		Apartment number	
City, village, or post office COHOES	State NY	ZIP code 12047	
Taxpayer's email address SHAIENDRASQL2020@GMAIL.COM			

	Dollars	Cents
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New York City		00
Yonkers		00
MCTMT		00
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New York State E-File Signature Authorization for Tax Year 2020

For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name SHAILENDRA BANDARI	Spouse's name (jointly filed return only) ANJANI YENNAMANENI
---------------------------------------	---

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return*, IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, or NYC-210, *Claim for New York City School Tax Credit*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2020 Form IT-370 and Tax Year 2021 Form IT-2105*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

Part A – Tax return information

1 Federal adjusted gross income (from applicable line).....	1.	215322.
2 Refund.....	2.	
3 Amount you owe.....	3.	275.
4 Financial institution routing number.....	4.	021000322
5 Financial institution account number.....	5.	483019742138
6 Account type: <input checked="" type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings		

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2020 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2020 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2020 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date
Spouse's signature (jointly filed return only)	Date

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2020 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2020 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2020 New York State electronic return

is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2020 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name GLOBAL TAXES LLC	Date
Paid preparer's signature	Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date



Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2020, through December 31, 2020, or fiscal year beginning .. 20

For help completing your return, see the instructions, Form IT-201-I.

and ending ..

Your first name		MI	Your last name (for a joint return, enter spouse's name on line below)		Your date of birth (mmdyyy)	Your Social Security number
SHAI LENDRA			BANDARI		05051992	715810769
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmdyyy)	Spouse's Social Security number
ANJANI			YENNAMANENI		08041994	158279560
Mailing address (see instructions, page 14) (number and street or PO box)					Apartment number	New York State county of residence
33 WHITAKER DRIVE						ALBANY
City, village, or post office			State	ZIP code	Country (if not United States)	School district name
COHOES			NY	12047		ALBANY
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)					Apartment number	School district code number
						005
City, village, or post office			State	ZIP code	Decedent information	Taxpayer's date of death (mmdyyy) / Spouse's date of death (mmdyyy)
			NY			

- A Filing status**
(mark an X in one box):
- ① Single
 - ② Married filing joint return (enter spouse's Social Security number above)
 - ③ Married filing separate return (enter spouse's Social Security number above)
 - ④ Head of household (with qualifying person)
 - ⑤ Qualifying widow(er)

B Did you itemize your deductions on your 2020 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No



D1 Did you have a financial account located in a foreign country? (see page 15) Yes No

D2 Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2020 federal return? (see page 15) Yes No

E (1) Did you or your spouse **maintain living quarters in NYC** during 2020? (see page 15) .. Yes No

(2) Enter the number of days spent in NYC in 2020 (any part of a day spent in NYC is considered a day).....

F NYC residents and NYC part-year residents only (see page 15):

(1) Number of months **you** lived in NYC in 2020

(2) Number of months **your spouse** lived in NYC in 2020

G Enter your **2-character special condition code(s) if applicable** (see page 15)

H Dependent information (see page 16)

First name	MI	Last name	Relationship	Social Security number	Date of birth (mmdyyy)

If more than 7 dependents, mark an X in the box.



201001203555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number
715810769

Federal income and adjustments (see page 16)

Whole dollars only

1	Wages, salaries, tips, etc.	1	222942 .00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box .. <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	-7620 .00
12	Rental real estate included in line 11	12	-7620 .00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of Social Security benefits (also enter on line 27)	15	.00
16	Other income (see page 16) Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	215322 .00
18	Total federal adjustments to income (see page 16) Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	215322 .00
19a	Recomputed federal adjusted gross income (see page 16, Line 19a worksheet)	19a	215322 .00

New York additions (see page 17)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 17)	21	.00
22	New York's 529 college savings program distributions (see page 17)	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19a through 23	24	215322 .00

New York subtractions (see page 18)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00
26	Pensions of NYS and local governments and the federal government (see page 18)	26	.00
27	Taxable amount of Social Security benefits (from line 15) ...	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion (see page 19)	29	.00
30	New York's 529 college savings program deduction/earnings	30	.00
31	Other (Form IT-225, line 18)	31	.00
32	Add lines 25 through 31	32	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	215322 .00



Standard deduction or itemized deduction (see page 21)

34	Enter your standard deduction (table on page 21) or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	16050 .00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	199272 .00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21)	36	000.00
3	Taxable income (subtract line 36 from line 35)	37	199272 .00

201002203555



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name(s) as shown on page 1
 SHAILENDRA BANDARI AND ANJANI YENNAMANENI

Your Social Security number
 715810769

Tax computation, credits, and other taxes

3 Taxable income (from line 37 on page 2)		38	199272 .00
39 NYS tax on line 38 amount (see page 22)		39	12773 .00
40 NYS household credit (page 22, table 1, 2, or 3)	40		.00
41 Resident credit (see page 23)	41		1164 .00
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42		.00
43 Add lines 40, 41, and 42		43	1164 .00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)		44	11609 .00
45 Net other NYS taxes (Form IT-201-ATT, line 30)		45	.00
46 Total New York State taxes (add lines 44 and 45)		46	11609 .00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

47 NYC taxable income (see page 23)	47		.00
47a NYC resident tax on line 47 amount (see page 23)	47a		.00
48 NYC household credit (page 23)	48		.00
49 Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49		.00
50 Part-year NYC resident tax (Form IT-360.1)	50		.00
51 Other NYC taxes (Form IT-201-ATT, line 34)	51		.00
52 Add lines 49, 50, and 51	52		.00
53 NYC nonrefundable credits (Form IT-201-ATT, line 10)	53		.00
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54		.00
54a MCTMT net earnings base	54a		.00
54b MCTMT	54b		.00
55 Yonkers resident income tax surcharge (see page 26)	55		.00
56 Yonkers nonresident earnings tax (Form Y-203)	56		.00
57 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57		.00
58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57)		58	.00
59 Sales or use tax (see page 27; do not leave line 59 blank)		59	0 .00
60 Voluntary contributions (Form IT-227, Part 2, line 1)		60	.00
61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)		61	11609 .00

See instructions on pages 23 through 26 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Your Social Security number
715810769

62 Enter amount from line 61 **62** 11609.00

Payments and refundable credits (see pages 28 through 31)

63	Empire State child credit	63	.00
64	NYS/NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	.00
6	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	.00
69	NYC school tax credit (fixed amount) (also complete F on page 1)	69	.00
69a	NYC school tax credit (rate reduction amount)	69a	.00
70	NYC earned income credit	70	.00
70a	This line intentionally left blank	70a	
71	Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72	Total New York State tax withheld	72	11334.00
7	Total New York City tax withheld	73	.00
74	Total Yonkers tax withheld	74	.00
75	Total estimated tax payments and amount paid with Form IT-370	75	.00



If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 13).
Do not send federal Form W-2 with your return.

76 Total payments (add lines 63 through 75) **76** 11334.00

Your refund, amount you owe, and account information (see pages 32 through 34)

77	Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 32)	77	.00
78	Amount of line 77 available for refund (subtract line 79 from line 77)	78	.00
78a	Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	78a	.00
78b	Total refund after NYS 529 account deposit (subtract line 78a from line 78)	78b	.00

Mark one refund choice: direct deposit to checking or savings account (fill in line 83) - or - paper check

Refund? Direct deposit is the easiest, fastest way to get your refund.

79 Amount of line 77 that you want applied to your 2021 estimated tax (see instructions) **79** .00

See page 33 for payment options.

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. **80** 275.00

See page 36 for the proper assembly of your return.

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 33) **81** .00

82 Other penalties and interest (see page 33) **82** .00

83 Account information for direct deposit or electronic funds withdrawal (see page 34). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 34)

83a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

83b Routing number 021000322 83c Account number 483019742138

84 Electronic funds withdrawal (see page 34) Date 02152021 Amount 275.00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
	Email:		

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRN	NYTPRN excl. code 0 9
Preparer's signature SYAM PRIYA RAM SAGAR GUP		Preparer's printed name SYAM PRIYA RAM SAGAR GUP	
Firm's name (or yours, if self-employed) GLOBAL TAXES LLC		Preparer's PTIN or SSN P02082703	
Address 2530 PEBBLE CREEK LN CUMMING GA 30041		Employer identification number 301017196	Date 02072021
Email: SYAM@GTAXFILE.COM			

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation IT EMPLOYEE	
Spouse's signature and occupation (if joint return) SOFTWARE DEVELOPER	
Date	Daytime phone number (571)655 1818
Email: SHAILENDRA SQL2020@GMAIL.COM	

See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Department of Taxation and Finance

New York State Resident Credit
Tax Law – Article 22, Section 620

IT-112-R

Complete this form if you want to claim a resident credit for taxes paid to another state, local government, or the District of Columbia.

Name(s) as shown on return SHAILENDRA BANDARI AND ANJANI YENNAMANENI	Identifying number as shown on return 715810769
---	--

Submit this form with Form IT-201, IT-203, or IT-205. Failure to do so will delay any refund to which you may be entitled or, if you owe taxes, could result in late-filing penalties.

Part 1 – Income and adjustments (see instructions)	A Amount reported on New York State return		B Amount sourced to and taxed by other taxing authority	
	Whole dollars only		ole dollars only	
1 Wages, salaries, tips, etc.	1	222942.00	1	19610.00
2 Taxable interest income	2	.00	2	.00
3 Ordinary dividends	3	.00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes	4	.00	4	.00
5 Alimony received.....	5	.00	5	.00
6 Business income or loss	6	.00	6	.00
7 Capital gain or loss.....	7	.00	7	.00
8 Other gains or losses	8	.00	8	.00
9 Taxable amount of IRA distributions.....	9	.00	9	.00
10 Taxable amount of pensions and annuities.....	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	11	-7620.00	11	0.00
12 Farm income or loss.....	12	.00	12	.00
13 Unemployment compensation.....	13	.00	13	.00
14 Taxable amount of Social Security benefits	14	.00	14	.00
15 Other income.....	15	.00	15	.00
16 Add lines 1 through 15	16	215322.00	16	19610.00
17 Total federal adjustments to income.....	17	.00	17	.00
18 Federal adjusted gross income (subtract line 17 from line 16)	18	215322.00	18	19610.00
18a Recomputed federal adjusted gross income (see instr.) ...	18a	.00	18a	
19 New York adjustments (see instructions)	19	.00	19	
20 New York adjusted gross income (see instructions).....	20	215322.00	20	19610.00
21 Capital gain portion of lump-sum distributions (see instr.)	21	.00	21	.00
22 Add lines 20 and 21	22	215322.00	22	19610.00

NO HANDWRITTEN ENTRIES ON THIS FORM

(continued on page 2)



Part 2 – Computing your resident credit for taxes paid to another state, local government, or the District of Columbia

23 Enter the two-letter abbreviation of the other state, including the District of Columbia, where tax was paid (see instructions)..... **23** MD

Also enter the locality name, if applicable Locality name: _____

24 Enter the amount of income tax imposed on this year's return for the other state or local government (see instructions)..... **24** 1373.00

If the taxes were paid on a group (composite) return, then mark an **X** in the box.....

Enter the group's EIN

25 New York State tax payable (see instructions)..... **25** 12773.00

26 Divide line 22, column B, by line 22, column A (round to the fourth decimal place; see instructions) **26** 0.0911

27 Multiply line 25 by line 26..... **27** 1164.00

28 Enter amount from line 24 or line 27, whichever is less (see instructions)..... **28** 1164.00

2 Total line 28 amounts from additional Form(s) IT-112-R and line 44 amounts from Form(s) IT-112-C, if any (see instructions) **29** .00

30 Add lines 28 and 29 **30** 1164.00

Part 3 – Application of Credit

31 Tax due before credits (see instructions) **31** 12773.00

32 Other credits that you applied before this credit (see instructions) **32** .00

33 Subtract line 32 from line 31 **33** 12773.00

34 Enter the amount from line 30 or line 33, whichever is less (see instructions) **34** 1164.00

Part 4 – Information from your return filed with the other state, local government, or the District of Columbia

You are not **required** to submit a copy of the return you filed with the other state or local government with Form IT-201, IT-203, or IT-205. Submitting a copy of the other return is **optional**. However, you may be required to furnish a copy of the other return at a later date. Whether or not you submit a copy of the other return, you **must** complete this section.

35 Enter the total amount of tax withheld for and/or amount of estimated tax payments made to the other state, local government, or the District of Columbia (see instructions)..... **35** .00

36 Enter the amount of overpayment, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions)..... **36** .00

37 Enter the balance due, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions)..... **37** .00

NO HANDWRITTEN ENTRIES ON THIS FORM





Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

715810769

Box b Employer identification number (EIN)

473051043

Box c Employer's information

Employer's name TECHNOVISION SOLUTION LLC			
Employer's address (number and street) 38345 W 10 MILE RD 130			
City FARMINGTON	State MI	ZIP code 48335	Country (if not United States)

Box Wages, tips, other compensation

118825.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

31.00

Description

NY-SDI

Box 14b Amount

197.00

Description

NY-FLI

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 1 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N|Y

Box 16a NYS wages, tips, etc.

118825.00

Box 17a NYS income tax withheld

6433.00

Other state information:

Box 15b other state

|

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

Do not detach.

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

158279560

Box b Employer identification number (EIN)

943320693

Box c Employer's information

Employer's name SALESFORCE, COM INC			
Employer's address (number and street) ONE MARKET ST 300			
City SAN FRANCISCO	State CA	ZIP code 94105	Country (if not United States)

Box Wages, tips, other compensation

104117.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

9118.00

Code

D

Box 12b Amount

22528.00

Code

D|D

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N|Y

Box 16a NYS wages, tips, etc.

104117.00

Box 17a NYS income tax withheld

4901.00

Other state information:

Box 15b other state

M|D

Box 16b Other state wages, tips, etc.

19610.00

Box 17b Other state income tax withheld

1341.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001203555





201010013

Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions.

Print Using Blue or Black Ink Only.

SHAILENDRA BANDARI 715810769
First Name MI Last Name SSN/Taxpayer Identification Number
ANJANI YENNAMANENI 158279560
Spouse's First Name MI Spouse's Last Name SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

1. Amount of overpayment to be applied to 2021 estimated tax 1.
2. Amount of overpayment to be refunded to you REFUND 2.
3. Total amount due (Pay in full by April 15, 2021. See instructions.) 3. 32

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described above agree with the amounts shown on the corresponding lines of my 2020 Maryland electronic income tax return.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 10769 as my signature on my tax year 2020 electronically filed income tax return.

Enter five digits. Do not enter all zeros.

[] I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature Date

Spouse's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 79560 as my signature on my tax year 2020 electronically filed income tax return.

Enter five digits. Do not enter all zeros.

[] I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's signature Date

Practitioner PIN Method Returns Only

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. 58727861989

Do not enter all zeros.

I certify this numeric entry is my PIN, which is my signature for the tax year 2020 electronically filed income tax return for the taxpayer(s). I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-file Providers.

ERO's signature Date 02072021

DO NOT MAIL



205050013

OR FISCAL YEAR BEGINNING _____ 2020, ENDING _____

715810769 Social Security Number 158279560 Spouse's Social Security Number

SHAILENDRA First Name MI

BANDARI Last Name

ANJANI Spouse's First Name MI

YENNAMANENI Spouse's Last Name

33 WHITAKER DRIVE Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

Maryland County

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

City, Town or Taxing Area

Name of county and incorporated city, town or special taxing area in which you were employed on the last day of the taxable period if you earned wages in Maryland. (See Instruction 6.)

COHOES City or Town NY State 12047 ZIP Code + 4

FILING STATUS See Instruction 1 to determine if you are required to file.

- CHECK ONE BOX 1. Single (If you can be claimed on another person's tax return, use Filing Status 6.) 2. Married filing joint return or spouse had no income 3. Married filing separately, Spouse's SSN 4. Head of household 5. Qualifying widow(er) with dependent child 6. Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 8.)

RESIDENCE INFORMATION See Instruction 9.

Enter 2-letter state code for your state of legal residence. NY

If PA resident, enter both County _____ and City, Borough or Township _____

Were you a resident of another state for the entire year of 2020? If no, attach explanation. Yes No

Are you or your spouse a member of the military? Yes No

Did you file a Maryland income tax return for 2019? Yes No If "Yes," was it a Resident or a Nonresident return?

Dates you resided in Maryland for 2020. If none, enter "NONE": FROM None TO None (MMDDYYYY).

Check here for Maryland taxes withheld in error. (See Instruction 4.)

EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form in order to receive the applicable exemption amount.

A. Yourself Spouse Enter number checked 2 See Instruction 10 A. \$ 0

B. 65 or over 65 or over

Blind Blind Enter number checked X \$1,000 B. \$

C. Enter number from line 3 of Dependent Form 502B See Instruction 10 C. \$

D. Enter Total Exemptions (Add A, B and C.) Total Amount D. \$ 0



205050113

Name SHAILENDRA BANDARI & ANJANI YENNAMANENI SSN 715810769

INCOME AND ADJUSTMENTS INFORMATION

(See Instruction 11.)

	(1) FEDERAL INCOME (LOSS)	(2) MARYLAND INCOME (LOSS)	(3) NON-MARYLAND INCOME (LOSS)
1. Wages, salaries, tips, etc 1.	222942	19610	203332
2. Taxable interest income 2.			
3. Dividend income 3.			
4. Taxable refunds, credits or offsets of state and local income taxes 4.			
5. Alimony received 5.			
6. Business income or (loss) 6.			
7. Capital gain or (loss) 7.			
8. Other gains or (losses) (from federal Form 4797) 8.			
9. Taxable amount of pensions, IRA distributions, and annuities 9.			
10. Rents, royalties, partnerships, estates, trusts, etc. (Circle appropriate item.) 10.	-7620	0	-7620
11. Farm income or (loss) 11.			
12. Unemployment compensation (insurance) 12.			
13. Taxable amount of Social Security and Tier 1 Railroad Retirement benefits 13.			
14. Other income (including lottery or other gambling winnings) 14.			
15. Total income (Add lines 1 through 14.) 15.	215322	19610	195712
16. Total adjustments to income from federal return (IRA, alimony, etc.) 16.			
17. Adjusted gross income (Subtract line 16 from line 15.) ▶ 17.	215322	19610	195712

ADDITIONS TO INCOME (See Instruction 12.)

18. Non-Maryland loss and adjustments 18.			7620
19. Other (Enter code letter(s) from Instruction 12.) ▶ 19.			
20. Total additions (Add lines 18 and 19.) ▶ 20.			7620
21. Total federal adjusted gross income and Maryland additions (Add lines 17 (Column 1) and 20.) 21.			222942

SUBTRACTIONS FROM INCOME (See Instruction 13.)

22. Taxable Military Income of Nonresident ▶ 22.			
23. Other (Enter code letter(s) from Instruction 13.) ▶ 23.			
24. Total subtractions (Add lines 22 and 23.) ▶ 24.			
25. Maryland adjusted gross income before subtraction of non-Maryland income. (Subtract line 24 from line 21.) 25.			222942

DEDUCTION METHOD See Instruction 15. (All taxpayers must select one method and check the appropriate box.)

26. a. STANDARD DEDUCTION METHOD (Enter amount on line 26a.) <input checked="" type="checkbox"/> ▶ 26a.	4650		
ITEMIZED DEDUCTION METHOD (Complete lines 26b, c and d.) <input type="checkbox"/>			
b. Total federal itemized deductions (from line 17, federal Schedule A) ▶ 26b.			
c. State and local income taxes (See Instruction 16.) ▶ 26c.			
d. Net itemized deductions (Subtract line 26c from line 26b.) 26d.			
e. Deduction amount (Multiply lines 26a or 26d by the AGI factor.) 26e.	1.000000 (from worksheet in Instruction 14)		4650
27. Net income (Subtract line 26 from line 25.) 27.			218292
28. Total exemption amount (from EXEMPTIONS area, page 1) See Instruction 10 28.			0
29. Enter your AGI factor (from worksheet in Instruction 14) 29.	1.000000		
30. Maryland exemption allowance (Multiply line 28 by line 29.) 30.			0
31. Taxable net income (Subtract line 30 from line 27.) Figure tax on Form 505NR. 31.			218292

MARYLAND TAX COMPUTATION – COMPLETE FORM 505NR BEFORE CONTINUING.

32. a. Maryland tax from line 16 of Form 505NR (Attach Form 505NR.) 32a.	938
b. Special nonresident tax from line 17 of Form 505NR (Attach Form 505NR.) 32b.	435
c. Total Maryland tax (Add lines 32a and 32b.) 32c.	1373
33. Poverty level credit from worksheet in Instruction 20. ▶ 33.	



205050213

Name SHAILENDRA BANDARI & ANJANI YENNAMANENI SSN 715810769

Table with 2 columns: Line number and Amount. Rows include 34-53 with various tax credits and amounts like 1373, 1341, and 32.

DIRECT DEPOSIT OF REFUND (See Instruction 22.) Be sure the account information is correct. For Splitting Direct Deposit, use Form 588. To comply with banking and NACHA (National Automated Clearing House Association) rules, if this refund will go to an account outside of the United States, place "Y" in this box [] or if you authorize the State of Maryland to direct deposit your refund check this box [] and complete the following information clearly and legibly.

54a. Type of account: [] Checking [] Savings 54b. Routing Number (9-digits) [] 54c. Account Number [] 54d. Name(s) as it appears on the bank account []

Check here [] if you authorize your preparer to discuss this return with us. Check here [] if you authorize your paid preparer not to file electronically. Check here [] if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 25). Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Your signature _____ Date _____ Spouse's signature _____ Date _____
5716551818 Taxpayer(s) daytime phone number
2530 PEBBLE CREEK LN Street address of Preparer/Firm
GLOBAL TAXES LLC Printed name of the Preparer/Firm's name
CUMMING GA 30041 City, State, ZIP Code + 4
6789659522 Telephone number of Preparer
P02082703 Preparer's PTIN (Required by law)

CODE NUMBERS (3 digits per line)



For returns filed without payments, mail your completed return to:

Comptroller of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, MD 21411-0001

For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 505. Place Form PV with attached check/money order on TOP of Form 505 and mail to:

Comptroller of Maryland
Payment Processing
PO Box 8888
Annapolis, MD 21401-8888



MARYLAND FORM 505NR

NONRESIDENT INCOME TAX CALCULATION
ATTACH TO YOUR TAX RETURN



20505N013

2020

Print Using Blue or Black Ink Only

SHAI LENDRA First Name	MI	BANDARI Last Name	715810769 Social Security Number
ANJANI Spouse's First Name	MI	YENNAMANENI Spouse's Last Name	158279560 Spouse's Social Security Number

If you are filing Form 505, use the Form 505NR Instructions appearing on page 2 of this form. If you are filing Form 515, use the Form 505NR Instructions appearing in Instruction 18 of the Form 515 Instructions.

PART I - CALCULATION OF TAX WITHOUT ALLOWING CERTAIN MODIFICATIONS

1. Enter Taxable net income from Form 505, line 31 (or Form 515, line 32)	1.	218292	_____
2. Enter tax from Tax Table or Computation Worksheet Schedules I or II. Continue to Part II.	2.	10595	_____

PART II - CALCULATION OF MARYLAND TAX

3. Enter your federal adjusted gross income from Form 505 (or Form 515), line 17 (Column 1)	3.	215322	_____
3a. Earned Income (See instructions.)	3a.	222942	_____
4. Enter your federal adjusted gross income plus additions from Form 505 (or 515) line 21.	4.	222942	_____
5. Enter the Taxable Military Income of a Nonresident from line 22 of Form 505.	5.		_____
6a. Enter your subtractions from line 23 of Form 505 or Form 515	6a.		_____
6b. Enter non-Maryland income from Form 505 (or 515) not included on lines 5 or 6a of this form (See instructions.)	6b.	203332	_____
7. Add lines 5 through 6b.	7.	203332	_____
8. Maryland Adjusted Gross Income. Subtract line 7 from line 4.		19610	_____

If you are using the standard deduction, recalculate the standard deduction based on the income on line 8 and enter on line 8a 8a. 3100 _____

9. Maryland Income Factor. Divide line 8 by line 3. The factor cannot exceed 1.000000 and cannot be less than 0. If line 8 is 0 or less, the factor is 0. If line 8 is greater than 0 and line 3 is 0 or less, the factor is 1.000000.	9.	.091073	_____
10. Deduction amount. If you are using the standard deduction, multiply the standard deduction on line 8a by line 9 of this form and enter on line 10a	10a.	282	_____
If you are itemizing your deductions, multiply the deduction on Form 505, line 26d, by line 9 of this form and enter on line 10b.	10b.		_____

Form 515 Users, see Instruction 18 in Form 515 Instructions.

11. Net income (Subtract line 10a or 10b from line 8.)	11.	19328	_____
12. Exemption amount. Multiply the total exemption amount on Form 505, line 28 (or Form 515, line 29) by line 9.	12.	0	_____
13. Maryland Taxable Net Income (Subtract line 12 from line 11.)	13.	19328	_____
14. Enter the tax amount from line 2 of this form.	14.	10595	_____
15. Maryland Nonresident factor: Divide the amount on line 13 on this form by line 1. If more than 1.000000, enter 1.000000. If 0 or less, the factor is 0.	15.	.088542	_____
16. Maryland Tax. Multiply line 14 by line 15. Enter this amount on Form 505, line 32a (Form 515, line 33).	16.	938	_____
17. Special nonresident tax. Multiply line 13 of this form by 0.0225. Enter this amount on Form 505, line 32b. If line 13 is 0 or less, enter 0.	17.	435	_____

FOR FORM 515 FILERS ONLY.

If you are: (1) a nonresident employed in Maryland and (2) you are a resident of a local jurisdiction that imposes a local income or earnings tax on Maryland residents, then you must file a Form 515 to report and pay a tax on your Maryland wages. Form 515 filers pay a local income tax instead of the Special Nonresident Tax.

18. Local Income Tax. Multiply line 13 of this form by the local rate of the Maryland county (or Baltimore City) where you are employed. Enter this amount on Form 515, line 39. If line 13 is 0 or less, enter 0	18.		_____
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