

Amended U.S. Individual Income Tax Return

Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year 2019 2018 2017 2016

Other year. Enter one: calendar year 2020 or fiscal year (month and year ended):

Your first name and middle initial SHILPA P Last name LAKRA Your social security number 107-73-4585

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Current home address (number and street). If you have a P.O. box, see instructions. 9450 FAIRFAX BLVD Apt. no. 1439 Your phone number (651)795-1156

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions.

FAIRFAX VA 22031

Foreign country name Foreign province/state/county Foreign postal code

Amended return filing status. You must check one box even if you are not changing your filing status. Caution: In general, you can't change your filing status from a joint return to separate returns after the due date. Full-year health care coverage (or, for amended 2018 returns only, exempt). If amending a 2019 return, leave blank. See instructions.

Single Married filing jointly Married filing separately (MFS) Qualifying widow(er) (QW) Head of household (HOH)

If you checked the MFS box, enter the name of 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.

Use Part III on the back to explain any changes

Income and Deductions

Table with 4 columns: Line number, Description, A. Original amount, B. Net change, C. Correct amount. Rows 1-5.

Tax Liability

Table with 4 columns: Line number, Description, A. Original amount, B. Net change, C. Correct amount. Rows 6-11.

Payments

Table with 4 columns: Line number, Description, A. Original amount, B. Net change, C. Correct amount. Rows 12-17.

Refund or Amount You Owe

Table with 4 columns: Line number, Description, A. Original amount, B. Net change, C. Correct amount. Rows 18-23.

Complete and sign this form on page 2.

Part I Exemptions and Dependents

Complete this part **only** if any information relating to exemptions (to dependents if amending your 2018 or later return) has changed from what you reported on the return you are amending. This would include a change in the number of exemptions (of dependents if amending your 2018 or later return).

	For amended 2018 or later returns only, leave lines 24, 28, and 29 blank. Fill in all other applicable lines.			A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
	Note: See the Forms 1040 and 1040-SR, or Form 1040A, instructions for the tax year being amended. See also the Form 1040-X instructions.					
24	Yourself and spouse. Caution: If someone can claim you as a dependent, you can't claim an exemption for yourself. If amending your 2018 or later return, leave line blank	24				
25	Your dependent children who lived with you	25				
26	Your dependent children who didn't live with you due to divorce or separation	26				
27	Other dependents	27				
28	Total number of exemptions. Add lines 24 through 27. If amending your 2018 or later return, leave line blank	28				
29	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4a on page 1 of this form. If amending your 2018 or later return, leave line blank	29				
30	List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see inst. and <input checked="" type="checkbox"/> here <input type="checkbox"/>					

(a) First name		Last name	(b) Social security number	(c) Relationship to you	(d) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents (amended 2018 or later returns only)	
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.

- Check here if you didn't previously want \$3 to go to the fund, but now do.
- Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

Attach any supporting documents and new or changed forms and schedules.
 LETTER OF EXPLANATION ATTACHED

Remember to keep a copy of this form for your records.

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

Sign Here

Your signature _____ Date _____ SOFTWARE ENGINEER
 Your occupation _____

Spouse's signature. If a joint return, **both** must sign. _____ Date _____ Spouse's occupation _____

Paid Preparer Use Only

SYAM PRIYA RAM SAGAR GUPTA TALLAM _____ 09/22/2021 _____ GLOBAL TAXES LLC
 Preparer's signature Date Firm's name (or yours if self-employed)

SYAM PRIYA RAM SAGAR GUPTA TALLAM _____ 2530 Pebble Creek Ln Cumming GA 30041
 Print/type preparer's name Firm's address and ZIP code

P02082703 _____ Check if self-employed (678) 965-9522 30-1017196
 PTIN Phone number EIN

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: SHILPA P
Last name: LAKRA
Your social security number: 107-73-4585
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.
9450 FAIRFAX BLVD
Apt. no. 1439
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] You [] Spouse
City, town, or post office. If you have a foreign address, also complete spaces below.
FAIRFAX
State VA
ZIP code 22031
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 [X] No

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

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'If more than four dependents, see instructions and check here'.

Main tax calculation table with columns for line numbers and amounts. Includes sections for 'Attach Sch. B if required' and 'Standard Deduction for'. Lines include: 1 Wages, salaries, tips, etc. Attach Form(s) W-2 (68,630); 2a Tax-exempt interest; 3a Qualified dividends; 4a IRA distributions; 5a Pensions and annuities; 6a Social security benefits; 7 Capital gain or (loss); 8 Other income from Schedule 1, line 9 (-5,000); 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (63,630); 10 Adjustments to income (10a, 10b, 10c); 11 Subtract line 10c from line 9. This is your adjusted gross income (63,630); 12 Standard deduction or itemized deductions (from Schedule A) (12,400); 13 Qualified business income deduction; 14 Add lines 12 and 13 (12,400); 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- (51,230).

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Table with 2 columns: Description and Amount. Rows include Tax (7,060), Federal income tax withheld (6,612), and Total payments (6,612).

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

Refund

Direct deposit? See instructions.

Table for Refund section including lines 34, 35a, 35b, 35c, 36.

Amount You Owe

For details on how to pay, see instructions.

Table for Amount You Owe section including lines 37 and 38.

Third Party Designee

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

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.

Paid Preparer Use Only

Preparer's name: SYAM PRIYA RAM SAGAR GUPTA TALLAM, Date: 09/22/2021, PTIN: P02082703, Firm's name: GLOBAL TAXES LLC, Firm's address: 2530 Pebble Creek Ln Cumming GA 30041

**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
SHILPA P LAKRA

Your social security number
107-73-4585

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-5,000.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ _____ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-5,000.

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

SHILPA P LAKRA

107-73-4585

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	FILM NAGAR HYDERABAD TELANGANA IN 500043				
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		600.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7		500.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11		500.		
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13				
14	Repairs.	14		1,050.		
15	Supplies	15		1,050.		
16	Taxes	16				
17	Utilities.	17		2,500.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		5,600.		
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		-5,000.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		(-5,000.)	()	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		600.		
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		5,600.		
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		(5,000.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26				-5,000.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

2020 D-40E SUB
District of Columbia Individual Income Tax Declaration for Electronic Filing

IRS Declaration Control Number (DCN) - - -

Your First name and initial Last name Taxpayer Identification Number (TIN)
SHILPA P LAKRA 107734585

Spouse's/Registered domestic partner's First name and initial Last name Spouse's TIN

Present Home Address (number, street and suite/apartment number if applicable) Federal Filing Status
9450 FAIRFAX BLVD 1

City, Town, and State Zip Code + 4 District of Columbia Filing Status
FAIRFAX VA VA 22031 1

PART I - TAX RETURN INFORMATION

PLEASE ENTER WHOLE DOLLAR AMOUNTS

- 1. DC Adjusted Gross Income, Form D-40, Line 15 63630.00
2. Total Tax, Form D-40, Line 25 4181.00
3. DC Income Tax Withheld, Form D-40, Line 29 3472.00
4. Total Amount Due, Form D-40, Line 40 709.00
5. Net Refund, Form D-40, Line 41 .00

PART II - REFUND METHOD Direct Deposit ReliaCard Paper Check

For Direct Deposit or Direct Debit enter the following information:

- 6. Routing Number* *Routing Number must be nine digits and the first two must be 01 through 12 or 21 through 32.
7. Account Number
8. Type of Account Checking Savings

PART III - DECLARATION OF TAXPAYER

Under penalties of perjury, I/we declare that I/we have examined a copy of my/our electronic individual income tax return and accompanying schedules and statements for the 2020 tax year, and to the best of my knowledge and belief, it is true, correct and complete. I/we further declare that the amounts in Part I above are the amounts from my/our electronic income tax return. I consent to allow my/our intermediate service provider, transmitter, or electronic return originator (ERO) to send my/our return to the District of Columbia (DC). I/we authorize DC and its designated financial institution to initiate an ACH electronic funds withdrawal (direct debit). Refunds cannot be direct deposited and payments cannot be transmitted to or from a financial institution outside of the U.S. The authorization is valid for this transaction only.

Your Signature Date Spouse's Signature Date

PART IV - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the individual income tax return and that the entries on D40-E are complete and correct to the best of my knowledge. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with DC. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above individual income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

ERO's Signature Date 092221 TIN 301017196

Paid Preparer's Signature Date 092221 TIN 301017196

PLEASE KEEP FOR YOUR RECORDS. DO NOT MAIL.

2020 D-40P SUB Payment Voucher for Individual Income Tax

Instructions

Use the D-40P Payment Voucher to make any payment due on your D-40 return.

- Do not use the voucher to make estimated tax payments.
- Enter your name(s), taxpayer identification number (TIN) and address exactly as shown on your return. If you are filing a joint return, or filing separately on the same return, enter the name and TIN shown first on your return, then enter the name and TIN shown second on your return.
- Enter the amount of your payment. Whole dollars only. Do not enter cents.
- Make your check or moneyorder (US dollars) payable to DC Treasurer.
- Make sure your name and address appear on your payment (check or money order).
- Enter your TIN, tax period and D-40 on your payment.
- To avoid penalties and interest, pay in full by **April 15, 2021**.
- Staple your payment to the D-40P voucher; Do not attach your payment to your D-40 return.
- Mail the D-40P with, but not attached to your D-40 tax return to:

Office of Tax and Revenue
PO Box 96169
Washington, DC 20090-6169
(Do not attach this voucher to your return)

Dishonored Payments

Make sure your check or electronic payment will clear. You will be charged a \$65 fee if your check or electronic payment is not honored by your financial institution and returned to OTR.

Detach at perforation before mailing

Government of the District of Columbia

D-40P SUB Payment Voucher for Individual Income Tax



00040PS11555

Amount of payment 709.00

Tax Period Ending (MMDDYYYY)

To avoid penalties and interest, your payment must be postmarked no later than April 15, 2021

Your first name M.I. Last name
SHILPA P LAKRA

SOFTWARE DEVELOPER USE ONLY

Spouse's/registered domestic partner's first name M.I. Last name

VENDOR ID# 1555

Your taxpayer identification number (TIN) Spouse's/registered domestic partner's TIN
107734585

Taxpayer daytime telephonenumber
6517951156

Home address (number, street and suite/apartment number if applicable)
9450 FAIRFAX BLVD , APT. 1439

City
FAIRFAX

State
VA

Zipcode + 4
22031

2020 D-40 SUB Individual Income Tax Return



200404S11555

SOFTWARE DEVELOPER USE ONLY VENDOR ID # 1555

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

Personal information

Mark X if filing an Amended return

Your telephone number 6517951156

Mark if Deceased

Your taxpayer identification number (TIN) and Date of Birth (MMDDYYYY) 107734585 02111986

Spouse's/registered domestic partner's TIN and Date of Birth (MMDDYYYY)

Your first name SHILPA M.I. Last name P LAKRA

Spouse's/registered domestic partner's first name M.I. Last name



Home address(number, street and suite/apartment number (if applicable)) 9450 FAIRFAX BLVD, APT. 1439

City FAIRFAX State VA Zip Code + 4 22031

Email Address SHILPAPRITILAKRA@GMAIL.COM

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

Filing Status

1 Mark only one: X Single, Married filing jointly, Married filing separately, Dependent claimed by someone else

Married filing separately on same return Enter combined amounts for Lines 5-41. See instructions.

Registered domestic partners filing jointly or filing separately on the same return. Enter combined amounts for Lines 5-41. See instructions.

Head of household Enter qualifying dependent and/or non-dependent information on Schedule S.

Qualifying widow(er)with dependent child Enter qualifying dependent and/or non-dependent information on Schedule S.

2 Mark if you are Part-year resident in DC from (MMDDYYYY) to (MMDDYYYY) See instructions.

3 Fill in ONLY if Full-year health care coverage or exempt, see instructions

Complete your federal return first – Enter your dependents' information on DC Schedule S

Income Information

Round cents to nearest dollar. If amount is zero, leave line blank; if minus, enter amount and fill in oval.

Table with 4 columns: Description, Mark if loss, Code, Amount. Rows include Wages, salaries, unemployment compensation; Business income or loss; Capital gain or loss; Rental real estate, royalties, partnerships, etc.

Computation of DC Gross and Adjusted Gross Income

4 Federal adjusted gross income. From adjusted gross income lines on federal Forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ. Mark if loss 4 63630.00

Enter your last name LAKRA

Enter your TIN 107734585



200404S21555

Additions to DC Income

5	Franchise tax deducted on federal forms, <i>see instructions.</i>		5	.00
6	Other additions from DC Schedule I, Calculation A, Line 9.		6	.00
7	Add Lines 4, 5 and 6.	Mark if loss	7	63630.00

Subtractions from DC Income

8	Part year residents, enter income received during period of nonresidence, <i>see instructions.</i>		8	.00
9	Taxable refunds, credits or offsets of state and local income tax.		9	.00
10	Taxable amount of social security and tier 1 railroad retirement.		10	.00
11	Income reported and taxed this year on a DC franchise or fiduciary return.		11	.00
12	DC and federal government survivor benefits, <i>see instructions.</i>		12	.00
13	Other subtractions from DC Schedule I, Calculation B, Line 16.		13	.00
14	Total subtractions from DC income, <i>Lines 8-13.</i>		14	0.00
15	DC adjusted gross income, Line 7 minus Line 14.	Mark if loss	15	63630.00

16	Deduction type. <i>Take the same type as you took on your federal return. Fill in which type:</i> Standard <input checked="" type="checkbox"/> or Itemized			
17	DC Deduction amount		17	12400.00

18	DC taxable income. <i>Subtract Line 17 from Line 15.</i>	Mark if loss	18	51230.00
19	Tax. <i>If Line 18 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions.</i>		19	2930.00

Fill in <input type="checkbox"/> if filing separately on same return. Complete Calculation J on Schedule S.				
20	Credit for child and dependent care expenses	.00 X .32	20	.00
<i>From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441</i>				

21	Non-refundable credits from DC Schedule U, Part 1a, Line 7. <i>Attach Schedule U.</i>		21	30.00
22	Total non-refundable credits. <i>Add Line 20 and Line 21.</i>		22	30.00

23	Subtract Line 22 from Line 19. <i>If less than zero, enter zero.</i>		23	2900.00
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24	DC Health Care Shared Responsibility <i>See instructions. If fully covered or fully exempt, enter zero.</i>		24	1281.00
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25	Total Tax. <i>Add Line 23 and Line 24.</i>		25	4181.00
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26 DC Earned Income Tax Credit

26a	Enter the number of qualified EITC children.	26b Enter earned income amount	26b	.00
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26c	For filers with qualifying children. Enter federal EIC	.00 X .40 Enter result.	26d	.00
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26e	For filers without qualifying children. <i>See instructions for special calculations.</i>	Enter result.	26e	.00
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27	Property Tax Credit. <i>From your DC Schedule H; attach a copy.</i>		27	.00
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Enter your last name

LAKRA

Enter your TIN

107734585



200404S31555

28	Refundable credits from DC Schedule U, Part 1b, Line 3. <i>Attach Schedule U.</i>	28	.00
29	DC income tax withheld shown on Forms W-2 and 1099. Attach these forms.	29	3472.00
30	2020 estimated income tax payments and amount applied from 2019 return.	30	.00
31	Tax paid with Form FR-127 Extension of Time to File.	31	.00
32	If this is an amended 2020 return, enter payments made with original 2020 D-40 return.	32	.00
33	If this is an amended 2020 return, enter refunds requested with original 2020 D-40 return.	33	.00
34	Total payments and refundable credits. <i>Add Line 26d or 26e through Line 32. (Do not include Line 33).</i>	34	3472.00
35	Tax Due. <i>Subtract Line 34 from Line 25.</i>	35	709.00
36	Amount overpaid. <i>Subtract Line 25 from Line 34.</i>	36	.00
37	Amount to be applied to your 2021 estimated tax.	37	.00
38	Underpayment Interest. Fill in and attach Form D-2210.	38	.00
39	Contribution amount from Schedule U, Part II, Line 5. <i>(Cannot exceed amount on Line 36)</i>	39	.00
40	Total Amount Due. <i>Add Lines 35, 38 and 39.</i>	40	709.00
41	Net Refund. <i>Subtract total of Lines 37, 38 and 39 from Line 36.</i>	41	.00
	Will this refund go to an account outside the U.S.? Yes No <i>See instructions.</i>		
42	Fill in if either spouse is claiming injured spouse allocation. You must attach Form DC-8379.		

Refund Options: For information on the tax refund card limitations, see instructions or visit our website MyTax.DC.gov

Mark **one** refund choice: Direct deposit or Reliacard (see instructions) or Paper check
 Direct deposit. *To have your refund deposited to your checking or savings account, fill in and enter bank routing and account numbers. See instructions.*

Routing Number Account Number

Fill in if you agree to receive your 1099-G Income Tax refund statement electronically (see instructions).

Third Party Designee *To authorize another person discuss this return with OTR, mark here and enter the name and phone number of that person*

Designee's Name Phone number

Signature Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer.

Your signature	Date	Preparer's signature	Date
_____	_____	SYAM PRIYA RAM SAGAR GUPTA	09222021
Spouse's/registered domestic partner's signature if filing jointly	Date	Preparer's Tax Identification Number (PTIN)	PTIN telephone number
_____	_____	P02082703	6789659522

2020 SCHEDULE S Supplemental Information and Dependents



200400S31555

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1555

Unless instructed otherwise -
If you fill in any part of this schedule, attach it to your D-40.

Enter your last name.
LAKRA

Enter your Taxpayer Identification Number(TIN)
107734585

Dependents *If you have more than 8 dependents, list them on an attachment.*

First name	M.I.	Last name	
Taxpayer identification number	Relationship		Date of Birth (MMDDYYYY)
First name	M.I.	Last name	
Taxpayer identification number	Relationship		Date of Birth (MMDDYYYY)
First name	M.I.	Last name	
Taxpayer identification number	Relationship		Date of Birth (MMDDYYYY)
First name	M.I.	Last name	
Taxpayer identification number	Relationship		Date of Birth (MMDDYYYY)
First name	M.I.	Last name	
Taxpayer identification number	Relationship		Date of Birth (MMDDYYYY)
First name	M.I.	Last name	
Taxpayer identification number	Relationship		Date of Birth (MMDDYYYY)
First name	M.I.	Last name	
Taxpayer identification number	Relationship		Date of Birth (MMDDYYYY)
First name	M.I.	Last name	
Taxpayer identification number	Relationship		Date of Birth (MMDDYYYY)

Head of household filers or qualifying widow(er) TIN of qualifying non-dependent person Date of Birth of qualifying non-dependent person (MMDDYYYY)

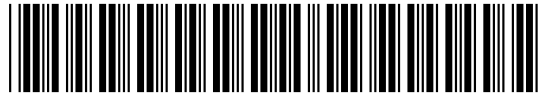
Do not enter your information

First name of qualifying non-dependent person M.I. Last name

2020 SCHEDULE S PAGE 2

Last name and TIN LAKRA

107734585



200400S41555

Calculation G-1 Computation of Standard Deduction Calculation G-1 must be completed and submitted with the return except for dependent filers

a	Basic standard deduction amount. See instructions.	a	12400.00
b	Enter 1 if you are age 65 or over.	b	
c	Enter 1 if you are blind.	c	
d	Enter 1 if married or registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is 65 or over.	d	
e	Enter 1 if married or registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is blind.	e	
f	Total number of additions to standard deductions. Add Lines b through e.	f	
g	Additional standard deduction amount. Multiply \$1,300 (\$1,650 if single or head of household) by number on Line f.	g	0.00
h	Total standard deduction. Add Lines a and g, enter here and on D-40, Line 17.	h	12400.00
i	Total number of dependents.	i	

Calculation J Tax computation for married or registered domestic partners filing separately on the same DC return.

Enter separate amounts in each column. Do not combine amounts until Line i.

		You	Your spouse/registered domestic partner
a	Federal adjusted gross income Mark if minus	a .00	.00
	<i>If you and your spouse filed a joint federal return, enter each person's portion of federal adjusted gross income. Registered domestic partners should enter the federal AGI reported on their separate federal returns</i>		
b	Total additions to federal adjusted gross income	b .00	.00
	<i>Enter each person's portion of additions entered on D-40, Lines 5 and 6.</i>		
c	Add Lines a and b. Mark if minus	c .00	.00
d	Total subtractions from federal adjusted gross income	d .00	.00
	<i>Enter each person's portion of subtractions entered on D-40, Line 14.</i>		
e	DC adjusted gross income Subtract Line d from Line c. Mark if minus	e .00	.00
f	Deduction amount. Enter each person's portion of deductions entered on D-40, Line 17.	f .00	.00
g	Taxable income. Subtract Line f from Line e. Mark if minus	g .00	.00
h	Tax. If Line g is \$100,000 or less, use tax tables. If more than \$100,000, use Calculation I in instructions.	h .00	.00
i	Add the amounts on Line h, enter here and on D-40, Line 19.	i .00	

List TINs associated with income reported and taxed on Franchise and Fiduciary Returns for the amount listed on D-40, Line 11.

a	b	c
d	e	f
g	h	i

2020 SCHEDULE U SUB
Additional Miscellaneous
Credits and Contributions



200404S71555

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1555

Important: Print in CAPITAL letters using black ink. Attach to D-40.

Note: Contribution(s) will either decrease a refund or increase the tax owed by the amount of the contribution(s).

Enter your last name
LAKRA

Taxpayer Identification Number (TIN)
107734585

Part I Credits

a. Non-refundable Credits

1 Enter state income tax credit.

List additional states on a separate sheet, attach it to this Schedule. (Enter total of all state tax credits on Line 2 below.)

State (a) MN 30.00 (b) .00

State (c) .00 (d) .00

2 Total of Line 1 state tax credits and any additional tax credits from the attachments. 2 30.00

3 Enter alternative fuel credits, see instructions. .00

3(a) Alternative fuel infrastructure - private residence. # of stations .00

3(b) Alternative fuel infrastructure - public use. # of stations .00

3(c) Alternative fuel vehicle conversion. # of vehicles

4 Total of Line 3 alternative fuel credits. Add Lines 3(a) - 3(c) only and enter here. 4 .00

5 DC Government Employee first-time DC homebuyer credit, see instructions 5 .00

6 RESERVED 6 .00

7 Total your non-refundable credits, enter here and on Form D-40, Line 21. 7 30.00

b. Refundable Credits

1 DC Non-custodial parent EITC. See Schedule N. 1 .00

2 Keep Child Care Affordable Tax Credit. See Schedule ELC. 2 .00

3 Total your refundable credits, enter here and on Form D-40, Line 28. 3 0.00

Part II Contributions (The minimum contribution is \$1.00.)

1 DC Statehood Delegation fund. 1 .00

2 Taxpayer Support for Afterschool Programs for At-Risk Students 2 .00

3 Anacostia River Cleanup and Protection Fund 3 .00

4 RESERVED 4 .00

5 Total your contribution(s), enter here and on form D-40, Line 39. 5 .00

If you are not due a refund and do not owe tax, you may still make contributions. Total your contributions and enter on Form D-40, Line 43.

If you owe tax, make the payment plus any contributions, payable to DC Treasurer and mail it with your return.

Attach this schedule to your D-40 return.

2020 Schedule HSR SUB DC Health Care Shared Responsibility



200405S11555

SOFTWARE DEVELOPER USE ONLY VENDOR ID# 1555

Unless Instructed otherwise- if you fill any part of this schedule, attach it to your D-40

Personal information

Your daytime telephone number 6517951156

Your taxpayer identification number (TIN) 107734585 and Date of Birth (MMDDYYYY) 02111986

Spouse's/registered domestic partner's TIN and Date of Birth (MMDDYYYY)

Your first name SHILPA M.I. P Last name LAKRA

Spouse's/registered domestic partner's first name M.I. Last name

Mailing address (number, street and suite/apartment number if applicable)

9450 FAIRFAX BLVD, APT. 1439

City FAIRFAX State VA Zip Code +4 22031

PART I Do you have qualifying health coverage?

1 Did you and, if applicable, all members of your health care shared responsibility family, have qualifying health coverage for every month in 2020?

- Yes. STOP. You do not owe a health care shared responsibility payment. Enter zero on Line 24 of your D-40.
No. If you answered No, complete Part II.

PART II Do you have an exemption?

2 Can someone else claim you as a dependent on their federal income tax return for 2020?

- Yes. STOP. You do not owe a health care shared responsibility payment.
No.

3 Was your federal adjusted gross income below the applicable filing threshold for your filing status for 2020? See instructions.

- Yes. STOP. You do not owe a health care shared responsibility payment.
No.

4 Was your federal adjusted gross income, reported on your D-40, Line 4 for 2020, equal to or less than \$28,327?

- Yes. STOP. You do not owe a health care shared responsibility payment.
No.

If you answered Yes to any of questions 2 - 4, enter zero on Line 24 of your D-40. If not, continue by answering questions 5 - 6.

5 Do you affirm under the penalties of perjury that you or any member of your health care shared responsibility family lacked qualifying health coverage in 2020 on the basis of a sincerely held religious belief during the entire taxable year?

- Yes. You must complete Part III before completing Part IV.
No.

6 Are you claiming an exemption (other than a sincerely held religious belief) for at least one month for 2020 for yourself or any member of your health care shared responsibility family?

- Yes. You must complete Part III before completing Part IV.
No.

After answering questions 5 - 6, complete Part IV to determine the amount to enter on Line 24 of your D-40. If you answered yes to question 5 or 6, you must also complete Part III.



200405S21555

Enter your lastname **LAKRA**

Enter your taxpayer identification number (TIN) **107734585**

PART III What coverage exemptions are you claiming for members of your shared responsibility family and for how many months?

Name of Individual	Taxpayer Identification Number (TIN)	Exemption Type	Number of Exempt Months Claimed
7 First name and M.I. Last name			
8 First name and M.I. Last name			
9 First name and M.I. Last name			
10 First name and M.I. Last name			
11 First name and M.I. Last name			
12 First name and M.I. Last name			

PART IV Complete the applicable worksheets before completing Part IV.

Roundcents to nearest dollar. If amount is zero, leave line blank.

13	Enter flat dollar amount (see Worksheet A-1, Line 5 or Worksheet A-2, Line 7).....	13	695.00
14	Enter the percentage income amount (see Worksheet B-1, Line 4 or Worksheet B-2, Line 14).....	14	1281.00
15	Enter the larger of Line 13 or Line 14 (If Lines 13 and 14 are the same, enter that number.).....	15	1281.00
16	Enter the District Average Bronze Plan Premium (see Worksheet C-1, Line 2 or Worksheet C-2, Line 2).....	16	3448.00
17	Enter the smaller of Line 15 or Line 16 here and on D-40, Line 24.....	17	1281.00

Additional information from your 2020 District of Columbia Tax Return

Form D-40: Individual Income Tax Return

Amended Return Explanation

Explanation Statement

Be aware that federal and state tax forms may have different line numbers and page references, and please make changes accordingly.

I SHILPA P LAKRA FILED STATE TAX RETURN FOR TAX YEAR 2020,
I MISSED TO INCLUDE STATE WAGE INCOME IN TAX RETURN NOW THROUGH THIS
AMMENDMENT I INCLUDED STATE WAGE STATEMENT, I REQUEST IRS TO ACCEPT CHANGES

Income Tax Return Payment

Pay by Check

- Make your check payable to “Minnesota Revenue.”
- Print the last four digits of your Social Security number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

Note: Your payment may be delayed if your voucher information is missing or incorrect. When printing the voucher, set your printer to “Actual size” (not “Shrink oversized pages”).

Scan Line

The scan line is the most important part of the voucher. When submitting your voucher make sure the scan line:

- Is printed with 66 digits – characters, symbols, or masking are unacceptable.
- Is not cut off or missing.

Pay Electronically

- Pay electronically from your bank account. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box or call our automated system at 1-800-570-3329. We do not charge for this service.
- Pay by credit card or debit card. Go to **www.paystatetax.com/mn** or call 1-855-947-2966. Value Payment Systems processes these payments and charges you a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to **www.revenue.state.mn.us** and type **ACH Credit** into the Search box.

REV 08/05/21 PRO

Cut carefully along this line to detach.
Your check authorizes us to make a one-time electronic fund transfer from your account.

1031

Income Tax Return Payment

SHILPA P LAKRA

9450 FAIRFAX BLVD Apt #1439
FAIRFAX VA 22031

Make check payable to:
Minnesota Revenue
P.O. Box 64054, St. Paul, MN 55164-0054

Preparer Tax Identification Number: P02082703

Social Security Number (required): 107734585
Spouse's Social Security Number:

Tax-Year End: 123120

Amount of Check: 39 00

0010200000000000000000001231203000107734585000000000000000000000000000001031



2020 Form M1, Individual Income Tax

SHILPA P LAKRA 107734585 02111986
 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
9450 FAIRFAX BLVD A FAIRFAX VA 22031
 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)

68630 0 0 51230
 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>63630</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>63630</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>51230</u>
10	Tax from the table in the Form M1 instructions	10	<u>3094</u>
11	Alternative minimum tax (enclose Schedule M1MT)	11 ■	_____



12 Add lines 10 and 11 12 3094

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 39


13a ■ 800 13b ■ 63630

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 39

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 39

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 39

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 ■ _____

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 _____

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 ■ 39

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 _____
6517951156
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) _____
SHILPAPRITILAKRA@GMAIL.COM
Email Address

09222021
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 M1NR, Nonresidents/Part-Year Residents

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

SHILPA P Your First Name and Initial LAKRA Your Last Name 107734585 Your Social Security Number

Minnesota Residency (Place an X in one box and enter other state of residency) You: [X] Full-year Nonresident [] Part-Year Resident from ... to ... Other State of Residency: DC

Table with columns: Description, A. Total Amount, B. Minnesota Portion. Rows include: 1 Wages, salaries, tips, etc. (68630 / 800); 2 Taxable interest and ordinary dividend income; 3 Business income or loss; 4 Capital gain or loss; 5 IRA distributions, pensions, and annuities; 6 Net income from rents, royalties, partnerships, S corporations, estates, and trusts (-5000 / 0); 7 Farm income or loss; 8 Other income; 9 Interest and dividends from non-Minnesota state or municipal bonds; 10 Bonus depreciation addition from line 3 of Schedule M1M; 11 This line intentionally left blank; 12 Suspended loss from line 8 of Schedule M1M; 13 Other required additions from Schedule M1M and M1AR; 14 Federal adjustments from Schedule M1NC; 15 Add lines 1 through 14 for each column (63630 / 800).

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

Table with columns: Description, A. Total Amount, B. Minnesota Portion. Rows include: 16 Educator expenses, certain business expenses, and Armed Forces moving expenses; 17 Self-employed SEP, SIMPLE, and qualified plans and IRA deduction; 18 Health savings account and Archer MSA deductions; 19 One-half of self-employment tax and self-employed health insurance; 20 Deductions for alimony paid and student loan interest.



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	_____	800
29	Subtract line 27, column A, from line 15, column A. Enter the result here and on line 13b of Form M1	29	_____	63630
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	_____	.01257
31	Amount from line 12 of Form M1	31	_____	3094
32	Multiply line 30 by line 31. Enter the result here and on line 13 of Form M1	32	_____	39

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.

