

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name LAXMIKEERTHI TALLURI	Social security number 124-93-0512
Spouse's name	Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	22,042.
2	Total tax	949.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3,032.
4	Amount you want refunded to you	2,083.
5	Amount you owe	

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

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

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 3 0 5 1 2 as my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ Keerthi Date ▶ _____

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN _____ as my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

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

ERO's signature ▶ _____ Date ▶ _____

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

Filing Status [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: LAXMIKEERTHI
Last name: TALLURI
Your social security number: 124-93-0512
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
7922 NORTH GLEN DR
Apt. no. 4044
City, town, or post office. If you have a foreign address, also complete spaces below.
IRVING
State TX
ZIP code 75063
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 [X] No

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

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

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

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for (with amounts \$12,400, \$24,800, \$18,650), and Taxable income calculation. Total income: 22,042. Adjusted gross income: 22,042. Standard deduction: 12,400. Taxable income: 9,642.

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	963.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	963.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	14.
21	Add lines 19 and 20	21	14.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	949.
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	949.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	3,032.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	3,032.
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	3,032.

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,083.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,083.
b	Routing number 052001633		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 446042698173		
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 SOFTWARE DEVELOPER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/25/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
Firm's EIN				30-1017196

**SCHEDULE 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
LAXMIKEERTHI TALLURI

Your social security number
124-93-0512

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	14.
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	14.

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

REV 02/15/21 PRO

Schedule 3 (Form 1040) 2020

Education Credits
(American Opportunity and Lifetime Learning Credits)

▶ Attach to Form 1040 or 1040-SR.

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

Name(s) shown on return

LAXMIKEERTHI TALLURI

Your social security number

124-93-0512



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	70.
11	Enter the smaller of line 10 or \$10,000	11	70.
12	Multiply line 11 by 20% (0.20)	12	14.
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	22,042.
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	46,958.
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	14.
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	14.

Name(s) shown on return LAXMIKEERTHI TALLURI	Your social security number 124-93-0512
---	--



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) LAXMIKEERTHI TALLURI	21 Student social security number (as shown on page 1 of your tax return) 124-93-0512
---	---

22 Educational institution information (see instructions)	
a. Name of first educational institution AUBURN UNIVERSITY MONTGOMERY	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. P.O. BOX 244023 MONTGOMERY AL 361244023	(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 type="checkbox"/> Yes <input checked="" 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
---	--

(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. 63-6000724	(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.
--	--

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.
---	---

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.
--	---

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.
--	---

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

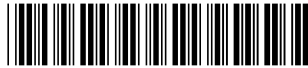
27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28
29 Multiply line 28 by 25% (0.25)	29
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and 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
---	-----------

70 .

FORM 40 Alabama 2020 Individual Income Tax Return RESIDENTS & PART-YEAR RESIDENTS



For the year Jan. 1 - Dec. 31, 2020, or other tax year:

Beginning: Ending: ●

Your social security number

● 124-93-0512

● Check if primary is deceased
Primary's deceased date (mm/dd/yy) ●

Spouse's SSN if joint return

●

● Check if spouse is deceased
Spouse's deceased date (mm/dd/yy) ●

Your first name

● LAXMIKEERTHI

Initial

●

Last name

● TALLURI

Spouse's first name

●

Initial

●

Last name

●

Present home address (number and street or P.O. Box number)

● 7922 NORTH GLEN DR 4044

City, town or post office

● IRVING

State

● TX

ZIP code

● 75063

● Check if address is outside U.S. Foreign Country

▶ CHECK BOX IF AMENDED RETURN ●

Filing Status/Exemptions
 1 ● \$1,500 Single
 2 ● \$3,000 Married filing joint
 3 ● \$1,500 Married filing separate. Complete Spouse SSN ●
 4 ● \$3,000 Head of Family (with qualifying person). Complete Schedule HOF

		A - Alabama tax withheld		B - Income	
Income and Adjustments	5a	Alabama Income Tax Withheld (from Schedule W-2, line 18, column G)	34	5b	1,750
	5b	Wages, salaries, tips, etc. (from Schedule W-2, line 18, column I plus J)		6	
	6	Interest and dividend income (also attach Schedule B if over \$1,500)		7	
	7	Other income (from page 2, Part I, line 9)		8	1,750
	8	Total income. Add amounts in the income column for line 5b through line 7		9	
	9	Total adjustments to income (from page 2, Part II, line 15)		10	1,750
	10	Adjusted gross income. Subtract line 9 from line 8			

Deductions	11	Box a or b MUST be checked. Check box a, if you itemize deductions , and enter amount from Schedule A, line 27. Check box b, if you do not itemize deductions, and enter standard deduction (see instructions) ● a <input type="checkbox"/> Itemized Deductions ● b <input checked="" type="checkbox"/> Standard Deduction	2,500		
	12	Federal tax deduction (see instructions) DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)	75		
	13	Personal exemption (from line 1, 2, 3, or 4)	1,500		
	14	Dependent exemption (from page 2, Part III, line 2)			
	15	Total deductions. Add lines 11, 12, 13, and 14		15	4,075

Tax	16	Taxable income. Subtract line 15 from line 10		16	-2,325
	17	Income Tax due. Enter amount from tax table or check if from ● <input type="checkbox"/> Form NOL-85A		17	0
	18	Net tax due Alabama. Check box if computing tax using Schedule OC ● <input type="checkbox"/> , otherwise enter amount from line 17		18	0
	19	Consumer Use Tax (see instructions). If you certify that no use tax is due, check box ● <input checked="" type="checkbox"/>		19	0
	20	Alabama Election Campaign Fund. You may make a voluntary contribution to the following: a Alabama Democratic Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none b Alabama Republican Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none		20a	
				20b	
	21	Total tax liability and voluntary contribution. Add lines 18, 19, 20a, and 20b		21	0

Payments	22	Alabama income tax withheld (from column A, line 5a)	34		
	23	2020 estimated tax payments/Automatic Extension Payment			
	24	Amended Returns Only - Previous payments (see instructions)			
	25	Refundable Credits. Enter the amount from Schedule OC, Section F, line F4			
	26	Total payments. Add lines 22, 23, 24, and 25		26	34
	27	Amended Returns Only - Previous refund (see instructions)		27	
	28	Adjusted Total Payments. Subtract line 27 from line 26		28	34

AMOUNT YOU OWE
 29 If line 21 is larger than line 28, subtract line 28 from line 21, and enter **AMOUNT YOU OWE**.
 Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)

OVERPAID
 30 Estimated tax penalty. Also include on line 29 (see instructions page 11)

Donations
 31 If line 28 is larger than line 21, subtract line 21 from line 28, and enter amount **OVERPAID**
 32 Amount of line 31 to be applied to your **2021 estimated tax**

REFUND
 33 **Total Donation Check-offs** from Schedule DC, line 2
 34 **REFUNDED TO YOU.** (CAUTION: You must sign this return on the reverse side.)
 Subtract lines 32 and 33 from line 31.

For Direct Deposit, check here ● and complete Part V, Page 2.



PART I Other Income <i>(See page 13)</i>	1	Alimony received	1	●
	2	Business income or (loss) <i>(attach Federal Schedule C or C-EZ) (see instructions)</i>	2	●
	3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. <i>(attach Schedule D)</i>	3	●
	4a	Total IRA distributions <input type="checkbox"/> 4a ●	4b	Taxable amount <i>(see instructions)</i> ●
	5a	Total pensions and annuities <input type="checkbox"/> 5a ●	5b	Taxable amount <i>(see instructions)</i> ●
	6	Rents, royalties, partnerships, estates, trusts, etc. <i>(attach Schedule E)</i>	6	●
	7	Farm income or (loss) <i>(attach Federal Schedule F)</i>	7	●
	8	Other income <i>(state nature and source — see instructions)</i>	8	●
	9	Total other income. Add lines 1 through 8. Enter here and also on page 1, line 7.	9	●

PART II Adjustments to Income <i>(See page 16)</i>	1a	Your IRA deduction	1a	●
	b	Spouse's IRA deduction	1b	●
	2	Payments to a Keogh retirement plan and self-employment SEP deduction	2	●
	3	Penalty on early withdrawal of savings	3	●
	4	Alimony paid. Recipient's last name _____ SSN ● _____	4	●
	5	Adoption expenses	5	●
	6	Moving Expenses (Attach Federal Form 3903) to: City _____ State ____ ZIP _____	6	●
	7	Self-employed health insurance deduction	7	●
	8	Payments to Alabama College Counts 529 Fund or Alabama PACT Program	8	●
	9	Health insurance deduction for small employer employee <i>(see instructions)</i>	9	●
	10	Costs to retrofit or upgrade home to resist wind or flood damage	10	●
	11	Deposits to a catastrophe savings account	11	●
	12	Contributions to a health savings account	12	●
	13	Deposits to an Alabama First-Time and Second Chance Home Buyer Savings Account <i>(see instructions)</i>	13	●
	14	Firefighter's Insurance Premium	14	●
15	Total adjustments. Add lines 1 through 14. Enter here and also on page 1, line 9	15	●	

PART III Dependents	1	Total number of dependents from Schedule DS, line 1b	1	●
	2	Amount allowed. (Multiply total number of dependents claimed on line 1 by the amount on the dependent chart on page 10 of Instructions.) Enter amount here and on page 1, line 14	2	●

PART IV General Information All Taxpayers Must Complete This Section. <i>(See page 17)</i>	1	Residency Check only one box <input type="checkbox"/> Full Year ● <input checked="" type="checkbox"/> Part Year From <u>01-01</u> 2020 through <u>05-31</u> 2020.
	2	Did you file an Alabama income tax return for the year 2019? ● <input checked="" type="checkbox"/> Yes ● <input type="checkbox"/> No If no, state reason _____
	3	Give name and address of present employer(s). Yours <u>ENVISION INFOSOLUTIONS INC 260 CHAPMAN ROAD SUITE 204D NEWARK DE 19702</u> Your Spouse's _____
	4	Enter the Federal Adjusted Gross Income ● \$ <u>22,042</u> and Federal Taxable Income ● \$ <u>9,642</u> as reported on your 2020 Federal Individual Income Tax Return.
5	Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)? ● <input type="checkbox"/> Yes ● <input checked="" type="checkbox"/> No If yes, enter source(s) and amount(s) below: <i>(other than state income tax refund)</i>	
	Source ● _____ Amount ● _____	
	Source ● _____ Amount ● _____	

PART V Direct Deposit	For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. <i>(See Page 17 of instructions to see if you qualify.)</i>			
	1	Routing Number: _____	2 Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Drivers License Info	3	Account Number: _____	4	Is this refund going to or through an account that is located outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
	DOB (mm/dd/yyyy) ● _____ Your state ● _____ DL# ● _____	Iss date (mm/dd/yyyy) ● _____	Exp date (mm/dd/yyyy) ● _____	
	DOB (mm/dd/yyyy) ● _____ Spouse state ● _____ DL# ● _____	Iss date (mm/dd/yyyy) ● _____	Exp date (mm/dd/yyyy) ● _____	

● I authorize a representative of the Department of Revenue to discuss my return and attachments with my 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 (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here In Black Ink Keep a copy of this return for your records.	Your Signature	Date	Daytime Telephone Number	Your Occupation
	_____	_____	(909) 488-1248	SOFTWARE DEVELOPER
	Spouse's Signature (if joint return, BOTH must sign)	Date	Daytime Telephone Number	Spouse's Occupation
Paid Preparer's Use Only	Preparer's Signature	Date	Check if Self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/25/2021		● P02082703
	Firm's Name (or yours if self employed) GLOBAL TAXES LLC		Daytime Telephone No. (678) 965-9522	E.I. Number 30-1017196
	Address 2530 PEBBLE CREEK LN CUMMING GA			ZIP Code 30041



Alabama Department of Revenue
Wages, Salaries, Tips, etc.

Schedule W-2 must be completed fully and included with your return in order to receive proper credit for your Alabama income tax withheld. Attach a copy of all withholding statements to your return.

NAME(S) AS SHOWN ON TAX RETURN
LAXMIKEERTHI TALLURI

PRIMARY'S SOCIAL SECURITY NO. SPOUSE'S SOCIAL SECURITY NO.
124-93-0512

	A Employee's Social Security Number	B Employer's Identification Number (EIN)	C Statutory Employee	D Schedule C/C-EZ Filed?	E State Code	F Alabama Employer's State ID Number	G Alabama State Income Tax Withheld	H Federal Wages (Box 1 of Form W-2)	I Alabama State Wages (Box 16 of Form W-2)	J Additional Taxable Wages - Other States	
1	• 124-93-0512	• 636000724	• <input type="checkbox"/>	• <input type="checkbox"/>	• AL	• 037492	• 34	• 1,750	• 1,750	•	
2	• 124-93-0512	• 471517738	• <input type="checkbox"/>	• <input type="checkbox"/>	• OS	•	•	• 20,292	•	• 0	
3	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
4	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
5	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
6	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
7	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
8	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
9	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
10	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
11	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
12	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
13	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
14	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
15	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
16	TOTAL ALABAMA TAX WITHHELD FROM W-2s. Total lines 1-15, Column G and enter the amount here ...						• 34				
17	ALABAMA TAX WITHHELD FROM 1099s AND W-2Gs. Enter the total Alabama Income Tax Withheld from all Form 1099s and Form W-2Gs received. See instructions on where to report the income from these statements						• 0				
18	TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2s, 1099s, AND W-2Gs. See instructions.						• 34	• 22,042	• 1,750	• 0	

THIS SCHEDULE CAN ONLY BE SUBMITTED AND/OR PRINTED VIA LANDSCAPE

For the year January 1 – December 31, 2020

Your first name and initial LAXMIKEERTHI	Last name TALLURI
If a joint return, spouse's first name and initial	Last name
Home address (number and street). If a P.O. Box, see instructions. 7922 NORTH GLEN DR	
City, town or post office, state, and ZIP code IRVING TX 75063	
Apt. no. 4044	

Your social security number 1 2 4 : 9 3 : 0 5 1 2	
Spouse's soc. sec. no. if joint return :	
Telephone number (optional) (909) 488-1248	

Part I Tax Return Information (Whole dollars only.)	1 Alabama taxable income (Form 40, line 16 or Form 40NR, line 18)	1	-2,325
	2 Total tax liability (Form 40, line 21) or Net tax due (Form 40NR, line 20)	2	0
	3 Total payments (Form 40, line 26 or Form 40NR, line 26)	3	34
	4 Refund (Form 40, line 34 or Form 40NR, line 33)	4	34
	5 Amount you owe (Form 40, line 29 or Form 40NR, line 29)	5	

Part II
Refund and Payment Information

1 Routing number:

2 Account number:

3 Type of account: Checking Savings

4 Type of transaction: Direct Deposit Direct Debit

5 Paper Check (Check this box to have your refund issued by a paper check.)

Part III
Declaration of Taxpayer
(Sign only after Part I is completed.)

Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator and that the amounts described in Part 1 above agree with the amounts shown on the corresponding lines of my 2020 Alabama individual income tax return. To the best of my knowledge and belief, this return, including any accompanying schedules and statements, is true, correct, and complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below, any information concerning the disbursement of the refund requested or any problems encountered in the processing of my return.

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

Sign Here ▶

_____ Your signature	_____ Date	_____ Spouse's signature. If a joint return, BOTH must sign.	_____ Date
-------------------------	---------------	---	---------------

Part IV
Declaration of Electronic Return Originator (ERO) and Paid Preparer
(See instructions.)

I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries on this form are complete and correctly represented based on all information of which I have any knowledge. I also declare that I have followed all other requirements described in IRS PUB. 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2020), and the Alabama Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2020). By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the **Alabama Department of Revenue**, as applicable by law. **If I am also 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.**

ERO's Use Only

ERO's signature ▶	Date 02/25/2021	Check if also paid preparer <input type="checkbox"/>	Preparer's PTIN
Firm's name (or yours if self-employed) and address ▶	GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA		E.I. No. 30-1017196 ZIP Code 30041

Paid Preparer's Use Only

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.

Preparer's signature ▶	Date 02/25/2021	Check if self-employed <input type="checkbox"/>	Preparer's PTIN P02082703
Firm's name (or yours if self-employed) and address ▶	SYAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN CUMMING GA		E.I. No. 30-1017196 ZIP Code 30041

Income Worksheet

2020

Name as Shown on Return <u>LAXMIKEERTHI TALLURI</u>	Social Security Number <u>124-93-0512</u>
--	--

Wages, Salaries, Tips, Etc for Line 5 of Form 40/40NR

Special Type Indicator (X = Income will not be included in your return)
Check this box to exclude income from your Alabama return.

Check this box if you are excluding income and plan to attempt to electronically file your return.

NOTE: Part-year residents may use this worksheet to remove non Alabama source income. Resident and Non-Resident returns may be rejected during electronic filing if you exclude income by marking boxes in the # column.

Payer's name	#	State name	Gross earnings	Alabama wages	Alabama tax withheld
AUBURN UNIVERSITY	<input type="checkbox"/>	AL	1,750.	1,750.	34.
ENVISION INFOSOLUTIONS IN	<input type="checkbox"/>		20,292.	0.	
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Total			22,042.	1,750.	34.

Other Income for Form 40/40NR

Special Type Indicator (X = Income will not be included in your return)
Check this box to exclude income from your Alabama return.

Description	#	Total amount	Alabama amount
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Total			