

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 VENKATA HARISH VARMA	Last name KOSURI	Your social security number 211-71-6520
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. 494 PRAIRIE LN		Apt. no. A
City, town, or post office. If you have a foreign address, also complete spaces below. HUDSON		State WI
		ZIP code 54016
Foreign country name	Foreign province/state/county	Foreign postal code

You Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes 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): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
	Last name				Child tax credit	Credit for other dependents
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<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	68,796.
Attach Sch. B if required.	2a	Tax-exempt interest	2b	
	3a	Qualified dividends	3b	
	4a	IRA distributions	4b	
	5a	Pensions and annuities	5b	
	6a	Social security benefits	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	-5,360.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	63,436.
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 Standard Deduction, 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	63,436.
	12	Standard deduction or itemized deductions (from Schedule A)	12	12,400.
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	
	14	Add lines 12 and 13	14	12,400.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	51,036.

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	7,016.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	7,016.
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	7,016.
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	7,016.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	6,895.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	6,895.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,800.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,800.
33	Add lines 25d, 26, and 32. These are your total payments	33	8,695.

• 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	1,679.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,679.
b	Routing number <u>072000805</u> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <u>375014507952</u>		
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	
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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
<input type="text"/>	<input type="text"/>	MANUFACTURING ENGINEER	
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.) <input type="text"/>
<input type="text"/>	<input type="text"/>		
Phone no.	Email address		
<input type="text"/>	<input type="text"/>		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/03/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name <input type="checkbox"/>	Firm's address <input type="checkbox"/>		Phone no.	
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		(678) 965-9522	
Firm's EIN <input type="checkbox"/>				
			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
VENKATA HARISH VARMA KOSURI

Your social security number
211-71-6520

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	-5,360.
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	-5,360.

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, 1040-NR, or 1041.**
▶ **Go to www.irs.gov/ScheduleE for instructions and the latest information.**

Name(s) shown on return

VENKATA HARISH VARMA KOSURI

Your social security number

211-71-6520

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 FLATNO:GF4, ARKHYA HEIGHTS NCL NORTH AVENUE KOMPALLY, HYDERABAD, TELANAGANA IN 500014
B
C

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A	3	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.	A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

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

Income:	Properties:	A	B	C
3 Rents received	3	520.		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	1,000.		
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11	1,200.		
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14	1,340.		
15 Supplies	15	1,140.		
16 Taxes	16			
17 Utilities	17	1,200.		
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	5,880.		
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	-5,360.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-5,360.)	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a		520.	
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		5,880.	
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	(5,360.)		
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	-5,360.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

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

Check here if an amended return beginning _____, 2020 ending _____, 20____.

DO NOT STAPLE
See page 5 before assembling return

Your legal last name KOSURI	Legal first name VENKATA HARISH	M.I.	Your social security number 211716520
If a joint return, spouse's legal last name	Spouse's legal first name	M.I.	Spouse's social security number
Home address (number and street). If you have a PO Box, see page 11. 494 PRAIRIE LN		Apt. no. A	Tax district Check below then fill in either the name of the city, village, or town and the county in which you lived at the end of 2020. <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town City, village, or town ► HUDSON
City or post office HUDSON	State WI	Zip code 54016	
Filing status Check <input checked="" type="checkbox"/> below <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here <input type="checkbox"/> Head of household, NOT married (see page 12). If married, fill in spouse's SSN above and full name here ↑ <input type="checkbox"/> Head of household, married (see page 12).			County of ► ST CROIX School district number See page 43 2611 Special conditions <input type="checkbox"/> <input type="checkbox"/> Form 804 filed with return (see page 9)
Legal last name Legal first name M.I.			

Use **BLACK** Ink ● Print numbers like this → 0123456789 Not like this → Ø147 ● **NO COMMAS; NO CENTS**

1 Federal adjusted gross income (see page 12)	1	63436.00
Form W-2 wages included in line 1	►	68796.00
2 Total additions to income from Schedule AD, line 33 (see page 13)	2	.00
3 Add lines 1 and 2	3	63436.00
4 Total subtractions from income from Schedule SB, line 47. Enter as a positive number	4	.00
5 Subtract line 4 from line 3. This is your Wisconsin income	5	63436.00
6 Standard deduction. See table on page 34, OR ▼ If someone else can claim you (or your spouse) as a dependent, see page 14 and check here ► <input type="checkbox"/>	6	5373.00
7 Subtract line 6 from line 5. If line 6 is larger than line 5, fill in 0	7	58063.00
8 Exemptions (Caution: See page 14)		
a Fill in exemptions allowed 1 x \$700 ... 8a 700.00		
b Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = _____ x \$250 ... 8b _____ .00		
c Add lines 8a and 8b	8c	700.00
9 Subtract line 8c from line 7. If line 8c is larger than line 7, fill in 0. This is taxable income	9	57363.00
10 Tax (see table on page 36)	10	3075.00

PAPER CLIP payment here



NO COMMAS; NO CENTS

11	Itemized deduction credit. Enclose Schedule 1, page 4	11	_____	.00
12	Armed forces member credit (must be stationed outside U.S. See page 16)	12	_____	.00
13	School property tax credit			
	a Rent paid in 2020 – heat included _____ .00	} Find credit from table page 18 .	13a	_____ 290 .00
	Rent paid in 2020 – heat not included _____ 9600 .00			
	b Property taxes paid on home in 2020 _____ .00	Find credit from table page 19 .	13b	_____ .00
14	Working families tax credit (see page 19)	14	_____ 0 .00	
15	Married couple credit. Enclose Schedule 2, page 4	15	_____	.00
16	Nonrefundable credits from line 34 of Schedule CR	16	_____	.00
17	Net income tax paid to another state. Enclose Schedule OS ... []	17	_____	.00
18	Add lines 11 through 17	18	_____	290 .00
19	Subtract line 18 from line 10. If line 18 is larger than line 10, fill in 0. This is your net tax	19	_____	2785 .00
20	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 22) 20 _____ .00 If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/> X			
21	Donations (decreases refund or increases amount owed)			
	a Endangered resources _____ .00	e Military family relief	_____	.00
	b Cancer research	f Second Harvest/Feeding Amer.	_____	.00
	c Veterans trust fund ... _____ .00	g Red Cross WI Disaster Relief _____		.00
	d Multiple sclerosis _____ .00	h Special Olympics Wisconsin _____		.00
	Total (add lines a through h) ... <input checked="" type="checkbox"/> 21i		_____	.00
22	Penalties on IRAs, retirement plans, MSAs, etc. (see page 24) .. _____ .00 x .33 = 22 _____ .00			
23	Other penalties (see page 24)	23	_____	.00
24	Add lines 19, 20, 21i, 22 and 23	24	_____	2785 .00
25	Wisconsin tax withheld. Enclose withholding statements	25	_____ 4046 .00	
26	2020 estimated tax payments and amount applied from 2019 return ...	26	_____	.00
27	Earned income credit. Number of qualifying children <input checked="" type="checkbox"/> _____ Federal credit. ... _____ .00 x _____ % = 27 _____ .00			
28	Farmland preservation credit. a Schedule FC, line 17	28a	_____	.00
	b Schedule FC-A, line 13	28b	_____	.00
29	Repayment credit (see page 26)	29	_____	.00


NOTE: You must use your 2020 earned income (see page 26).



Name(s) shown on Form 1		Your social security number
VENKATA HARISH VARMA KOSURI		211716520
NO COMMAS; NO CENTS		
30	Homestead credit. Enclose Schedule H or H-EZ.	30 _____ .00
31	Eligible veterans and surviving spouses property tax credit . . .	31 _____ .00
32	Refundable credits from Schedule CR, line 40. Enclose Schedule CR	32 _____ .00
33	AMENDED RETURN ONLY—Amounts previously paid (see page 29)	33 _____ .00
34	Add lines 25 through 33	34 _____ 4046 .00
35	AMENDED RETURN ONLY—Amounts previously refunded (see page 30)	35 _____ .00
36	Subtract line 35 from line 34	36 _____ 4046 .00
37	If line 36 is larger than line 24, subtract line 24 from line 36. This is the AMOUNT YOU OVERPAID	37 _____ 1261 .00
38	Amount of line 37 you want REFUNDED TO YOU	38 _____ 1261 .00
39	Amount of line 37 you want APPLIED TO YOUR 2021 ESTIMATED TAX	39 _____ 0 .00
40	If line 36 is smaller than line 24, subtract line 36 from line 24. This is the AMOUNT YOU OWE . Paper clip payment to front of return	40 _____ .00
41	Underpayment interest. Fill in exception code—See Sch. U _____ Also include on line 40 (see page 31)	41 _____ .00

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 32)? **Yes** Complete the following. **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 **Paper clip copies of your federal income tax return and schedules to this return. Assemble your return (pages 1-4) and withholding statements in the order listed on page 5.**

Sign here
 ▼ Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Your signature	Spouse's signature (if filing jointly, BOTH must sign)	Date	Daytime phone
			2487226186

I-010ai

Mail your return to: Wisconsin Department of Revenue
 If tax due.....PO Box 268, Madison WI 53790-0001
 If refund or no tax due.....PO Box 59, Madison WI 53785-0001
 If homestead credit claimed.....PO Box 34, Madison WI 53786-0001

Do Not Submit Photocopies



NO COMMAS; NO CENTS

Schedule 1 – Itemized Deduction Credit (see page 15)

1	Medical and dental expenses from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions.	1	<u> </u>	<u>.00</u>
2	Interest paid from federal Schedule A (Form 1040 or 1040-SR). Do not include interest paid to purchase a second home located outside Wisconsin or a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities and interest from a tax-option (S) corporation if claimed as a subtraction	2	<u> </u>	<u>.00</u>
3	Gifts to charity from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions	3	<u> </u>	<u>.00</u>
4	Casualty losses from federal Schedule A (Form 1040 or 1040-SR)	4	<u> </u>	<u>.00</u>
5	Add lines 1 through 4	5	<u> </u>	<u>.00</u>
6	Fill in your standard deduction from line 6 on page 1 of Form 1	6	<u> </u>	<u>.00</u>
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0	7	<u> </u>	<u>0 .00</u>
8	Rate of credit is .05 (5%)	8	<u> </u>	<u>x .05</u>
9	Multiply line 7 by line 8. Fill in here and on line 11 on page 2 of Form 1	9	<u> </u>	<u>.00</u>

▶ You must submit this page with Form 1 if you claim either of these credits ◀

Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 20)

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

	(A) YOURSELF	(B) SPOUSE
1	Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income 1	<u> </u>
	<u>.00</u>	<u>.00</u>
2	Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040 or 1040-SR), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income 2	<u> </u>
	<u>.00</u>	<u>.00</u>
3	Combine lines 1 and 2. This is earned income. 3	<u> </u>
	<u>.00</u>	<u>.00</u>
4	Add the amounts from federal Form 1040 or 1040-SR, Schedule 1 , lines 11, 15, and 19, plus repayment of supplemental unemployment benefits, and contributions to secs. 403(b) and 501(c)(18)(D) pension plans, included in line 22, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to you or your spouse's income 4	<u> </u>
	<u>.00</u>	<u>.00</u>
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0 5	<u> </u>
	<u>.00</u>	<u>.00</u>
6	Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000. 6	<u> </u>
	<u>.00</u>	<u>.00</u>
7	Rate of credit is .03 (3%). 7	<u> </u>
	<u>.03</u>	<u>x .03</u>
8	Multiply line 6 by line 7. Fill in here and on line 15 on page 2 of Form 1 8	<u> </u>
	<u>.00</u>	<u>.00</u> Do not fill in more than \$480.

