

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 SANDEEP NAIDU | Last name ADIREDDY | Your social security number 674-54-0284 |
| 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. 14135 BROADMOOR ST | | Apt. no. 307 | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below. OVERLAND PARK | State KS | ZIP code 66223 | |
| Foreign country name | Foreign province/state/county | Foreign postal code | |

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

| | (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 | Credit for other dependents |
|--|----------------|-----------|----------------------------|-------------------------|--|-----------------------------|
| 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"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|--|---|-----|-----|---------|
| | 1 Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 | 61,694. |
| Attach Sch. B if required. | 2a Tax-exempt interest | 2a | | |
| | 3a Qualified dividends | 3a | | |
| | 4a IRA distributions | 4a | | |
| | 5a Pensions and annuities | 5a | | |
| | 6a Social security benefits | 6a | | |
| | 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 | -4,840. |
| | 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | | 9 | 56,854. |
| Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions. | 10 Adjustments to income: | | | |
| | a From Schedule 1, line 22 | 10a | | |
| | b Charitable contributions if you take the standard deduction. See instructions | 10b | | |
| | c Add lines 10a and 10b. These are your total adjustments to income ▶ | | 10c | |
| | 11 Subtract line 10c from line 9. This is your adjusted gross income ▶ | | 11 | 56,854. |
| | 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 | 44,454. |

| | | | |
|----|---|-----|--------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 5,575. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 5,575. |
| 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 | 5,575. |
| 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 | 5,575. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 7,242. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 7,242. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) | 27 | |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | 1,800. |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | 1,800. |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 9,042. |

• 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 | 3,467. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 3,467. |
| b | Routing number 1 0 1 1 0 0 0 4 5 | | |
| c | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number 5 1 8 0 0 6 6 9 6 0 9 4 | | |
| 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 | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| _____ Spouse's signature. If a joint return, both must sign. | _____ | SOFTWARE ENGINEER | _____ |
| _____ | _____ | 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 | Preparer's signature | Date | PTIN | Check if: |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA RAM SAGAR GUPTA TALLAM | 03/23/2021 | P02082703 | <input type="checkbox"/> Self-employed |
| Firm's name | Firm's address | | | Phone no. |
| GLOBAL TAXES LLC | 2530 Pebble Creek Ln Cumming GA 30041 | | | (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
SANDEEP NAIDU ADIREDDY

Your social security number
674-54-0284

Part I Additional Income

| | | | |
|-----------|---|-----------|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | |
| 2a | Alimony received | 2a | |
| b | Date of original divorce or separation agreement (see instructions) ▶ _____ | | |
| 3 | Business income or (loss). Attach Schedule C | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | -4,840. |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income. List type and amount ▶ _____ | 8 | |
| 9 | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 9 | -4,840. |

Part II Adjustments to Income

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

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

OMB No. 1545-0074

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

2020

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

SANDEEP NAIDU ADIREDDY

674-54-0284

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 58-20-26/14 (4F-1) APSEB COLONY BUTCHIRAJUPALEM, VISAKHAPATNAM, ANDHRA PRADESH IN 530027
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
 - 2 Multi-Family Residence
 - 3 Vacation/Short-Term Rental
 - 4 Commercial
 - 5 Land
 - 6 Royalties
 - 7 Self-Rental
 - 8 Other (describe)

| Income: | Properties: | A | B | C |
|---------------------------------------|--------------------|----------|----------|----------|
| 3 Rents received | 3 | 360. | | |
| 4 Royalties received | 4 | | | |

| Expenses: | | | | |
|--|-----------|--------|--|--|
| 5 Advertising | 5 | | | |
| 6 Auto and travel (see instructions) | 6 | | | |
| 7 Cleaning and maintenance | 7 | 800. | | |
| 8 Commissions. | 8 | | | |
| 9 Insurance | 9 | | | |
| 10 Legal and other professional fees | 10 | | | |
| 11 Management fees | 11 | 700. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | | |
| 13 Other interest. | 13 | | | |
| 14 Repairs. | 14 | 1,000. | | |
| 15 Supplies | 15 | 1,200. | | |
| 16 Taxes | 16 | | | |
| 17 Utilities | 17 | 1,500. | | |
| 18 Depreciation expense or depletion | 18 | | | |
| 19 Other (list) ▶ | 19 | | | |
| 20 Total expenses. Add lines 5 through 19 | 20 | 5,200. | | |

| | | | | |
|--|-----------|-------------|-----|-----|
| 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 | -4,840. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (-4,840.) | () | () |

| | | | | |
|--|------------|--------|--|--|
| 23a Total of all amounts reported on line 3 for all rental properties | 23a | 360. | | |
| 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 | 5,200. | | |

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

25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here **25** (4,840.)

26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 **26** -4,840.

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and Credit for Other Dependents (ODC), and Head of Household (HOH) Filing Status

2020

Department of the Treasury
Internal Revenue Service

▶ **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**
▶ **Go to www.irs.gov/Form8867 for instructions and the latest information.**

Attachment
Sequence No. **70**

| | |
|---|---|
| Taxpayer name(s) shown on return SANDEEP NAIDU ADIREDDY | Taxpayer identification number 674-54-0284 |
| Enter preparer's name and PTIN SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703 | |

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

| | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 1 Did you complete the return based on information for tax year 2020 provided by the taxpayer or reasonably obtained by you? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| a Did you make reasonable inquiries to determine the correct, complete, and consistent information? | <input type="checkbox"/> | <input type="checkbox"/> | |
| b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a Did you complete the required recertification Form 8862? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

| | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? | <input type="checkbox"/> | <input type="checkbox"/> | |
| c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

| | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

| | Yes | No |
|--|--------------------------|--------------------------|
| 13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? | <input type="checkbox"/> | <input type="checkbox"/> |

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

| | Yes | No |
|--|--------------------------|--------------------------|
| 14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? | <input type="checkbox"/> | <input type="checkbox"/> |

Part VI Eligibility Certification

- ▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
 - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
 - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - C. Submit Form 8867 in the manner required; **and**
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

▶ **If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

| | | |
|---|---------------------------------|---|
| 15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|---------------------------------|---|

Keep for your records

Name(s) shown on return
SANDEEP NAIDU ADIREDDY

Social Security No.
674-54-0284

General Information:

Property description 58-20-26/14(4F-1), APSEB COLONY, BUTCHIRAJUPALEM
Property type . . . 3 Vacation/Short-term If type is other, enter a description . . .
Location (street address) 58-20-26/14(4F-1)
City APSEB COLONY State ZIP code
If a foreign address: Foreign province or state . . . BUTCHIRAJUPALEM, VISAKHAPATNAM, ANDHRA PRADESH
Foreign postal code 530027 Foreign country India

Complete For All Properties:

Did you make any payments that would require you to file Form(s) 1099? Yes [] No [X]
If yes, did you or will you file all required Form(s) 1099? Yes [] No []

Complete For All Rental Properties:

Days rented at fair rental value 365 Days of personal use 0

Check All That Apply:

- A Owned by spouse [] B Owned jointly []
C Active participation [X] D Material participation []
E Qualified joint venture [] F Some investment is not at risk []
G Other passive exceptions [] H Complete taxable disposition - See Help []
I Treat all MACRS assets for this activity as qualified Indian reservation property? . . . Yes [] No [X]
J Treat all assets acquired after August 27, 2005 as qualified GO Zone property? . . . Regular [] Extension [] No [X]
K Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? . . . Yes [] No [X]
L Was this activity located in a Qualified Disaster Area? Yes [] No [X]
M Check this box if filing this Schedule E as an LLC in CA or TX []

Ownership Percentage:

- N Check to allocate income and expenses using ownership percentage []
O Enter ownership percentage %

Owner-Occupied Rentals:

- P Check to allocate personal use items to Schedule A []
Q Percentage of rental use %

Vacation Home or Property with Personal Use Days:

- R Check to allocate interest and taxes using the Tax Court Method []
S Number of days property owned if less than the entire year

Property Location

58-20-26/14(4F-1), APSEB COLONY, BUTCHIRAJUPALEM, VISAKHAPATNAM, ANDHRA PRADESH, 530027, India

| Income | | % if Different | Total |
|---|------|----------------|-------|
| 3 Enter rental income (not reported elsewhere) | 360. | | |
| Rental income from Form 1099-MISC | | | |
| Rental income from Form 1099-K | | | |
| Rental Income from Cancellation of Debt Wks | | | |
| Total rents received | 360. | 100.000000 | 360. |
| 4 Enter royalties received (not reported elsewhere) . | | | |
| Royalty income from Form 1099-MISC | | | |
| Royalty income from Form 1099-K | | | |
| Royalty Income from Cancellation of Debt Wks | | | |
| Royalty Income from Schedule K-1 | | | |
| Total royalties received | | | |

| Expenses | (a) Total | (b) Enter % if not 100.00 | (c) Reported On Schedule E | (d) Vacation Home Loss Limitation | (e) Allocated to Personal use |
|--|--------------|------------------------------------|----------------------------------|--|--|
| 5 Advertising | | | | | |
| 6 a Auto | | | | | |
| b Travel | | | | | |
| 7 Cleaning and maint | 800. | | 800. | | |
| 8 Commissions | | | | | |
| 9 a Mort insur qualified | | | | | |
| From Form 1098 import | | | | | |
| Total mort insur qual | | | | | |
| b Other Insurance | | | | | |
| 10 Legal & other prof fees | | | | | |
| 11 Management fees | 700. | | 700. | | |
| 12 a Mortgage int qualified | | | | | |
| From Form 1098 import | | | | | |
| Total mort int qualified | | | | | |
| b Mort int other | | | | | |
| From Form 1098 import | | | | | |
| Total mort int other | | | | | |
| 13 Other interest | | | | | |
| 14 Repairs | 1,000. | | 1,000. | | |
| 15 Supplies | 1,200. | | 1,200. | | |
| 16 a Real estate taxes | | | | | |
| From Form 1098 import | | | | | |
| Total real estate taxes | | | | | |
| b Other taxes | | | | | |
| 17 Utilities | 1,500. | | 1,500. | | |
| 18 a Depreciation | | | | | |
| b Depletion | | | | | |
| c Depreciation carryover | | | | | |
| 19 Other expenses | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e Indirect operating exp | | | | | |
| f Operating exp carryover | | | | | |
| g Vehicle rental | | | | | |
| h Amortization | | | | | |
| 20 Add lines 5 through 19 | 5,200. | | 5,200. | | |
| 21 Income or (loss) | | | -4,840. | | |
| 22 Deductible rental real estate loss | | | -4,840. | | |

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

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

Note

DO NOT STAPLE

See page 5 before assembling return

| | | | |
|---|--|------------------------|---|
| Your legal last name ADIREDDY | Legal first name SANDEEP NAIDU | M.I. | Your social security number 674540284 |
| 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. 14135 BROADMOOR ST | | Apt. no. 307 | 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 checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town FITCHBURGH County of DANE School district number See page 43 3269 |
| City or post office OVERLAND PARK | | State KS | |
| Filing status Check <input checked="" type="checkbox"/> below | | | Special conditions <input type="checkbox"/> <input type="checkbox"/> Form 804 filed with return (see page 9) |
| <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"/> | | | |
| | | Legal last name | |
| | | Legal first name | M.I. |
| <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"/> |
| <input type="checkbox"/> Head of household, married (see page 12). | | | |

Use BLACK Ink ● **Print numbers like this** → 0 1 2 3 4 5 6 7 8 9 **Not like this** → Ø 1 4 7 ● **NO COMMAS; NO CENTS**

| | | | |
|-----------|--|------------|-----------------|
| 1 | Federal adjusted gross income (see page 12) | 1 | 56854.00 |
| | Form W-2 wages included in line 1 | ▶ | 61694.00 |
| 2 | Total additions to income from Schedule AD, line 33 (see page 13) | 2 | .00 |
| 3 | Add lines 1 and 2 | 3 | 56854.00 |
| 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 | 56854.00 |
| 6 | Standard deduction. See table on page 34, OR ▼ | 6 | 6153.00 |
| | If someone else can claim you (or your spouse) as a dependent, see page 14 and check here <input type="checkbox"/> | | |
| 7 | Subtract line 6 from line 5. If line 6 is larger than line 5, fill in 0 | 7 | 50701.00 |
| 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 | 50001.00 |
| 10 | Tax (see table on page 36) | 10 | 2618.00 |

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 ... <u>MN</u> | 17 | _____ 95 .00 | |
| 18 | Add lines 11 through 17 | 18 | _____ 385 .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 | _____ 2233 .00 | |
| 20 | Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 22) If you certify that no sales or use tax is due, check here <input checked="checked" type="checkbox"/> | 20 | _____ .00 | |
| 21 | Donations (decreases refund or increases amount owed) | | | |
| | a Endangered resources _____ .00 | | | |
| | b Cancer research _____ .00 | | | |
| | c Veterans trust fund _____ .00 | | | |
| | d Multiple sclerosis _____ .00 | | | |
| | e Military family relief _____ .00 | | | |
| | f Second Harvest/Feeding Amer. _____ .00 | | | |
| | g Red Cross WI Disaster Relief _____ .00 | | | |
| | h Special Olympics Wisconsin _____ .00 | | | |
| | Total (add lines a through h) | 21i | _____ .00 | |
| 2 | 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 | _____ 2233 .00 | |
| 25 | Wisconsin tax withheld. Enclose withholding statements | 25 | _____ 3482 .00 | |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | _____ .00 | |
| 27 | Earned income credit. Number of qualifying children ... <input checked="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 | |



| | | |
|----------------------------|---|-----------------------------|
| Name(s) shown on Form 1 | | Your social security number |
| SANDEEP NAIDU ADIREDDY | | 674540284 |
| 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 _____ 3482 .00 |
| 35 | AMENDED RETURN ONLY—Amounts previously refunded (see page 30) | 35 _____ .00 |
| 36 | Subtract line 35 from line 34 | 36 _____ 3482 .00 |
| 37 | If line 36 is larger than line 24, subtract line 24 from line 36. This is the AMOUNT YOU OVERPAID | 37 _____ 1249 .00 |
| 38 | Amount of line 37 you want REFUNDED TO YOU | 38 _____ 1249 .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) ▶ |
| | | |

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 |
| | | | 9712367799 |

I-010ai

Mail your return to: Wisconsin Department of Revenue
If tax duePO 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



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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>.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>.00</u> |
| 3 | Gifts to charity from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions | 3 | <u>.00</u> |
| 4 | Casualty losses from federal Schedule A (Form 1040 or 1040-SR). | 4 | <u>.00</u> |
| 5 | Add lines 1 through 4 | 5 | <u>.00</u> |
| 6 | Fill in your standard deduction from line 6 on page 1 of Form 1. | 6 | <u>.00</u> |
| 7 | Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0. | 7 | <u>0 .00</u> |
| 8 | Rate of credit is .05 (5%) | 8 | <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>.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>.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>.00</u> | <u>.00</u> |
| 3 | Combine lines 1 and 2. This is earned income. 3 | |
| | <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>.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>.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>.00</u> |
| 7 | Rate of credit is .03 (3%). 7 | <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>.00</u> |

Do not fill in more than \$480.



Schedule **OS**

Wisconsin
Department of Revenue

**Credit for Net Tax Paid
to Another State**

Attach to your Wisconsin Form 1, 1NPR, or 2

2020

| | |
|---|---------------------------------------|
| Name(s) shown on Form 1, 1NPR, or 2 SANDEEP NAIDU ADIREDDY | Identifying number 674-54-0284 |
|---|---------------------------------------|

To be eligible for this credit, you must have been a full-year or part-year Wisconsin resident in 2020 and have paid 2020 state income tax **on the same income** to Wisconsin and another state.

Be sure to enclose a copy of your tax return from the other state(s).

NO COMMAS
NO CENTS



| | Postal abbr. → | State 1 | | State 2 | |
|---|----------------|---------|---------|---------|-----|
| | | M | N | — | — |
| PART I – Income From Other State | | | | | |
| <u>1</u> Wages, salaries, tips, etc | 1 | | 2048.00 | | .00 |
| <u>2</u> Business income / loss | 2 | | .00 | | .00 |
| <u>3</u> Capital gain / loss | 3 | | .00 | | .00 |
| <u>4</u> Other gains / losses | 4 | | .00 | | .00 |
| <u>5</u> IRA distributions, pensions, and annuities | 5 | | .00 | | .00 |
| <u>6</u> Rental real estate, royalties, partnerships, S corporations, trusts, etc | 6 | | 0.00 | | .00 |
| <u>7</u> Farm income / loss | 7 | | .00 | | .00 |
| <u>8</u> Unemployment compensation | 8 | | .00 | | .00 |
| <u>9</u> Social security benefits | 9 | | .00 | | .00 |
| <u>10</u> Other income _____ | 10 | | .00 | | .00 |
| <u>11</u> Add lines 1 through 10 in each column | 11 | | 2048.00 | | .00 |
| Adjustments to Income | | | | | |
| <u>12</u> Deductible part of self-employment tax | 12 | | .00 | | .00 |
| <u>13</u> Self-employed SEP, SIMPLE, and qualified plans | 13 | | .00 | | .00 |
| <u>14</u> Self-employed health insurance deduction | 14 | | .00 | | .00 |
| <u>15</u> IRA deduction | 15 | | .00 | | .00 |
| <u>16</u> Other adjustments to income _____ | 16 | | .00 | | .00 |
| <u>17</u> Add lines 12 through 16 in each column | 17 | | .00 | | .00 |
| <u>18</u> Total income taxed by other state – subtract line 17 from line 11 | 18 | | 2048.00 | | .00 |
| PART II – Calculation of Credit (Individual, Estate, or Trust Income Tax) | | | | | |
| <u>19</u> Income taxable to both Wisconsin and other state (see instructions) | 19 | | 2048.00 | | .00 |
| <u>20</u> Total income taxed by the other state (see instructions) | 20 | | 2048.00 | | .00 |
| <u>21</u> Divide line 19 by line 20. Carry the decimal to four places and fill in on line 21. If line 20 is less than line 19, enter 1.0000 | 21 | 1 | .0000 | | |
| <u>22</u> From the income tax return of the other state, fill in the net tax amount after subtracting all nonrefundable and refundable credits (see instructions) | 22 | | 95.00 | | .00 |
| <u>23</u> Multiply line 21 by line 22. Round the result to the nearest dollar. If tax was paid to another state and passed through to you by a tax-option (S) corporation, limited liability company, or partnership, go on to Part III. Otherwise, skip lines 25 through 29 and go on to Part IV. If claiming a credit for net tax paid to Minnesota, Iowa, Illinois, or Michigan, skip lines 30 through 34 and fill in the amount from line 23 on line 35 | 23 | | 95.00 | | .00 |

| | |
|---|-----------------------------------|
| Name(s) shown on Form 1, 1NPR, or 2 SANDEEP NAIDU ADIREDDY | Identifying number 674-54-0284 |
|---|-----------------------------------|

NO COMMAS; NO CENTS

PART III – Calculation of Credit (Tax-option (S) Corporation, Limited Liability Company, and Partnership Income and Franchise Tax)

| | State 1 | State 2 |
|--|---------|---------|
| 24 Postal abbreviation for state to which tax was paid 24 | M N | _____ |
| 25 Income taxable to both Wisconsin and other state (see instructions) 25 | 0.00 | .00 |
| 26 Total income taxed by the other state (see instructions) 26 | 0.00 | .00 |
| 27 Divide line 25 by line 26. Carry the decimal to four places and fill in on line 27. If line 26 is less than line 25, enter 1.0000 27 | _____ | _____ |
| 28 From the income tax return of the other state, fill in the net tax amount after subtracting all nonrefundable and refundable credits (see instructions) 28 | 0.00 | .00 |
| 29 Multiply line 27 by line 28. Round the result to the nearest dollar. If claiming a credit for net tax paid to Minnesota, Iowa, Illinois, or Michigan, skip lines 30 through 34 and fill in the amount from line 29 on line 36 29 | .00 | .00 |

PART IV - Credit Allowed

| | | |
|--|-------|-------|
| 30 Income taxable to both Wisconsin and other state (see instructions) 30 | .00 | .00 |
| 31 Wisconsin income from Form 1, line 5, Form 1NPR, line 31, or Form 2, see instructions 31 | .00 | .00 |
| 32 Divide line 30 by line 31. Carry the decimal to four places and fill in on line 32. If line 31 is less than line 30, fill in 1.000 32 | _____ | _____ |
| 33 Fill in the Wisconsin net income tax from: • Form 1, line 10, less the amounts on lines 11 through 16 • Form 1NPR, line 46, less the amounts on lines 47 through 50 • Form 2, line 6c, less the amount on line 7 33 | .00 | .00 |
| 34 Multiply line 32 by line 33. Round the result to the nearest dollar 34 | .00 | .00 |
| 35 Fill in the amount from line 23 35 | 95.00 | .00 |
| 36 Fill in the amount from line 29 36 | .00 | .00 |
| 37 Add lines 35 and 36 37 | 95.00 | .00 |
| 38 Fill in the smaller of line 34 or line 37. If claiming a credit for net tax paid to Minnesota, Iowa, Illinois, or Michigan, fill in the amount from line 37 38 | 95.00 | .00 |
| 39 Add the amounts in each column of line 38. Fill in the total here 39 | | 95.00 |
| 40 If you have tax paid to more than 2 states, fill in the amount from line 39 of any additional Schedules OS 40 | | .00 |
| 41 Add lines 39 and 40. This is your credit for tax paid to another state (see instructions) 41 | | 95.00 |





2020 Form M1, Individual Income Tax

SANDEEP NAIDU ADIREDDY 674540284 08151995
 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

14135 BROADMOOR ST OVERLAND PARK KS 66223 Check if Address is:
 Current Home Address City State ZIP Cod 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)

61694 0 0 44454
 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>56854</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>56854</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>44454</u> |
| 10 | Tax from the table in the Form M1 instructions | 10 | <u>2632</u> |
| 11 | Alternative minimum tax (enclose Schedule M1MT) | 11 ■ | _____ |



12 Add lines 10 and 11 12 2632

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 95


13a ■ 2048 13b ■ 56854

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 95

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

17 Subtract line 16 from line 15 (if result is zero or less, leave blank) 17 95

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 95

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 ■ 93

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 93

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 ■ _____

25 Direct deposit of your refund (you must use an account not associated with a foreign bank):
 Checking Savings _____
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 ■ 2

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 _____
9712367799
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) _____
SANDEEPADIREDDY1@GMAIL.COM
Email Address

03232021 P02082703
Date (MM/DD/YYYY) 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.

Include a copy of your 2020 federal return and schedules.

Mail to: Minnesota Individual Income Tax, St. Paul, MN 55145-0010
1031



2020 Schedule M1NR, Nonresidents/Part-Year Residents

Before you complete this schedule, read the instructions and complete lines 1 through 11 of Form M1.

SANDEEP NAIDU ADIREDDY 674540284
 Your First Name and Initial Your Last Name Your Social Security Number

Spouse's First Name and Initial Spouse's Last Name Spouse's Social Security Number

Minnesota Residency (Place an X in one box and enter other state of residency)

You: Full-year Nonresident Part-Year Resident from _____ to _____ Other State of Residency: WI
(MM/DD/YYYY) (MM/DD/YYYY)

Your Spouse: Full-year Nonresident Part-Year Resident from _____ to _____ Other State of Residency: _____
(MM/DD/YYYY) (MM/DD/YYYY)

| | A. Total Amount | B. Minnesota Portion |
|---|-----------------|----------------------|
| 1 Wages, salaries, tips, etc. (from line 1 of federal Form 1040 or 1040-SR) | 61694 | 2048 |
| 2 Taxable interest and ordinary dividend income (lines 2b and 3b of Form 1040 or 1040-SR) | | |
| 3 Business income or loss (from line 3 of federal Schedule 1) | | |
| 4 Capital gain or loss (from line 7 of Form 1040 or 1040-SR) | | |
| 5 IRA distributions, pensions, and annuities (from lines 4b and 5b of Form 1040 or 1040-SR) | | |
| 6 Net income from rents, royalties, partnerships, S corporations, estates, and trusts (from line 5 of federal Schedule 1) | -4840 | 0 |
| 7 Farm income or loss (from line 6 of federal Schedule 1) | | |
| 8 Other income (add lines 6b of Form 1040 or 1040-SR and lines 1, 2a, 4, 7, and 8 of federal Schedule 1) | | |
| 9 Interest and dividends from non-Minnesota state or municipal bonds (add lines 1 and 2 of Schedule M1M) | | |
| 10 Bonus depreciation addition from line 3 of Schedule M1M | | |
| 11 Section 179 addition from line 4 of Schedule M1M | | |
| 12 Suspended loss from line 8 of Schedule M1M | | |
| 13 Other required additions from Schedule M1M and M1AR (see instructions) | | |
| 14 Federal adjustments from Schedule M1NC (See instructions) | | |
| 15 Add lines 1 through 14 for each column | 56854 | 2048 |

If your Minnesota gross income is below \$12,400, see instructions.

| | | |
|--|----|--|
| 16 Educator expenses, certain business expenses, and Armed Forces moving expenses (add lines 10, 11, and 13 of federal Schedule 1) | 16 | |
| 17 Self-employed SEP, SIMPLE, and qualified plans and IRA deduction (add lines 15 and 19 of federal Schedule 1) | 17 | |
| 18 Health savings account and Archer MSA deductions (add line 12 and Archer MSA amount included on line 22 of federal Schedule 1) | 18 | |
| 19 One-half of self-employment tax and self-employed health insurance (add lines 14 and 16 of federal Schedule 1) | 19 | |
| 20 Deductions for alimony paid and student loan interest (see instructions for line 20, column B) | 20 | |



| | | | | |
|----|--|----|-------|--------|
| 21 | Penalty on early withdrawal of savings (from line 17 of federal Schedule 1) | 21 | _____ | _____ |
| 22 | Net operating loss carryover adjustment from line 35 of Schedule M1M (see instructions) 22 ■ | 22 | _____ | _____ |
| 23 | Social Security benefit from line 39 of Schedule M1M (see instructions) | 23 | _____ | _____ |
| 24 | Subtraction for federal bonus depreciation from line 21 of Schedule M1M | 24 | _____ | _____ |
| 25 | Net U.S. bond interest and active military pay received while a nonresident (add lines 18 and 29 of Schedule M1M) | 25 | _____ | _____ |
| 26 | Subtraction for federal section 179 expensing (from line 22 of Schedule M1M) | 26 | _____ | _____ |
| 27 | Add lines 16 through 26 for each column | 27 | _____ | 0 0 |
| 28 | Subtract line 27, column B, from line 15, column B. Enter here and on line 13a of Form M1. If your Minnesota gross income is below \$12,400 or the result is zero or less, enter 0 | 28 | _____ | 2048 |
| 29 | Subtract line 27, column A, from line 15, column A. Enter the result here and on line 13b of Form M1 | 29 | _____ | 56854 |
| 30 | Divide line 28 by line 29, and enter the result as a decimal (carry to five decimal places). If line 28 is more than line 29, enter 1.0. If line 28 is zero, enter 0 | 30 | _____ | .03602 |
| 31 | Amount from line 12 of Form M1 | 31 | _____ | 2632 |
| 32 | Multiply line 30 by line 31. Enter the result here and on line 13 of Form M1 | 32 | _____ | 95 |

You must include this schedule with Form M1. Enter the amounts from lines 28 and 29 of this schedule on Form M1, lines 13a and 13b.





2020 Schedule M1W, Minnesota Income Tax Withheld

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

SANDEEP NAIDU
Your First Name and Initial

ADIREDDY
Last Name

674540284
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>5921908</u> | d1 <u>2048</u> | e1 <u>93</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 ■ 93

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 ■ 93**

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