1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 202	20	OMB No. 1545	-0074	IRS Us	e Only	—Do not w	vrite or staple	e in this space.
Filing Status Check only one box.	lf yo	Single \mathbf{X} Married filing jointly u checked the MFS box, enter the n ion is a child but not your dependent	ame of y	ed filing separatel /our spouse. If yc								
Your first name	and mi	ddle initial	Last nar	me						Your so	cial securi	ity number
SURYA NA	ARAY	ANA MURTH	VEMU	RI						838-	63-164	2
If joint return, s	pouse's	first name and middle initial	Last nar	me						Spouse	's social se	curity number
LAXMI SA	ARASI	WATHI	BOYI	LLA						752-	38-504	9
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				Apt. no.		Preside	ntial Elect	ion Campaign
3505 E 1	PIKE	ST								Check I	here if you	, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete sp	paces below.	St	ate	ZIP c	ode				ntly, want \$3
PHOENIX					A	Z	850	050			o this tuna. Iow will not	Checking a
Foreign country	/ name		F	oreign province/sta	ate/cour	nty	Forei	gn postal (code		x or refund	•
											You	Spouse
At any time du	ring 20	020, did you receive, sell, send, exch	nange, o	r otherwise acqu	iire any	financial intere	st in a	any virtu	al cu	rrency?	Yes	X No
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate return	n or you	were a dual-stat	us alie	_	un la of			1050		
Age/Blindness	-		956	Are blind	Spous				-	-		lind
Dependents If more		instructions): irst name Last name		(2) Social sect number	urity	(3) Relationsh to you	ip	(4) ⊌ Child			r (see instru Credit for o	uctions): ther dependents
than four	BHU	JVAN TEJA VEMURI		965-97-2665 965-97-2672								×
dependents,	LAK	SHYA VEMURI										X
see instruction and check	5											
here 🕨 🗌												
	1	Wages, salaries, tips, etc. Attach F	^c orm(s) V	N-2						. 1	1	76,195.
Attach	2a	Tax-exempt interest	2a		b .	Taxable interes	t.			. 2b	,	
Sch. B if	3a	Qualified dividends	3a			b Ordinary dividence		ls		. 3b	,	
required.	4a	IRA distributions	4a		b .	b Taxable amount .				. 4b	,	
	5a	Pensions and annuities	5a		b .	Taxable amoun	t			. 5b	,	
Standard	6a	Social security benefits	6a		b .	Taxable amoun	t			. 6b	,	
Deduction for -	7	Capital gain or (loss). Attach Scheo	dule D if	required. If not r	equire	d, check here			►	7		-3,000.
 Single or Married filing 	8	Other income from Schedule 1, line	e9							. 8	-	18,150.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. T	his is your total i	ncome	ə				▶ 9	1	55,045.
 Married filing 	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22				10	a					
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions 10b										
• Head of	с	Add lines 10a and 10b. These are	your tot	al adjustments t	to inco	ome				▶ 10	C	
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjusted gross i	ncome					▶ 11	1	55,045.
 If you checked 	12	Standard deduction or itemized	deducti	ons (from Sched	ule A)					. 12	:	24,800.
any box under Standard	13	Qualified business income deducti	ion. Atta	ch Form 8995 or	Form	8995-A				. 13		
Deduction, see instructions.	14	Add lines 12 and 13								. 14	,	24,800.
	15	Taxable income. Subtract line 14	from line	e 11. lf zero or le	ss, ent	er -0	<u> </u>	<u> </u>		. 15	-	30,245.

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

Form **1040** (2020)

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3			16	20,234.
	17	Amount from Schedule 2, lin	e3						17	
	18	Add lines 16 and 17							18	20,234.
	19	Child tax credit or credit for	other dependen	ts					19	1,000.
	20	Amount from Schedule 3, lin	e7						20	
	21	Add lines 19 and 20							21	1,000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	19,234.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is	your total tax					. 🕨	24	19,234.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	16,	767.		
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	5)			25c				
	d	Add lines 25a through 25c							25d	16,767.
• If you have a	26	2020 estimated tax payment							26	
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812		28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8		29				
see instructions.	30	Recovery rebate credit. See	instructions .			30	2,	496.		
	31	Amount from Schedule 3, lin	e13			31		996.		
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and refund	dable cr	edits	. 🕨	32	3,492.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 🕨	33	20,259.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amo	unt you	overpaid		34	1,025.
neruna	35a	Amount of line 34 you want			3 is attached, che	eck here	ə		35a	1,025.
Direct deposit?	►b	Routing number 0 4 4	0 0 0 0		► c Type: 🚺	K Checl	king 🗌 S	avings		
See instructions.	►d	Account number 9 2 8	0 8 6 9	6 1						
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax 🕨	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now			. 🕨	37	
You Owe		Note: Schedule H and Sch	edule SE filers,	line 37 may r	not represent all	of the	taxes you o	we for		
For details on how to pay, see		2020. See Schedule 3, line 1								
instructions.	38	Estimated tax penalty (see ir	nstructions) .		🕨	38				
Third Party	Do	you want to allow another								
Designee	ins	structions				. 🕨	Yes. Co	nplete b	elow.	X No
		signee's		Phone				nal identif		
		me 🕨		no. 🕨				er (PIN) 🕨		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		ur signature		Date	Your occupation			1		nt you an Identity
		al signature		Duic						N, enter it here
Joint return?					SR SPLUNK	ADMIN	IISTRATOR	see (see	nst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupa	ation				nt your spouse an
your records.	,					* T NTD D1			ity Prote nst.) 🕨	ection PIN, enter it here
	b	(210)255041	0		SR BI ENG				not.) 🕨	
		one no. (216)255-841 eparer's name	9 Preparer's signat	Email address	VSNMURTHY	Date		1 PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			מיזדעיים מיאדדאיי				0700	Self-employed
Preparer				RAPI SAGAR	GUPIA IALLA	עטן ייי.	22/2021	202082		
Use Only		m's name ► GLOBAL TAX		n Cummin	a CA 20041					678)965-9522
		m's address ► 2530 Pebb		in Cumming	-			Firm'	s EIN 🕨	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV	/ 08/30/21 PRO			Form 1040 (2020)

BAA

SCHEDU	ILE 1
(Form 104	10)

Department of the Treasury

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 inform

Your soc	ial security number
nation.	Attachment Sequence No. 01
	2020

OMB No. 1545-0074

 \frown

Internal Revenue Service		Sequence	
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security
S VEMURI & L B	OYILLA	838-63	-1642

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2 a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	-18,150.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
		0	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10 150
Par	line 8	9	-18,150.
10		10	
11	Educator expenses		
••	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		
С	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		
For Pa	on Form 1040, 1040-SR, or 1040-NR, line 10a	22 Schedu	le 1 (Form 1040) 2020

Additional Credits and Payments

OMB No. 1545-0074 20

20

	Attach to Form 1040, 1040-SR, or 1040-NR. Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest inf	 Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information. 					
Name	e(s) shown on Form 1040, 1040-SR, or 1040-NR			ial s	equence No. 03 ecurity number		
	EMURI & L BOYILLA		838-63	3-16	542		
Par	rt I Nonrefundable Credits						
1	Foreign tax credit. Attach Form 1116 if required		🗋	1			
2	Credit for child and dependent care expenses. Attach Form 2441		🗋	2			
3	Education credits from Form 8863, line 19		🗋	3			
4	Retirement savings contributions credit. Attach Form 8880		🗋	4			
5	Residential energy credits. Attach Form 5695		🗋	5			
6	Other credits from Form: $\mathbf{a} \square 3800 \mathbf{b} \square 8801 \mathbf{c} \square$			6			
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040			7			
Par	t II Other Payments and Refundable Credits						
8	Net premium tax credit. Attach Form 8962		🗋	8			
9	Amount paid with request for extension to file (see instructions)		🗋	9			
10	Excess social security and tier 1 RRTA tax withheld		[·	10	996.		
11	Credit for federal tax on fuels. Attach Form 4136		[11			
12	Other payments or refundable credits:						
а	Form 2439						
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 12b						
С	Health coverage tax credit from Form 8885						
d	Other: 12d						
е	Deferral for certain Schedule H or SE filers (see instructions) . 12e						
f	Add lines 12a through 12e		1	12f			
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 104	0-NR, lin	e 31 ·	13	996.		
For Pa	aperwork Reduction Act Notice, see your tax return instructions. BAA REV	/ 08/30/21 PRO	Sc	hedu	le 3 (Form 1040) 2020		

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 20 $\mathbf{20}$ Attachment

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

Department of the Treasury rm 1040 1040 SP 1040 NP or 1041; partnerships generally must file For ah ta Fa ----A

	Revenue Service (99) Attach to	Form	1040, 1040-SR, 1040-NR, o	r 1041	; partnerships generally must file F	orm 10	065. Sequence No. 09
Name o	f proprietor					Social	security number (SSN)
SURY	YA NARAYANA MURTH V	EMUR	I			838-	-63-1642
A	Principal business or profession	on. inc	udina product or service (se	e instr	uctions)	B Ente	r code from instructions
	SOFTWARE SERVICES		▶ 5 1 9 1 0 0				
С	Business name. If no separate	D Emp	loyer ID number (EIN) (see instr.)				
	SOFTWARE SERVICES		,				
E	Business address (including s	uite or	room no.) ► 3505 E E	PIKE	ST	I	
	City, town or post office, state	, and	ZIP code PHOENIX	AZ			
F		K Cas		s) 🗌 (Other (specify) ►		
G					2020? If "No," see instructions for li	nit on le	osses . 🗙 Yes 🗌 No
н							
1			-		n(s) 1099? See instructions		
J							
Part							
1		nstruct	ions for line 1 and check the	box if	this income was reported to you on		
•						1	
2					·	2	
3	Subtract line 2 from line 1					3	
4							
5	0	,					
6					refund (see instructions)		
7					· · · · · · · · · · · · · · · · · · ·	7	
Part	II Expenses. Enter expe	enses	for business use of you	ir hom	ne only on line 30.		
8	Advertising	8	,	18	Office expense (see instructions)	18	
9	Car and truck expenses (see			19	Pension and profit-sharing plans .	19	
Ū	instructions).	9	5,750.	20	Rent or lease (see instructions):		
10	Commissions and fees .	10		a	Vehicles, machinery, and equipment	20a	12,400.
11	Contract labor (see instructions)	11		b	Other business property	20b	
12	Depletion	12		21	Repairs and maintenance		
13	Depreciation and section 179			22	Supplies (not included in Part III) .	22	
	expense deduction (not			23	Taxes and licenses	23	
	included in Part III) (see instructions).	13		24	Travel and meals:		
14	Employee benefit programs			a	Travel	24a	
••	(other than on line 19).	14		b	Deductible meals (see		
15	Insurance (other than health)	15		1	instructions)	24b	
16	Interest (see instructions):			25	Utilities	25	
а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits).	26	
b	Other	16b		27a	Other expenses (from line 48)	27a	
17	Legal and professional services	17		b	Reserved for future use	27b	
28	Total expenses before expen	ises fo	r business use of home. Add		8 through 27a	28	18,150.
29	Tentative profit or (loss). Subt	ract lin	e 28 from line 7			29	-18,150.
30	Expenses for business use c	of your			nses elsewhere. Attach Form 8829		
	unless using the simplified me						
	Simplified method filers only	/: Ente	r the total square footage of	(a) you	ır home:		
	and (b) the part of your home	used f	or business:		. Use the Simplified		
	Method Worksheet in the inst	ruction	s to figure the amount to en	ter on I	line 30	30	
31	Net profit or (loss). Subtract	line 30) from line 29.				
	• If a profit, enter on both S	chedu	le 1 (Form 1040), line 3, ar	nd on 🕯	Schedule SE, line 2. (If you		
	checked the box on line 1, see	e instru	uctions). Estates and trusts,	enter c	m Form 1041, line 3.	31	-18,150.
	• If a loss, you must go to lir	ne 32.			J		
32	If you have a loss, check the b	oox tha	at describes your investment	in this	activity. See instructions.		
	• If you checked 32a, enter				1		_
	SE, line 2. (If you checked the		•			32a	X All investment is at risk.
	Form 1041, line 3.			,		32b	
	 If you checked 32b, you mu 		at risk.				

REV 08/30/21 PRO

Schedu	e C (Form 1040) 2020			Page 2
Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (att.	ach ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing invento If "Yes," attach explanation		. 🏾 Yes	🗌 No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or and are not required to file Form 4562 for this business. See the instructions for I file Form 4562.			
43 44 a	When did you place your vehicle in service for business purposes? (month/day/year) $12/31/202$ Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used yourBusiness10,000bCommuting (see instructions)c		for:	5,000
45	Was your vehicle available for personal use during off-duty hours?		☐ Yes	🗙 No
46	Do you (or your spouse) have another vehicle available for personal use?.		X Yes	□ No
	Do you have evidence to support your deduction?	• •	🖸 Yes	X No
Part	If "Yes," is the evidence written?	 ne 30		
48	Total other expenses. Enter here and on line 27a	48		

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

20

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

Attachment Sequence No. 12

20

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

S VEMURI & L BOYILLA

► Go

Your social security number

838-63-1642

Dio	d you	dispose of	any inv	estment(s)	in a qualified	l opportuni	ty fund dur	ring the ta	x year?	☐ Yes	🗡 No	
lf "	Yes,"	attach For	m 8949	and see its	s instructions	s for additio	onal require	ements for	r reporting	your gair	n or loss.	

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	27,364.	31,209.	2	48.	-3,597.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1		5			
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	Carryover	6	()		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	-3,597.

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

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

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	-3,597.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7 Then, go to line 17 below.		
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complet line 22.	e	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, c 1040-NR, line 7. Then, go to line 22.	r	
17	Are lines 15 and 16 both gains?		
	 Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter th amount, if any, from line 7 of that worksheet	• 18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (se instructions), enter the amount, if any, from line 18 of that worksheet	e ► 19	
20	 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instruction for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 	6	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 2 and 22 below.	1	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21	(3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instruction for Forms 1040 and 1040-SR, line 16.	6	
	X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

REV 08/30/21 PRO

Schedule D (Form 1040) 2020

Form **8949**

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury

► Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2020 Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
S VEMURI & L BOYILLA	838-63-1642

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

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

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

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

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	Adjustment, in If you enter an enter a co See the sep	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Securities LLC	01/01/20	06/23/20	27,364.	31,209.	W	248.	-3,597.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►			27,364.	31,209.		248.	-3,597.

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

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

Form 8867		Paid Preparer's Due Diligence Checklist	OMB	-0074				
Form		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 Sta	d tus	2	02	0		
	nent of the Treasury Revenue Service	 To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR Go to www.irs.gov/Form8867 for instructions and the latest information 		S. Attachment Sequence No. 70				
Тахрауе	er name(s) shown or	n return	Faxpayer identif	ication n	umber			
S VI	EMURI & L E	BOYILLA	838-63-1	642				
Enter pr	eparer's name and	PTIN						
SYA	M PRIYA RAN	I SAGAR GUPTA TALLAM	P0208270	3				
Part	Due Dili	gence Requirements						
		propriate box for the credit(s) and/or HOH filing status claimed on the return a left check all that apply).		the rel		arts I–V HOH		
1	()	blete the return based on information for tax year 2020 provided by the t		Yes	No	N/A		
	reasonably ob	tained by you?		x				
2	worksheets fo	claimed on the return, did you complete the applicable EIC and/or CTC// und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, eet found in the Form 8863 instructions, or your own worksheet(s) that provide	and/or the					
		and all related forms and schedules for each credit claimed?		X				
3	the following.	/ the knowledge requirement? To meet the knowledge requirement, you must						
		at the taxpayer, ask questions, and contemporaneously document the taxpayer's re at the taxpayer is eligible to claim the credit(s) and/or HOH filing status.	sponses to					
		mation to determine that the taxpayer is eligible to claim the credit(s) and/or o figure the amount(s) of any credit(s)	0	X				
4	information re	mation provided by the taxpayer or a third party for use in preparing the asonably known to you, appear to be incorrect, incomplete, or inconsistent? ons 4a and 4b. If " No ," go to question 5.)	? (If "Yes,"		×			
а	Did you make	reasonable inquiries to determine the correct, complete, and consistent inform	ation? .					
b		emporaneously document your inquiries? (Documentation should include the nom you asked, when you asked, the information that was provided, and the						
	information ha	d on your preparation of the return.)						
5	keep a copy applicable wo 8867 and any	y the record retention requirement? To meet the record retention requirement of your documentation referenced in 4b, a copy of this Form 8867, a corksheet(s), a record of how, when, and from whom the information used to pre- applicable worksheet(s) was obtained, and a copy of any document(s) provi- you relied on to determine eligibility for the credit(s) and/or HOH filing status	opy of any epare Form ded by the					
	the amount(s)		or to ligure	X				
	()	uments provided by the taxpayer, if any, that you relied on:						
6	credit(s) and/c	e taxpayer whether he/she could provide documentation to substantiate eligib or HOH filing status and the amount(s) of any credit(s) claimed on the return ted for audit?		X				
7	Did you ask th	e taxpayer if any of these credits were disallowed or reduced in a previous yea	r?	×				
	(If credits we	re disallowed or reduced, go to question 7a; if not, go to question 8.)						
а		ete the required recertification Form 8862?						
8		r is reporting self-employment income, did you ask questions to prepare a co						
	correct Sched	ule C (Form 1040)?		×	00/			

For Paperwork Reduction Act Notice, see separate instructions.

REV 08/30/21 PRO

Form **8867** (2020)

Form 8	867 (2020)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go		III.)	
9a	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.)	Yes	No	N/A
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?			
С	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)?			
Part		claim (CTC, A	CTC,
	or ODC, go to Part IV.)			
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?	Yes X	No	N/A
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?			
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?	×		
Part	IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC		Part V	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC?	alified	Yes	No
Part		s, go t	o Part '	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) as status on the return of the taxpayer identified above if you:	nd/or H	OH filir	ng
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(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 checkl credit(s) claimed and HOH filing status, if claimed;	ist for a	iny app	licable
	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 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligik	oility for	the
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.	ble wor	ksheet(s) was
	5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amou			
	If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty comply related to a claim of an applicable credit or HOH filing status.	for ea	ch failu	re to
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?		Yes X	No

X Form 8867 (2020)

REV 08/30/21 PRO

Arizona Form

E-file Signature Authorization

2020

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

Your First Name and Initial	Last Name		Your Social Security Number*
SURYA NARAYANA MURTH	VEMURI	Enter	838 63 1642
Your Spouse's First Name and Initial (if filed joint)		your SSN(s).	Spouse's Social Security No.*
LAXMI SARASWATHI	BOYILLA	50N(5).	752 38 5049
			*Do Not Truncate

PART 1 – PURPOSE

• To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.

• To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

PART 2 – TAX RETURN INFO	RMATION		PART 3 – FINANCIAL INSTITUTION INFORMATION				
			Must be present when reque	sting direct debit or deposit.			
1 Arizona Adjusted Gross Income	155,045 <mark>00</mark>		Foreign Account Deposit	Debit: See instructions below.			
2 Balance Of Tax	3,916 00		TYPE OF ACCOUNT				
3 Arizona Income Tax Withheld	4,670 00		Checking Savings	0 4 4 0 0 0 0 3 7			
Check box 4 <u>or</u> box 5:			ACCOUNT NUMBER				
4 REFUND: Enter the amount of	^f refund	754 00	928086961				
5 AMOUNT YOU OWE: Enter th	e amount owed	00		\$			

Box 4 Checkbox – Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

Box 5 Checkbox – Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- **6a** I consent that my refund be directly deposited as designated in the electronic portion of my 2020 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- **6b** I do not want direct deposit of my refund or I am not receiving a refund.
- **6c** I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 15, 2021, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

I authorize GLOBAL TAXES LLC

(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2020. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return. I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

ERE	→		
SE SIGN HERE	→	YOUR PEN AND INK SIGNATURE	DATE
PLEASE		SPOUSE'S PEN AND INK SIGNATURE	DATE

THE RETURN.	Arizona Form 140 Resident Personal Income Tax Return								F	OR CALENDAR YEAR
RE	82F		heck box 82F filing under extension	OR FISCAL YEAR BEG	INNING	GLILI	2,0,2,0	AND ENDING		
Η̈́	`	Your F	First Name and Middle Initial	l		Last Name			Your	Social Security Number
0	1		RYA NARAYANA MURT			/EMURI		your	83	8 63 1642
ST		•		Initial (if box 4 or 6 checked)		Last Name		SSN(s).	se's Social Security No.
No.			MI SARASWATHI	and atreast rural route	E	BOYILLA	Ant No.		75	2 38 5049
Ē	2		nt Home Address - number a)5 E PIKE ST	and street, rural route			Apt. No.		me Phone 216)25!	(with area code)
ANY ITEMS TO			own or Post Office	State		ZIP Code				r Prior Year(s) (if different)
	3		DENIX	AZ		85050				97
STAPI	FATUS	4 5	Married filing joint retu Head of household. E	Irn 4a Injured Spouse				REVENUE USE C 88	ONLY. DO NO	OT MARK IN THIS AREA.
DO NOT STAPLE	FILINGSTATUS	6	Married filing separate	e return. Enter spouse's name a	and Soci	ial Security Numb	er above.			
ă	Ē	7	Single	imed. Do not put a check ı	mark					
		8	Age 65 or over (you an			and 11a, also com	plete lines 38.			
	10b	9	Blind (you and/or spor			a and 10b, also con	nplete line 49.	81 PM		80 RCVD
	and 1	10a	2 Dependents: Under ag	,	pender	nts: Age 17 and	over.			
	10a a	11a	Qualifying parents and							
	nts 1			endent Information. See inst	ruction		bace, check th		complete j	oage 4, Part 1.
	Dependents			a) LAST NAME	SOCIA	(b) L SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS	(e) ✓ Dependen	t Age
	epe			irself or spouse.)				LIVED IN YOUR HOME IN 2020	included	2 federal return due to
							~		(Box 10a) (B	educational credits
	d 11a			EMURI		97-2665	Son	12		
	9, and			EMURI	905-	97-2672	Daughter			
	ŵ	10e		conta and grandparanta. Cas	inotrus	tiono Formo r	o opene obeel			
40	tion			ents and grandparents. See	institut	(b)	(c)	(d)	(e)	(f)
after Form 140	Exemptions			LAST NAME Irself or spouse.)	SOCIA	L SECURITY NO.	RELATIONSHIP	NO. OF MONTHS	✓ IF AGE 6 OVE	
For	ũ		(20 1101 101)04					HOME IN 2020		
erl		11b								
aft		11c								
nts				come (from your federal re					12	155,045 <u>00</u>
nei				rest					Г	00
cur	Additions			nent. See instructions						00
ъ	ddit		-							00
ler	∢			om the exchange of legal ten Complete <i>Adjustments to Ar</i>						00
otl				gh 17 and enter the total				-		155,045 00
S OL				ss). See instructions					000 00	
lles				gain or (loss). See instructions					597 <mark>00</mark>	
edt				ain or (loss). See instructions .					00	
ch			• • •	rom assets acquired after De					0 00	0.00
ZS				5) and enter the result						0 00
d A	ł	24 This b	Net capital gain derived from pox may be blank or may contain	m investment in qualified sma n a printed barcode of data from	<u>all busi</u> your ret	urn. 25 Not o	anital gain ava	hango of logal t	24	00
an	us		na na sebabatuny matakatiya.	energia de la compañía de la compañí	1.CW91	20 Net C	apital yalli exc	hange of legal to na depreciation.		00
ral	actio			n de la companya de La companya de la comp	M			adjustment		00
ede	Subtractions	, i i i		an de la tradición de la tradic Na cuanta de la tradición de la	i iki			ligations		00
d fe	งี	- II â	rende Dar Nacional Statistics of		8 . BY			ate or local govt. per		00
ire		N N	nerererererererer	LR.	1989	29b Pensic	ons-Uniformed Ser	vices retired/retaine	erpay 29b	00
nbć		Ĭ			tina.			Railroad Retireme		00
y re		Í		KANG IN INSIDE TO BELL			-	merican Indians		00
an					2162			an active service me		00
Place any required federal and AZ schedules or other docume			an a		K/M			adjustment ollege Savings Pla		00
Pla						35 Subtra	act lines 23 throu	gh 34 from line18.		155,045 00
		ADOR	¹⁰⁴¹³ (20) 1555		AZ	Z Form 140 (20	20)		/09/21 PRO	Page 1 of 5

[Your	Name (as shown on page 1)	Your Social Security Number			
	s v	YEMURI & L BOYILLA	2			
		Other Orders from Income Ormelate Advertised of Adverts Order Income State			00	
	36	Other Subtractions from Income. Complete Adjustments to Arizona Gross Income schedule of			155 045	
	37	Subtract line 36 from line 35 and enter the difference		155,045	1	
suo	38	Age 65 or over: Multiply the number in box 8 by \$2,100				00
npti	39	Blind: Multiply the number in box 9 by \$1,500				00
Exemptions	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300				00
ш	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000			155.045	00
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "C			155,045	
	43	Deductions: Check box and enter amount. See instructions			24,800	1
	44	If you checked box 43 S and claim charitable deductions, check 44 C Complete page 3. See ins			100.045	00
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"			130,245	
Tax	46	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables			4,116	1
Balance of Tax	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31			4 110	00
anc	48	Subtotal of tax: Add lines 46 and 47 and enter the total			4,116	
Bal	49	Dependent Tax Credit. See instructions			200	1
	50					00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61			2.016	00
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater that			3,916	
a d	53	2020 AZ income tax withheld			4,670	
s an edit	54	2020 AZ estimated tax payments54a 00 Claim of Right 54b			;	00
Total Payments and Refundable Credits	55	2020 AZ extension payment (Form 204)				00
	56	Increased Excise Tax Credit (from the worksheet - see instructions)				00
otal tefur	57	Property Tax Credit from Arizona Form 140PTC				00
μœ	58	Other refundable credits: Check the box(es) and enter the total amount			4,670	
. E	<u>59</u>	Total payments and refundable credits: Add lines 53 through 58 and enter the total			1,070	00
Tax Due or Verpayment	60 61	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52 and enter amount of tax due. Skip l			754	
Tax Due Overpaym	61 62	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59 and enter amount of overpart Amount of line 61 to be applied to 2021 estimated tax				00
ove 13	63				754	
ŝ		- 74 Voluntary Gifts to:		00		100
Gif	04	Child Abuse Prevention		00		
tary				00		
Voluntary Gifts		Neighbors Helping Neighbors 69 00 Special Olympics		00		
Š	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian				
₹	76					00
enalty	77	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included				
₽.		Add lines 64 through 74 and 76; enter the total		78		00
-	79	-			754	
Refund or Amount Owed		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; s				
und int C		C I Checking or 98 S Savings ROUTING NUMBER ACCOUNT NUMBER 0 4 4 0 0 0 0 3 7 9 2 8 0 8 6 9 6 1 1				
Ref	~~					1
∢	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write and include with your return				00
		Under penalties of perjury, I declare that I have read this return and any documents with it, and t true, correct and complete. Declaration of preparer (other than taxpayer) is based on all informa				are
			lion of which propa	i or ride	s any knowledge.	
2	€	S	R SPLUNK AD	MINI	STRATOR	
HERE	2		OCCUPATION			_
z						
SIGN	→		SR BI ENGINE			
			SPOUSE'S OCCUPATION	1		
PLEASE		SYAM PRIYA RAM SAGAR GUPTA TALLAM 09222021 GLOBAL TAXES I PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S				
N I			,	1710	C	
		2530 Pebble Creek Ln PAID PREPARER'S STREET ADDRESS	30-101 PAID PREPA			
		Cumming GA 30041	(678)			
		PAID PREPARER'S CITY STATE ZIP CODE			PHONE NUMBER	—
	-					

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

2020 Form 140 Dependent and Other Exemption Information

Include page 4 with your return if:

• You are listing additional dependents (for box 10a and 10b) from page 1.

• You are listing additional qualifying parents and grandparents (for box 11a) from page 1.

• You are claiming Other Exemptions on page 2, line 40.

Part 1: Dependents (Box 10a and 10b) continued from page 1

Information used to compute your allowable **Dependent Tax Credit** on page 2, line 49. **NOTE:** If you have more than three qualifying dependents, you **must** complete Part 1 and the worksheet in the instructions, to compute your Dependent Tax Credit on line 49.

[(a)	(b)	(c)	(d)	(€	e)	(f)
	FIRST AND LAST NAME (Do not list yourself or spouse.)	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2020	✓ Depen includ	dent Age ed in:	✓ IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL RETURN DUE TO
					1 (Box 10a)	2 (Box 10b)	EDUCATIONAL CREDITS
10f							
10g							
10 h							
10i							
10j							
10k							
10 1							
10 m							
10n							
10 °							
10p							

Part 2: Qualifying parents and grandparents (Box 11a) continued from page 1

Additional qualifying parents and grandparents information used to compute your allowable exemption on page 2, line 41.

		(a)	(b)	(C)	(d)	(e)	(f)
	FIRST AND LAST NAME (Do not list yourself or spouse.)		SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2020 OVER		✓ IF DIED IN 2020
11 d							
11 e							
11 f							
11g							
11h							
11 i							

Part 3: Other Exemptions

Information used to compute your allowable Other Exemptions on page 2, line 40.

	(a)	(b)	(c)		(d)	
	FIRST AND LAST NAME (Do not list yourself or spouse.)	SOCIAL SECURITY NO.	✓ AGE 65 OR OVER (see instructions)		✓ STILLBORN CHILD IN 2020	
			C1	C2		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Enter the total number of individuals listed in Part 3 in box 40E on page 2, line 40.