

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 APUROOP REDDY BANNUR | Social security number 853-22-0082 |
| 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 | 1 | 67,535. |
| 2 | Total tax | 2 | 7,918. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 10,339. |
| 4 | Amount you want refunded to you | 4 | 4,221. |
| 5 | Amount you owe | 5 | |

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

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

Taxpayer's PIN: check one box only

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

| | | | | |
|---|---|---|---|---|
| 2 | 0 | 0 | 8 | 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 ▶ _____ 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 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 APUROOP REDDY | Last name BANNUR | Your social security number 853-22-0082 |
| 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. 1716 EMPRESS DRIVE | | Apt. no. 8J |
| City, town, or post office. If you have a foreign address, also complete spaces below. ROANOKE | | State VA |
| | | ZIP code 24012 |
| 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): | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions): |
|--|----------------|-----------|----------------------------|-------------------------|--|
| | | | | | Child tax credit |
| If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |

| | | | | | |
|----------------------------|-----------|---|------------|------------|---------|
| | 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 | 73,940. |
| Attach Sch. B if required. | 2a | Tax-exempt interest | 2a | 2b | |
| | 3a | Qualified dividends | 3a | 3b | 5. |
| | 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 | -210. |
| | 8 | Other income from Schedule 1, line 9 | | 8 | -6,200. |
| | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | | 9 | 67,535. |
| | 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 | 67,535. |
| | 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 | 55,135. |

| | | | |
|----|---|-----|---------|
| 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 | 7,918. |
| 17 | Amount from Schedule 2, line 3 | 17 | 0. |
| 18 | Add lines 16 and 17 | 18 | 7,918. |
| 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 | 7,918. |
| 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 | 7,918. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 10,339. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 10,339. |
| 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 | 12,139. |

• 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 | 4,221. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 4,221. |
| b | Routing number 063100277 | c | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
| d | Account number 229055582998 | | |
| 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 SAP CONSULTANT | 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 03/04/2021 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 2530 Pebble Creek Ln Cumming GA 30041 | | | Phone no. (678) 965-9522 |
| Firm's EIN | | | | 30-1017196 |

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 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
APUROOP REDDY BANNUR

Your social security number
853-22-0082

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 | -6,200. |
| 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 | -6,200. |

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 D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2020

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return
APUROOP REDDY BANNUR

Your social security number
853-22-0082

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes** **No**
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 12,263. | 12,708. | 235. | -210. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | 7 -210. |

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back | | | | 15 |

Part III Summary

| | | |
|---|-----------|----------|
| <p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | 16 | -210. |
| <p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> | | |
| <p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p> | 18 | |
| <p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶</p> | 19 | |
| <p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p> | | |
| <p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> | 21 | (210.) |
| <p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p> | | |

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

APUROOP REDDY BANNUR

Social security number or taxpayer identification number

853-22-0082

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|--|--|---|---|--|--|---|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | Robinhood Securities LLC | 01/01/20 | 10/14/20 | 12,263. | 12,708. | W | 235. | -210. |
| | | | | | | | | |
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| | | | | | | | | |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ► | | | | 12,263. | 12,708. | | 235. | -210. |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

OMB No. 1545-0074

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

2020

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

APUROOP REDDY BANNUR

853-22-0082

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 | PLOT NO#4, VENKATRAMNAGAR C KARKHANA, SECUNDERABAD TELANGANA IN 500009 | | | | |
| 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:

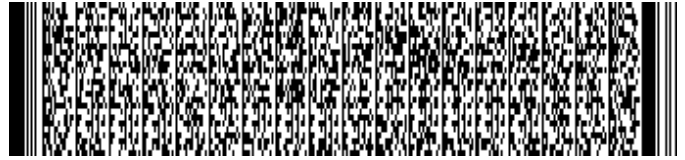
- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

| Income: | | Properties: | | A | B | C |
|------------------|---|-------------|---|----------|---|---------|
| 3 | Rents received | 3 | | 400. | | |
| 4 | Royalties received | 4 | | | | |
| Expenses: | | | | | | |
| 5 | Advertising | 5 | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | |
| 7 | Cleaning and maintenance | 7 | | 900. | | |
| 8 | Commissions. | 8 | | | | |
| 9 | Insurance | 9 | | | | |
| 10 | Legal and other professional fees | 10 | | | | |
| 11 | Management fees | 11 | | 750. | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | |
| 13 | Other interest. | 13 | | | | |
| 14 | Repairs. | 14 | | 1,600. | | |
| 15 | Supplies | 15 | | 1,450. | | |
| 16 | Taxes | 16 | | | | |
| 17 | Utilities. | 17 | | 1,900. | | |
| 18 | Depreciation expense or depletion | 18 | | | | |
| 19 | Other (list) ▶ | 19 | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 6,600. | | |
| 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 | | -6,200. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (| -6,200.) | (|) |
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | | 400. | | |
| 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 | | 6,600. | | |
| 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 | (| 6,200.) | | |
| 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 | | | | -6,200. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

FORM 40NR Alabama 2020 Individual Income Tax Return NONRESIDENTS ONLY



Your social security number 853-22-0082

Spouse's SSN if joint return
 Check if spouse is deceased
 Spouse's deceased date (mm/dd/yy)

Your first name Initial Last name
 APUROOP REDDY BANNUR

Spouse's first name Initial Last name

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

1716 EMPRESS DRIVE 8J

City, town or post office

ROANOKE

State ZIP code

VA 24012

Check if address is outside U.S. Foreign Country

CHECK BOX IF AMENDED RETURN

| Filing Status/ | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | | |
|--|-------------------------------------|------------------------------|--------------------------|---|---|-------|---|--------|---|--------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|
| Wages, salaries, tips, etc. (From Schedule W-2, line 18, columns G, H, and I.) (Include spouse's income if married filing joint.) | <input checked="" type="checkbox"/> | \$1,500 Single | <input type="checkbox"/> | \$1,500 Married filing separate. Complete Spouse SSN | 5 | 1,299 | 5 | 73,940 | 5 | 33,023 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exemptions | <input type="checkbox"/> | \$3,000 Married filing joint | <input type="checkbox"/> | \$3,000 Head of Family (with qualifying person). Complete Schedule HOF. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 Other income (from page 2, Part I, line 9) | | | | | | | | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 Total income. Add amounts in col. B then add amounts in col. C, lines 5 and 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Adjustments to income (from page 2, Part II, line 8) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 Adjusted total income. Subtract line 8 from line 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 Alabama percentage of adjusted total income. Divide line 9, col. C, by line 9, col. B (not over 100%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 Other Adjustments (from page 2, Part III, line 4 and line 6) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 Adjusted Gross Income. Subtract line 11 from line 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 Check appropriate box. If you itemize, enter amount from Schedule A, line 30. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a <input type="checkbox"/> Itemized Deductions b <input checked="" type="checkbox"/> Standard Deduction | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 Federal Income Tax deduction (from page 2, Part IV, line 7) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 Personal exemption (multiply line 1, 2, 3, or 4 by percentage on line 10) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 Dependent exemption (from page 2, Part V, line 4) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 Total deductions. Add lines 13, 14, 15, and 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 Taxable income. Subtract line 17 from line 12, column C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 Tax due. Enter amount from tax table or check if from Form NOL-85A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 Net tax due Alabama. Check box if computing tax using Schedule OC, otherwise enter amount from line 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 Alabama Income Tax withheld (from column A, line 5) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 2020 estimated tax payments/Automatic Extension Payment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 Composite tax payments (from Schedule CP, line 1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 Amended Returns Only - Previous payments (see instructions) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 Refundable Credits. Enter the amount from the Schedule OC, Section F, line F4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 Total payments. Add lines 21 through 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 Amended Returns Only - Previous refund (see instructions) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 Adjusted total payments. Subtract line 27 from line 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 If line 20 is larger than line 28, subtract line 28 from line 20, and enter AMOUNT YOU OWE. Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 Estimated tax penalty. Also include on line 29 (see instructions page 10) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 If line 28 is larger than line 20, subtract line 20 from line 28 and enter amount OVERPAID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32 Amount of line 31 to be applied to your 2021 estimated tax | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33 REFUNDED TO YOU. Subtract line 32 from line 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 (813) 841-8807 Your Occupation SAP CONSULTANT

Spouse's Signature (if joint return, BOTH must sign) _____ Date _____ Daytime Telephone Number _____ Spouse's Occupation _____

Preparer's Signature _____ Date 03/04/2021 Check if Self-employed Preparer's SSN or PTIN P02082703 E.I. Number 30-1017196

Firm's Name (or yours if self employed) GLOBAL TAXES LLC Daytime Telephone No. (678) 965-9522 ZIP Code 30041

Address 2530 PEBBLE CREEK LN

MAIL FORM 40NR TO: SEE INSTRUCTIONS



| | | B – All Sources | | C – Alabama Income | | |
|-----------------|--|--|--|--------------------|--|--------|
| PART I | 1 Interest and dividend income (attach Schedule B if over \$1500.00)..... | 1 ● | 5 | 1 ● | 0 | |
| | 2 Alimony received | 2 ● | | | | |
| | 3 Taxable portion of pensions and annuities (see instructions) | 3 ● | | | | |
| | 4 Business income or (loss) (attach Federal Schedule C) (see instructions) | 4 ● | | 4 ● | | |
| | Other | 5 Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D) | 5 ● | 0 | 5 ● | 0 |
| | Income | 6 Rents, Royalties, Partnerships, Estates, Trusts, etc. (attach Schedule E)..... | 6 ● | 0 | 6 ● | 0 |
| | (See page 12) | 7 Farm income or (loss) (attach Federal Schedule F) (see instructions)..... | 7 ● | | 7 ● | |
| | | 8 Other income (state nature and source) | 8 ● | | 8 ● | |
| | | 9 Total other income. Add lines 1-8, column B, and lines 1, 4-8, column C. Enter here and also on page 1, line 6 | 9 ● | 5 | 9 ● | 0 |
| PART II | 1 IRA deduction, Keogh retirement plan, and self-employed SEP deduction | 1 ● | | 1 ● | | |
| | 2 Penalty on early withdrawal of savings | 2 ● | | | | |
| | 3 Moving Expenses (Attach Federal Form 3903) | | | | | |
| | Place of new employment: | 3 ● | | 3 ● | | |
| | Adjustments | 4 Self-employed health insurance deduction | 4 ● | | 4 ● | |
| | to Income | 5 Payments to Alabama College Counts 529 Fund or Alabama PACT program | 5 ● | | 5 ● | |
| | (See page 14) | 6 Contributions to a health savings account..... | 6 ● | | 6 ● | |
| | | 7 Firefighter's Insurance Premiums..... | 7 ● | | 7 ● | |
| | 8 Adjustments to income. Add lines 1-7, Column B, and lines 1, 3 through 7, Column C. Enter here and also on page 1, line 8, columns B and C. | 8 ● | | 8 ● | | |
| PART III | 1 Alimony Paid | 1 ● | | | | |
| | 2 Adoption Expenses | 2 ● | | | | |
| | Other | 3 Health insurance deduction for small employer employee | 3 ● | | | |
| | Adjustments | 4 Add lines 1 through 3, enter here and on page 1, line 11, column B | 4 ● | | | |
| | (See page 14) | 5 Enter percentage from page 1, line 10 | 5 ● | 44.66% | | |
| | | 6 Multiply line 4 by line 5. Enter here and also page 1, line 11, column C | 6 ● | | | |
| PART IV | If you are filing separately on your Alabama return and jointly on your Federal return, complete all lines below. Otherwise, omit lines 1 through 3. | | B – Federal Adjusted Gross Income | | C – Alabama Federal Tax Deduction Computation | |
| | 1 Your joint federal adjusted gross income | 1 ● | | | | |
| | 2 Your federal adjusted gross income | 2 ● | | | | |
| | Federal | 3 Divide line 2 by line 1. Enter percentage here | | | 3 ● | % |
| | Income Tax | 4 Enter Federal Income Tax Liability from worksheet (see instructions)..... | | | 4 ● | 7,918 |
| | Deduction | 5 If you completed lines 1 through 3 above, multiply line 4 by the percentage from line 3..... | | | 5 ● | |
| | (See page 14) | 6 Enter percentage from page 1, line 10 | | | 6 ● | 44.66% |
| | 7 If you completed lines 1-3 above, multiply line 5 by percentage on line 6. Otherwise, multiply line 4 by percentage on line 6..... | | | 7 ● | 3,536 | |
| PART V | 1 Total number of dependents from Schedule DS, line 1b | 1 ● | | | | |
| | 2 Multiply total number of dependents claimed on line 1 by the amount on the dependent chart on page 9 of instructions..... | 2 ● | | | | |
| | Dependents | 3 Enter percentage from page 1, line 10 of your return | 3 ● | | % | |
| | | 4 Dependent exemption allowable. Multiply the amount on line 2 by the percentage on line 3. Enter here and on page 1, line 16 | 4 ● | | | |
| PART VI | 1 Name of state of which you were a legal resident in 2020 <u>MN</u> | | | | | |
| | General | 2 Did you file a return with that state for 2020? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason why: _____ | | | | |
| | Information | 3 If married, did your spouse receive a separate income for 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is your spouse filing a separate Alabama return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter name here. _____ | | | | |
| | All Taxpayers | 4 Did you file an Alabama return for 2019? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason why: _____ | | | | |
| | Must Complete | 5 Give name and address of your present employer(s). Yours: <u>ADVANSOFT INTERNATIONAL INC 135 E ALGONQUIN RD STE B ARLINGTON HEIGHTS IL 60005</u> Your Spouse's: _____ | | | | |
| | This Section | 6 Enter the Adjusted Gross Income reported on your 2020 Federal Individual Income Tax Return | | 6 ● | | 67,535 |

| | | | | |
|-----------------------------|--------------------------------------|---|---|---|
| Drivers License Info | DOB (mm/dd/yyyy) ● <u>XX/XX/XXXX</u> | Your state Spouse state ● <u>XX</u> DL# ● <u>XXXXXXXX</u> | Iss date (mm/dd/yyyy) ● <u>XX/XX/XXXX</u> | Exp date (mm/dd/yyyy) ● <u>XX/XX/XXXX</u> |
| | DOB (mm/dd/yyyy) ● _____ | | | |

SCHEDULES
A, B, D, & E
(FORM 40NR)



(Schedules B, D, and E are on back)
ATTACH TO FORM 40NR — SEE INSTRUCTIONS FOR SCHEDULE A

| | |
|-------------------------------|-----------------------------|
| Name(s) as shown on Form 40NR | Your social security number |
|-------------------------------|-----------------------------|

The itemized deductions you may claim for the year 2020 are similar to the itemized deductions claimed on your Federal return; however, the amounts may differ. Please see instructions before completing this schedule.

| | | | | | | |
|---|---|--|----|----|----------|--|
| CAUTION: Do not include expenses reimbursed or paid by others. | | | | | | |
| Medical and Dental Expenses | 1 Medical and dental expenses..... | 1 | | 00 | | |
| | 2 Enter amount from Form 40NR, line 12, col. B. | 2 | | 00 | | |
| | 3 Multiply the amount on line 2 by 4% (.04). Enter the result. | 3 | | 00 | | |
| | 4 Subtract line 3 from line 1. Enter the result. If zero or less, enter -0- | | | | 4 ● 00 | |
| Taxes You Paid | 5 Real estate taxes. | 5 | | 00 | | |
| | 6 FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax. | 6 | | 00 | | |
| | 7 Railroad Retirement (Tier 1 only) | 7 | | 00 | | |
| | 8 Other taxes. (List - include personal property taxes.) _____ | 8 | | 00 | | |
| | 9 Add the amounts on lines 5 through 8. Enter the total here. | | | | 9 ● 00 | |
| Interest You Paid | 10a Home mortgage interest and points reported to you on Federal Form 1098. | 10a | | 00 | | |
| | b Home mortgage interest not reported to you on Federal Form 1098. (If paid to an individual, show that person's name and address.) ► _____ | | | | | |
| | | 10b | | 00 | | |
| | 11 Qualified mortgage insurance premiums | 11 | | 00 | | |
| | 12 Points not reported to you on Form 1098. | 12 | | 00 | | |
| <i>NOTE: Personal interest is not deductible.</i> | 13 Investment interest. (Attach Form 4952A) | 13 | | 00 | | |
| | 14 Add the amounts on lines 10a through 13. Enter the total here. | | | | 14 ● 00 | |
| Gifts to Charity | CAUTION: If you made a charitable contribution and received a benefit in return, see instructions. | | | | | |
| | 15 Contributions by cash or check. | 15 | | 00 | | |
| | 16 Other than cash or check. (You MUST attach Federal Form 8283 if over \$500.) | 16 | | 00 | | |
| | 17 Carryover from prior year. | 17 | | 00 | | |
| | 18 Add the amounts on lines 15 through 17. Enter the total here. | | | | 18 ● 00 | |
| Qualified Long-Term Care | CAUTION: Do not include medical insurance premiums. | | | | | |
| | 19 Enter Amount | | | | 19 ● 00 | |
| Miscellaneous Deductions | 20 List type and amount. (See instructions.) ► _____ | | | | | |
| | | | | | 20 ● 00 | |
| Proration of Above Amounts | 21 Total itemized deductions to be prorated. (Add lines 4, 9, 14, 18, 19, and 20.) | 21 | | | ● 00 | |
| | 22 Enter percentage (%) from Form 40NR, page 1, line 10. | 22 | | | ● % | |
| | 23 Multiply line 21 by the percentage on line 22. | 23 | | | ● 00 | |
| Alabama Casualty and Theft Losses | 24a Enter the loss from Federal Form 4684, either A <input type="checkbox"/> line 15, or B <input type="checkbox"/> line 16, attach copy. | 24a | | 00 | | |
| | b Enter 10% of your Adjusted Gross Income. (Form 40NR, line 12, column C) if box B checked, otherwise enter zero | 24b | | 00 | | |
| | c Subtract line 24b from line 24a. If zero or less, enter -0- | | | | 24c ● 00 | |
| Alabama Job Related Expenses | 25 Unreimbursed employee expenses — job travel, union dues, job education, etc. (You MUST attach Federal Form 2106 if required. See instructions.) ► | 25 | | 00 | | |
| | 26 Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. ► | 26 | | 00 | | |
| | <i>You may ONLY deduct expenses associated with your Alabama income.</i> | 27 Add the amounts on lines 25 and 26. Enter the total here. | 27 | | 00 | |
| | 28 Multiply the amount on Form 40NR, line 12, column C by 2% (.02). Enter the result here. | 28 | | 00 | | |
| | 29 Subtract line 28 from line 27. Enter the result. If zero or less, enter -0- | | | | 29 ● 00 | |
| Total Itemized Deductions | 30 Add the amounts on lines 23, 24c, and 29. Enter the total here. Then enter on Form 40NR, page 1, line 13 and check 13a, Itemized Deductions. | 30 | | | ● 00 | |



Name(s) as shown on Form 40NR (Do not enter name and social security number if shown on other side)
APUROOP REDDY BANNUR

Your social security number
853-22-0082

SCHEDULE B – Interest and Dividend Income

| | | | | | | |
|---|--|----|---|------|---|--|
| 1 | Total Income from Interest and Dividends before any exclusions | 1 | 5 | 00 | B Adjusted Gross Income from All Sources | C Adjusted Gross Income Earned in Alabama |
| 2 | List all interest received from obligations of the Federal Government, State of Alabama, and political subdivisions of Alabama. | | | | | |
| a | | 2a | | 00 | | |
| b | | 2b | | 00 | | |
| c | | 2c | | 00 | | |
| d | | 2d | | 00 | | |
| 3 | Total. Add amounts on lines 2a, b, c, and d. | 3 | | 00 | | |
| 4 | TOTAL TAXABLE INCOME FROM INTEREST AND DIVIDENDS. Subtract line 3 from line 1. Enter here and also on Form 40NR, page 2, Part I, line 1, column B and C. | 4 | | 5 00 | | 0 00 |

SCHEDULE D – Profit From Sale of Real Estate, Stocks, Bonds, etc.

| | | | | | | | | | | | |
|---|--|---|---------------|------|-----------------|------|--|---|---------------------|---|-------------------------|
| 1 | Enter total gain or (loss), before any Federal exclusion, from the sale of all assets which is not taxable to the State of Alabama. | 1 | B | 00 | C | | | | | | |
| 2 | Itemize all other transactions which are taxable to Alabama in columns a through f below. | | | | | | | | | | |
| a | Kind of Property & Location | b | Date Acquired | c | Amount Received | d | Depreciation Allowable Since Acquisition | e | Cost or Other Basis | f | Subsequent Improvements |
| 3 | Totals. | | | | | | | | | | |
| 4 | Net profit or (loss) (total of columns c and d less total of columns e and f). | 4 | | 0 00 | | 0 00 | | | | | |
| 5 | TOTAL GAIN OR (LOSS) FROM SALE OF REAL ESTATE, STOCKS, BONDS, ETC. Add the amounts on lines 1 and 4. Enter here and on Form 40NR, page 2, Part I, line 5, columns B and C. | 5 | | 0 00 | | 0 00 | | | | | |

SCHEDULE E – Income From Rents, Royalties, Partnerships, Estates, Trusts, and S Corporations

PART I – Rent and Royalty Income or (Loss)

| | | | | | | | | | |
|---|---|---|---------------------------|------|---|------|--------------------------------|---|---------------------------------------|
| 1 | Enter total income or (loss) from all rents and royalties which is not taxable to Alabama. | 1 | B | 00 | C | | | | |
| 2 | Itemize below all rent and royalty income which is taxable to Alabama. | | | | | | | | |
| a | Kind of Property & Location | b | Amount of Rent or Royalty | c | Depreciation or Depletion (attach schedule) | d | Repairs (attach itemized list) | e | Other Expenses (attach itemized list) |
| 3 | Totals (columns 2b through 2e). | | | | | | | | |
| 4 | Net profit or (loss) (column b less sum of columns 2c through 2e). | 4 | | 0 00 | | 0 00 | | | |
| 5 | TOTAL INCOME FROM RENTS AND ROYALTIES. Add the amounts on lines 1 and 4. Enter the totals here and include in line 8 below. | 5 | | 0 00 | | 0 00 | | | |

PART II – Income or (Loss) from Partnerships, S Corporations, Estates, or Trusts

| | | | | | | |
|----|---|--|--|----|--------------------------------|----|
| 6 | List income received from partnerships, estates, trusts, and S corporations in 2019. Income from these sources not taxable to Alabama should be listed in column B only. This type income earned from Alabama sources should be listed in both columns B and C. | | | | | |
| | Name and Address | Check One Partnership Estate or Trust S Corporation | | | Employer Identification Number | |
| 6a | | | | | 00 | 00 |
| 6b | | | | | 00 | 00 |
| 6c | | | | | 00 | 00 |
| 7 | TOTAL INCOME OR (LOSS) FROM PARTNERSHIPS, S CORPORATIONS, ESTATES, AND TRUSTS. Add the amounts on lines 6a, b, and c. Enter the totals here and include in line 8 below. | 7 | | 00 | | 00 |

PART III – Summary

| | | | | | | |
|---|--|---|--|------|--|------|
| 8 | TOTAL INCOME OR (LOSS). Combine the amounts on lines 5 and 7, columns B and C. Enter here and on Form 40NR, page 2, Part I, line 6, columns B and C. | 8 | | 0 00 | | 0 00 |
|---|--|---|--|------|--|------|



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
APUROOP REDDY BANNUR

PRIMARY'S SOCIAL SECURITY NO. SPOUSE'S SOCIAL SECURITY NO.
853-22-0082

| | 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 | 853-22-0082 | 364226928 | <input type="checkbox"/> | <input type="checkbox"/> | AL | 364226928 | 1,299 | | 33,023 | | |
| 2 | 853-22-0082 | 364226928 | <input type="checkbox"/> | <input type="checkbox"/> | OS | | | 73,940 | | 40,917 | |
| 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 ... | | | | | | 1,299 | | | | |
| 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. | | | | | | 1,299 | 73,940 | 33,023 | 40,917 | |

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

| | |
|---|----------------------------|
| Your first name and initial APUROOP REDDY | Last name BANNUR |
| If a joint return, spouse's first name and initial | Last name |
| Home address (number and street). If a P.O. Box, see instructions. 1716 EMPRESS DRIVE | |
| City, town or post office, state, and ZIP code ROANOKE VA 24012 | |
| Apt. no. 8J | |

| |
|---|
| Your social security number 8 5 3 : 2 2 : 0 0 8 2 |
| Spouse's soc. sec. no. if joint return : |
| Telephone number (optional) (813) 841-8807 |

| Part I | |
|--|-----------------|
| Tax Return Information (Whole dollars only.) | |
| 1 Alabama taxable income (Form 40, line 16 or Form 40NR, line 18) | 1 27,924 |
| 2 Total tax liability (Form 40, line 21) or Net tax due (Form 40NR, line 20) | 2 1,358 |
| 3 Total payments (Form 40, line 26 or Form 40NR, line 26) | 3 1,299 |
| 4 Refund (Form 40, line 34 or Form 40NR, line 33) | 4 |
| 5 Amount you owe (Form 40, line 29 or Form 40NR, line 29) | 5 59 |

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 03/04/2021 | 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 03/04/2021 | 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 |

DO NOT MAIL TO ALABAMA DEPT. OF REVENUE

ALABAMA DEPARTMENT OF REVENUE
INCOME TAX ADMINISTRATION DIVISION
Individual Income Tax Payment Voucher

NOTE: This payment voucher can only be used to pay the tax liability for your Alabama individual income tax return, automatic extension, or amended tax return and cannot be used for any other kind of tax payment.

When is my tax return and payment due?

Your 2020 return and payment for the full amount of tax due must be mailed by the due date of your federal return. If you elected to file your 2020 return under the automatic extension rule, then the full amount of tax due must be mailed by the due date of your federal return.

How do I pay this amount?

Detach the payment voucher below, fill it out, and mail it along with your payment. You may pay your tax due with check, money order, credit card, E-Check, or ACH Debit. Do not send cash through the mail.

How do I pay by credit card?

You may choose to use your Discover/Novus, Visa, Master Card, or American Express card by using either of the following companies: You can pay by calling Official Payments Corporation at 1-800-272-9829 or visit www.officialpayments.com.

You can also pay by visiting Value Payment Systems at www.paystatetax.com/al.

There is a convenience fee for this service which is paid directly to the company that you choose to use. The amount of the convenience fee is based on the amount of your payment. Do not use Form 40V when paying by credit card.

How do I pay by ACH Debit? (E-check)

You may pay by ACH Debit by going to www.myalabamataxes.alabama.gov. Do not use Form 40V when paying by ACH Debit. You will need to have your bank routing number and checking account number to use this service.

If mailing a payment without a paper return, please use the PO Box as shown below. If mailing Form 40V with your paper return, please use the mailing address as shown on your return.

Table with 4 columns: Form 40, Form 40NR, Form 40A, Form E40 / E40NR / 40EZ / Automatic Extension. Each column lists the Alabama Department of Revenue mailing address (P.O. Box 327467, Montgomery, AL 36132-7467).

DO NOT staple or attach your payment or Form 40V to your return or to each other.

DETACH ALONG THIS LINE AND MAIL VOUCHER WITH YOUR FULL PAYMENT

40V 2020 Vendor Code 1555-1 Alabama Department of Revenue Individual Income Tax Payment Voucher

PRIMARY TAXPAYER'S FIRST NAME: APUROOP REDDY; MAILING ADDRESS: 1716 EMPRESS DRIVE 8J, ROANOKE, VA 24012; SPOUSE'S FIRST NAME: BANNUR; DAYTIME TELEPHONE NUMBER: (813) 841-8807

Tax Type: IIT; Tax Period: 12-31-20 20; Primary Taxpayer's SSN: 853-22-0082; Spouse's SSN: [blank]; Tax Form: [X] Return, [] Amended, [] Automatic Extension Payment; Amount Due: \$ 59



DO NOT SUBMIT FORM 40V IF PAYMENT WAS MADE BY E-CHECK, CREDIT CARD, OR ACH DEBIT.

Income Worksheet

2020

| | |
|---|---------------------------------------|
| Name as Shown on Return APUROOP REDDY BANNUR | Social Security Number 853-22-0082 |
|---|---------------------------------------|

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 |
|---------------------------|--------------------------|------------|----------------|---------------|----------------------|
| ADVANSOFT INTERNATIONAL I | <input type="checkbox"/> | AL | 33,023. | 33,023. | 1,299. |
| ADVANSOFT INTERNATIONAL I | <input type="checkbox"/> | MN | 40,917. | 0. | |
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |
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| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |
| Total | | | 73,940. | 33,023. | 1,299. |

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"/> | | |
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| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| Total | | | |



2020 Form M1, Individual Income Tax

APUROOP REDDY BANNUR 853220082 11151995
 Your First Name and Initial Your Last Name Your Social Security Number (SSN) Your Date of Birth

If a Joint Return, Spouse's First Name and Initial Spouse's Last Name Spouse's Social Security Number Spouse's Date of Birth
1716 EMPRESS DRIVE ROANOKE VA 24012
 Current Home Address City State ZIP Code

Check if Address is:
 New Foreign

2020 Federal Filing Status (place an X in one box):

(1) Single (2) Married Filing Jointly (3) Married Filing Separately (4) Head of Household (5) Qualifying Widow(er)

Spouse Name _____
 Spouse SSN _____

Dependents (see instructions):

| | | | |
|------------------------------|-----------------------------|-----------------------|---------------------------------------|
| Dependent 1 First Name _____ | Dependent 1 Last Name _____ | Dependent 1 SSN _____ | Dependent 1 Relationship to You _____ |
| Dependent 2 First Name _____ | Dependent 2 Last Name _____ | Dependent 2 SSN _____ | Dependent 2 Relationship to You _____ |
| Dependent 3 First Name _____ | Dependent 3 Last Name _____ | Dependent 3 SSN _____ | Dependent 3 Relationship to You _____ |

State Elections Campaign Fund

To grant \$5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

Political Party Code Numbers:

| | | | |
|----------------------------|---------------------------------|----------------|--------------------------|
| Republican—11 | Independence—13 | Green—15 | Legal Marijuana Now—17 |
| Democratic/Farmer-Labor—12 | Grassroots/Legalize Cannabis—14 | Libertarian—16 | General Campaign Fund—99 |

Your Code _____ Spouse's Code _____

From Your Federal Return (see instructions)

73940 0 0 55135
 A. Wages, salaries, tips, etc. B. IRA, pensions, and annuities C. Unemployment D. Federal taxable income

| | | | |
|-----------|---|-------------|--------------|
| 1 | Federal adjusted gross income (from line 11 of federal Form 1040 and 1040-SR) | 1 ■ | <u>67535</u> |
| 2 | Additions to Minnesota income from line 17 of Schedule M1M (see instructions; enclose Schedule M1M) | 2 ■ | _____ |
| 3 | Add lines 1 and 2. | 3 | <u>67535</u> |
| 4 | Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions) | 4 ■ | <u>12400</u> |
| 5 | Exemptions (determine from instructions) | 5 ■ | _____ |
| 6 | State income tax refund from line 1 of federal Schedule 1. | 6 ■ | _____ |
| 7 | Other subtractions from Minnesota income from line 47 of Schedule M1M (see instructions; enclose Schedule M1M) | 7 ■ | _____ |
| 8 | Total subtractions. Add lines 4 through 7. | 8 | <u>12400</u> |
| 9 | Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank. | 9 | <u>55135</u> |
| 10 | Tax from the table in the Form M1 instructions | 10 | <u>3359</u> |
| 11 | Alternative minimum tax (enclose Schedule M1MT) | 11 ■ | _____ |



12 Add lines 10 and 11 12 3359

13 **Full-year residents:** Enter the amount from line 12 on line 13. Skip lines 13a and 13b.
Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 32 on line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR) 13 3359


13a ■ 0 13b ■ 0

14 Other taxes, such as recapture amounts and the tax on lump-sum distributions (check appropriate boxes)
 (a) Schedule M1HOME (b) Schedule M1529 (c) Schedule M1LS 14 ■ _____

15 Tax before credits. Add lines 13 and 14 15 3359

16 Amount from line 17 of Schedule M1C, *Nonrefundable Credits* (enclose Schedule M1C) 16 ■ 1358

17 Subtract line 16 from line 15 (if result is zero or less, leave blank) 17 2001

18 Nongame Wildlife Fund contribution (see instructions)
This will reduce your refund or increase the amount you owe  18 ■ _____

19 Add lines 17 and 18 19 2001

20 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report
Minnesota withholding from Forms W-2, 1099, and W-2G (do not send) 20 ■ 2452

21 Minnesota estimated tax and extension payments made for 2020 21 ■ _____

22 Amount from line 9 of Schedule M1REF, *Refundable Credits* (see instructions; enclose Schedule M1REF) 22 ■ _____

23 Total payments. Add lines 20 through 22 23 2452

24 **REFUND.** If line 23 is more than line 19, subtract line 19 from line 23 (see instructions).
For direct deposit, complete line 25 24 ■ 451

25 Direct deposit of your refund (you must use an account not associated with a foreign bank):
 Checking Savings 063100277 229055582998
Routing Number Account Number

26 **AMOUNT YOU OWE.** If line 19 is more than line 23, subtract line 23 from line 19 (see instructions) 26 ■ _____

27 Penalty amount from Schedule M15 (see instructions). Also subtract
this amount from line 24 or add it to line 26 (enclose Schedule M15) 27 ■ _____

IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 28 and 29.

28 Amount from line 24 you want sent to you 28 ■ _____

29 Amount from line 24 you want applied to your 2021 estimated tax 29 ■ _____

Taxpayer: I declare that this return is correct and complete to the best of my knowledge and belief.

Your Signature _____
8138418807
Daytime Phone

SYAM PRIYA RAM SAGAR GUPTA TALLAM
Paid Preparer's Signature
6789659522
Preparer's Daytime Phone

Spouse's Signature (If Filing Jointly) _____ Date (MM/DD/YYYY) _____
APUROOPBANNUR@GMAIL.COM
Email Address

03042021
Date (MM/DD/YYYY) P02082703
PTIN or VITA/TCE # (required)

SYAM@GTAXFILE.COM
Preparer's Email Address

I do not want my paid preparer to file my return electronically.

I authorize the Minnesota Department of Revenue to discuss this return with my paid preparer or the third-party designee indicated on my federal return.



2020 Schedule M1C, Nonrefundable Credits

Complete this schedule to determine line 16 of Form M1. Include this schedule when filing your return.

APUROOP REDDY
Your First Name and Initial

BANNUR
Your Last Name

853220082
Your Social Security Number

- 1 Marriage Credit for joint return when both spouses have taxable earned income or taxable retirement income (enclose Schedule M1MA) 1 ■ _____
- 2 Credit for long-term care insurance premiums paid (enclose Schedule M1LTI) 2 ■ _____
- 3 Credit for taxes paid to another state (enclose Schedule(s) M1CR and M1RCR) 3 ■ 1358
- 4 Credit for Past Military Service (see instructions) 4 ■ _____
- 5 Employer Transit Pass Credit (enclose Schedule ETP) 5 ■ _____
- 6 SEED Capital Investment Credit (see instructions; enclose certification) 6 ■ _____
- 7 Education Savings Account Contribution Credit (enclose Schedule M1529) 7 ■ _____
- 8 Credit for Attaining Master's Degree in Teacher's Licensure Field (enclose Schedule M1CMD) 8 ■ _____
- 9 Student Loan Credit (enclose Schedule M1SLC) 9 ■ _____
- 10 Beginning Farmer Management Credit 10 ■ _____
Enter the certificate number from the certificate you received from the Rural Finance Authority:
BF 20 - _____
- 11 Tax Credit for Owners of Agricultural Assets 11 ■ _____
Enter the certificate number from the certificate you received from the Rural Finance Authority:
AO 20 - _____
AO 20 - _____
AO 20 - _____
- 12 Credit for increasing research activities (enclose Schedule KPI, KS, or KF) 12 ■ _____
- 13 Carryforward of prior year Beginning Farmer Management Credits (see instructions) 13 ■ _____
BF ____ - _____
BF ____ - _____
- 14 Carryforward of prior year Owners of Agricultural Assets Credits (see instructions) 14 ■ _____
AO ____ - _____
AO ____ - _____
- 15 Carryforward of prior year Credit for Increasing Research Activities 15 ■ _____
List the years the credits were reported to you on Schedule KPI, KS, or KF:

- 16 Alternative Minimum Tax Credit (enclose Schedule M1MTC) 16 ■ 0
- 17 Add lines 1 through 16. Enter total here and on line 16 of Form M1. 17 1358

You must include this schedule with your Form M1.





2020 Schedule M1CR, Credit for Income Tax Paid to Another State

APUROOP REDDY BANNUR _____ 853220082 _____
 Your First Name and Initial Last Name Social Security Number

Alabama _____
 State or Canadian Province or Territory That Taxed Income Also Taxed By Minnesota

You must complete a separate Schedule M1CR for each state or province you paid tax to. To report tax paid to Wisconsin, use Schedule M1CR, Credit for Taxes Paid to Wisconsin.

To be eligible for this credit, all of the following must apply:

- You were a full- or part-year Minnesota resident in 2020
- You paid 2020 state income tax to **both Minnesota and another state or Canadian province on the same income**
- You were a Minnesota resident when both states taxed the same income.

Use Schedule M1CR to report tax paid to Wisconsin.

Round amounts to the nearest whole dollar.

Full-Year Residents and Part-Year Residents

| | | | |
|---|---|-----|--------------|
| 1 | Amount of adjusted gross income you received while a Minnesota resident that was taxed by the other state (<i>see instructions</i>) | 1 | _____ 33023 |
| 2 | Your adjusted gross income adjusted by U.S. bond interest and bonds of another state (<i>determine from instructions</i>). Part-year residents: See instructions | 2 | _____ 67535 |
| 3 | Divide line 1 by line 2. Enter the result as a decimal (<i>carry to five decimal places; if line 1 is more than line 2, enter 1.00000</i>) | 3 | _____ .48898 |
| 4 | Complete the lines below to determine your Minnesota tax after credits. | | |
| | a Tax from line 13 of Form M1. | 4 a | _____ 3359 |
| | b Add lines 1-2 and 4-9 of Schedule M1C. | 4 b | _____ |
| | Subtract line 4b from line 4a. If the result is zero or less, STOP HERE . You do not qualify for this credit | 4 | _____ 3359 |
| 5 | Multiply line 4 by line 3 | 5 | _____ 1642 |
| 6 | From the other state's income tax return, enter the tax amount before you subtract any tax withheld or estimated tax payments (<i>see instructions</i>). If you paid taxes to a Canadian province or territory, see instructions | 6 ■ | _____ 1358 |

Full-Year Residents

| | | | |
|---|---|---|------------|
| 7 | Amount from line 5 or line 6, whichever is less. Enter here and include on line 3 of Schedule M1C | 7 | _____ 1358 |
|---|---|---|------------|

Part-Year Residents

| | | | |
|----|--|----|-------|
| 8 | From the other state's income tax return, enter the amount of income taxed by that state before subtracting itemized or standard deductions | 8 | _____ |
| 9 | Divide line 1 by line 8. Enter the result as a decimal (<i>carry to five decimal places; if line 1 is more than line 8, enter 1.00000</i>) | 9 | _____ |
| 10 | Multiply line 6 by line 9 | 10 | _____ |
| 11 | Amount from line 5 or line 10, whichever is less. Enter here and include on line 3 of Schedule M1C. | 11 | _____ |

You must include this schedule with your Form M1.



2020 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

APUROOP REDDY
Your First Name and Initial

BANNUR
Last Name

853220082
Your Social Security Number

If a Joint Return, Spouse's First Name and Initial

Spouse's Last Name

Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF that shows Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

| A | B—Box 13 | C—Box 15 | D—Box 16 | E—Box 17 |
|-------------------------|---|--|---|--|
| If the Form W-2 is for: | If Retirement Plan box is checked, mark an X below. | Employer's seven-digit Minnesota Tax ID Number | State wages, tips, etc. <i>(round to nearest whole dollar)</i> | Minnesota tax withheld <i>(round to nearest whole dollar)</i> |
| • you, enter 1 | | | | |
| • spouse, enter 2 | | | | |
| a1 <u>1</u> | b1 <input type="checkbox"/> | c1 MN <u>9642872</u> | d1 <u>40917</u> | e1 <u>2452</u> |
| a2 _____ | b2 <input type="checkbox"/> | c2 MN _____ | d2 _____ | e2 _____ |
| a3 _____ | b3 <input type="checkbox"/> | c3 MN _____ | d3 _____ | e3 _____ |
| a4 _____ | b4 <input type="checkbox"/> | c4 MN _____ | d4 _____ | e4 _____ |
| a5 _____ | b5 <input type="checkbox"/> | c5 MN _____ | d5 _____ | e5 _____ |

Subtotal for additional Forms W-2 (from line 5 on page 2) _____

Total Minnesota tax withheld on all Forms W-2 (add amounts in line 1, column E) 1 ■ 2452

2 Minnesota tax withheld on Forms 1099, W-2G, and 1042-S. If you have more than four forms, complete line 6 on the back.

| A | B | C | D |
|---|---|--|--|
| If the Form 1099, W-2G, or 1042-S is for: | Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer) | Income amount (see the table on the back for amounts to include) | Minnesota tax withheld (round to nearest whole dollar) |
| • you, enter 1 | | | |
| • spouse, enter 2 | | | |
| a1 _____ | b1 MN _____ | c1 _____ | d1 _____ |
| a2 _____ | b2 MN _____ | c2 _____ | d2 _____ |
| a3 _____ | b3 MN _____ | c3 _____ | d3 _____ |
| a4 _____ | b4 MN _____ | c4 _____ | d4 _____ |

Subtotal for additional 1099, W-2G, and 1042-S (from line 6 on page 2) _____

Total Minnesota tax withheld on all 1099, W-2G, and 1042-S (add amounts in line 2, column D) 2 ■ _____

3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries (from line 7 on page 2) 3 ■ _____

4 Total. Add the Minnesota tax withheld on lines 1, 2, and 3.
Enter the total here and on line 20 of Form M1 **4 ■ 2452**

**Include this schedule with your Form M1.
If required, include Schedules KPI, KS, and KF.**

