

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

Check only one box. If you checked the MFS box, enter the name of 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 <b>SURENDER</b>	Last name <b>YELUGANDULA</b>	Your social security number <b>218-83-9399</b>
If joint return, spouse's first name and middle initial <b>SWAPNA</b>	Last name <b>KURA</b>	Spouse's social security number <b>665-05-5891</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>7904 ELLIS WYATT COURT</b>		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>ELKRIDGE, MD 21075</b>		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/country	Foreign postal code
If more than four dependents, see inst. & check here ▶ <input type="checkbox"/>		

**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, 1955  Are blind  
**Spouse:**  Was born before January 2, 1955  Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) check if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
<b>SANKETH</b>	<b>YELUGANDULA</b>	<b>217-87-1820</b>	<b>SON</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>SUDISHA</b>	<b>YELUGANDULA</b>	<b>926-99-5659</b>	<b>DAUGHTER</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	<b>174,593</b>
<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	
<b>2b</b>	Taxable interest . . . . .	<b>2b</b>	<b>722</b>
<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	<b>2</b>
<b>3b</b>	Ordinary dividends. . . . .	<b>3b</b>	
<b>4a</b>	IRA distributions . . . . .	<b>4a</b>	
<b>4b</b>	Taxable amount . . . . .	<b>4b</b>	
<b>c</b>	Pensions and annuities . . . . .	<b>4c</b>	
<b>4d</b>	Taxable amount . . . . .	<b>4d</b>	
<b>5a</b>	Social security benefits. . . . .	<b>5a</b>	
<b>5b</b>	Taxable amount . . . . .	<b>5b</b>	
<b>6</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . ▶ <input type="checkbox"/>	<b>6</b>	<b>2,315</b>
<b>7a</b>	Other income from Schedule 1, line 9 . . . . .	<b>7a</b>	
<b>b</b>	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . . ▶	<b>7b</b>	<b>177,632</b>
<b>8a</b>	Adjustments to income from Schedule 1, line 22 . . . . .	<b>8a</b>	<b>0</b>
<b>b</b>	Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . . ▶	<b>8b</b>	<b>177,632</b>
<b>9</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>9</b>	<b>24,400</b>
<b>10</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A. . . . .	<b>10</b>	
<b>11a</b>	Add lines 9 and 10 . . . . .	<b>11a</b>	<b>24,400</b>
<b>b</b>	<b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .	<b>11b</b>	<b>153,232</b>

**Standard Deduction**

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under Standard Deduction, see instructions.

<b>12a</b>	Tax (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____	<b>12a</b>	25,424
<b>b</b>	Add Schedule 2, line 3, and line 12a and enter the total . . . . . ▶	<b>12b</b>	25,424
<b>13a</b>	Child tax credit or credit for other dependents . . . . .	<b>13a</b>	2,500
<b>b</b>	Add Schedule 3, line 7, and line 13a and enter the total . . . . . ▶	<b>13b</b>	2,500
<b>14</b>	Subtract line 13b from line 12b. If zero or less, enter -0- . . . . .	<b>14</b>	22,924
<b>15</b>	Other taxes, including self-employment tax, from Schedule 2, line 10 . . . . .	<b>15</b>	
<b>16</b>	Add lines 14 and 15. This is your <b>total tax</b> . . . . . ▶	<b>16</b>	22,924
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099 . . . . .	<b>17</b>	23,906
<b>18</b>	Other payments and refundable credits:		
<b>a</b>	Earned income credit (EIC) <sup>NO</sup> . . . . .	<b>18a</b>	
<b>b</b>	Additional child tax credit. Attach Schedule 8812 . . . . .	<b>18b</b>	
<b>c</b>	American opportunity credit from Form 8863, line 8 . . . . .	<b>18c</b>	
<b>d</b>	Schedule 3, line 14. . . . .	<b>18d</b>	
<b>e</b>	Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b> . . . . ▶	<b>18e</b>	
<b>19</b>	Add lines 17 and 18e. These are your <b>total payments</b> . . . . . ▶	<b>19</b>	23,906

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

<b>Refund</b>	<b>20</b>	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b> . . . . .	<b>20</b>	982
	<b>21 a</b>	Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	<b>21a</b>	982
Direct deposit? ▶ See instructions.	<b>b</b>	Routing number 0 2 1 2 0 0 3 3 9 ▶ <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number 3 8 1 0 1 2 5 0 6 1 5 6		
	<b>22</b>	Amount of line 20 you want <b>applied to your 2020 estimated tax</b> . . . . ▶	<b>22</b>	

<b>Amount You Owe</b>	<b>23</b>	<b>Amount you owe.</b> Subtract line 19 from line 16. For details on how to pay, see instructions . . . . ▶	<b>23</b>	0
	<b>24</b>	Estimated tax penalty (see instructions) . . . . . ▶	<b>24</b>	

**Third Party Designee** Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions.  Yes. Complete below.  No

(Other than paid preparer) Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶ | | | | |

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? ▶ See instructions. Keep a copy for your records.	<b>69380</b> Your signature	Date 02-21-2020	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, <b>both</b> must sign.	Date 02-21-2020	Spouse's occupation SOFTWARE ENGINEER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	<b>85292</b> Phone no.	Email address		

**Paid Preparer Use Only**

Preparer's signature <b>Praveen Vundavalli</b>	Date 03-07-2020	PTIN P01628002	Check if: <input checked="" type="checkbox"/> 3rd Party Designee
Preparer's name <b>Praveen Vundavalli</b>	Phone no. 201-510-0123		<input type="checkbox"/> Self-employed
Firm's name ▶ <b>CENTUM TAX SOLUTIONS LLC</b>	Firm's address ▶ <b>634 WEST FOULKE AVE FINDLAY, OH 45840</b>		Firm's EIN ▶ <b>42-1769904</b>

**SCHEDULE D**  
**(Form 1040 or 1040-SR)**

**Capital Gains and Losses**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)

- ▶ Attach to Form 1040, 1040-SR, or 1040-NR.
- ▶ Go to [www.irs.gov/ScheduleD](http://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.

**2019**

Attachment  
Sequence No. **12**

Name(s) shown on return <b>SURENDER YELUGANDULA &amp; SWAPNA KURA</b>	Your social security number <b>218-83-9399</b>
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Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> 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 . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	24,391	22,660	528	2,259
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				4
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				5
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				6 ( )
<b>7 Net short-term capital gain or (loss)</b> . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2 . . . . .				7 2,259

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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 . . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	682	626		56
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				11
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				12
<b>13</b> Capital gain distributions. See the instructions . . . . .				13
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				14 ( )
<b>15 Net long-term capital gain or (loss)</b> . Combine lines 8a through 14 in column (h). Then go to Part III on page 2 . . . . .				15 56

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p>	<b>16</b>	2,315
<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 22.</li> </ul>		
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?  <input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.  <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶</p>	<b>18</b>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 <b>both</b> zero or blank?  <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). <b>Don't</b> complete lines 21 and 22 below.   <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul> <p style="margin-left: 40px;">} . . . . .</p>	<b>21</b>	( )
<p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p><b>22</b> Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b?   <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42).   <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

# Sales and Other Dispositions of Capital Assets

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form8949](http://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.

**2019**  
Attachment  
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification number

**SURENDER YELUGANDULA & SWAPNA KURA**

**218-83-9399**

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)	
						(f) Code(s) from instructions	(g) Amount of adjustment		
	<b>ROBINHOOD SECURITIES</b>	<b>LLC</b>	<b>VARIOUS</b>	<b>12-31-2019</b>	<b>24,391</b>	<b>22,660</b>	<b>W</b>	<b>528</b>	<b>2,259</b>
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ►					<b>24,391</b>	<b>22,660</b>		<b>528</b>	<b>2,259</b>

**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.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

**SURENDER YELUGANDULA & SWAPNA KURA**

**218-83-9399**

Before you check Box D, E, or F 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 II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD SECURITIES LLC	VARIOUS	12-31-2019	82	92			(10)
	ROBINHOOD SECURITIES LLC	VARIOUS	12-31-2019	600	534			66
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if <b>Box D</b> above is checked), line 9 (if <b>Box E</b> above is checked), or line 10 (if <b>Box F</b> above is checked) ▶				682	626			56

**Note:** If you checked Box D 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.

Name(s) as shown on return

Tax ID Number

SURENDER YELUGANDULA & SWAPNA KURA

218-83-9399

**Before you begin:**

- Figure the amount of any credits you are claiming on Schedule 3, lines 1 through 4; Form 5695, line 30; Form 8910, line 15; Form 8936, line 23; or Schedule R.

**Part 1**

1. Number of qualifying children under 17 with the required social security number:  
1 x \$2,000. Enter the result . . . . . 1. 2,000

2. Number of other dependents, including qualifying children who are not under 17 or who do not have the required social security number: 1 x \$500. Enter the result . . . . . 2. 500

**Caution:** Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 1.

3. Add lines 1 and 2 . . . . . 3. 2,500

4. Enter the amount from Form 1040 or 1040-SR, line 8b, or Form 1040-NR, line 35 . . . . . 4. 177,632

5. **1040 and 1040-SR Filers.** Enter the total of any -  
 • Exclusion of income from Puerto Rico; and  
 • Amounts from Form 2555, lines 45 and 50,  
 and Form 4563, line 15. } 5. \_\_\_\_\_  
**1040-NR filers.** Enter -0-.

6. Add lines 4 and 5. Enter the total . . . . . 6. 177,632

7. Enter the amount shown below for your filing status.  
 • Married filing jointly - \$400,000 }  
 • All other filing statuses - \$200,000 } 7. 400,000

8. Is the amount on line 6 more than the amount on line 7?  
 **No.** Leave line 8 blank. Enter -0- on line 9.  
 **Yes.** Subtract line 7 from line 6 . . . . . 8. \_\_\_\_\_  
 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000.  
 For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.

9. Multiply the amount on line 8 by 5% (0.05). Enter the result . . . . . 9. 0

10. Is the amount on line 3 more than the amount on line 9?  
 **No. STOP**  
 You cannot take the child tax credit or credit for other dependents on Form 1040 or 1040-SR, line 13a, or Form 1040-NR, line 49. You also cannot take the additional child tax credit on Form 1040 or 1040-SR, line 18b, or Form 1040-NR, line 64. Complete the rest of your Form 1040, Form 1040-SR, or Form 1040-NR.  
 **Yes.** Subtract line 9 from line 3. Enter the result . . . . . 10. 2,500  
 Go to Part 2 on the next page.

Name(s) as shown on return

Tax ID Number

SURENDER YELUGANDULA & SWAPNA KURA

218-83-9399

**Before you begin Part 2:** Figure the amount of any credits you are claiming on Schedule 3, lines 1 through 4; Form 5695, line 30; Form 8910, line 15; Form 8936, line 23; or Schedule R.

**Part 2**

11. Enter the amount from Form 1040 or 1040-SR, line 12b, or Form 1040-NR, line 45 . . . . . **11.** 25,424

12. Add the following amounts from:

Form 1040 or 1040-SR	or	Form 1040-NR	
Schedule 3, Line 1		Line 46	+ _____
Schedule 3, Line 2		Line 47	+ _____
Schedule 3, Line 3		-----	+ _____
Schedule 3, Line 4		Line 48	+ _____
Form 5695, line 30 . . . . .			+ _____
Form 8910, line 15 . . . . .			+ _____
Form 8936, line 23 . . . . .			+ _____
Schedule R, line 22 . . . . .			+ _____

Enter the total. **12.** \_\_\_\_\_

13. Subtract line 12 from line 11 . . . . . **13.** 25,424

14. Are you claiming any of the following credits?

- Mortgage interest credit, Form 8396.
- Adoption credit, Form 8839.
- Residential energy efficient property credit, Form 5695, Part I.
- District of Columbia first-time homebuyer credit, Form 8859.

**No.** Enter -0-.

**Yes.** If you are filing Form 2555, enter -0-.

Otherwise, complete the Line 14 Worksheet, later, to figure the amount to enter here.

**14.** 0

15. Subtract line 14 from line 13. Enter the result . . . . . **15.** 25,424

16. Is the amount on line 10 of this worksheet more than the amount on line 15?

**No.** Enter the amount from line 10.

**Yes.** Enter the amount from line 15.

See the **TIP** below.

**This is your child tax credit and credit for other dependents.**

**16.** 2,500

*Enter this amount on Form 1040, line 13a; Form 1040-SR, line 13a; or Form 1040-NR, line 49.*

**TIP** You may be able to take the **additional child tax credit** on Form 1040 or 1040-SR, line 18b, or Form 1040-NR, line 64, only if you answered "Yes" on line 16 and line 1 is more than zero.

- First, complete your Form 1040 or Form 1040-SR through line 18a (also complete Schedule 3, line 11) or Form 1040-NR through line 63 (also, complete line 67).
- Then, use Schedule 8812 to figure any additional child tax credit.



1040

**Individual  
Diagnostic Summary**

2019

Name(s) SURENDER YELUGANDULA & SWAPNA KURA Social Security No. 218-83-9399

Spouse SSN No. 665-05-5891

**Mailing Address:****Taxpayer****Spouse**

7904 ELLIS WYATT COURT  
ELKRIDGE, MD 21075

Daytime Phone: 443-251-8586  
Evening Phone:  
Cell Phone: 443-251-8586  
TP email: SUREN.YELU@GMAIL.COM  
SP email:

Resident State: MD

Date of Birth: Taxpayer 10-30-1981

Spouse 03-15-1980

**Dependent Information:** (\*If more than 5 dependents see last page of summary)

Name	SSN	Relationship	Date of Birth
SANKETH YELUGANDULA	217-87-1820	SON	04-06-2010
SUDISHA YELUGANDULA	926-99-5659	DAUGHTER	12-04-2011

Preparer: Praveen Vundavalli

Invoice:

Date: 03-07-2020

Return Information Form Type: 1040

Item on Return	2019 Federal	2018 Federal (If available)
Filing Status	2	2
Exemptions (suspended until tax year 2025)	N\A	N\A
Total Income	177,632	182,035
AGI	177,632	182,035
Deductions	24,400	24,000
Taxable Income	153,232	158,035
Tax (before credits)	25,424	26,647
Tax (after credits)	22,924	2,500
Tax Rate Percentage	22	22
EIC		
Additional CTC		
Overpayment	982	
Refund	982	
Refund Applied to ES		
Balance Due		5,781

Form of Refund/Payment: The client will receive the refund by direct deposit.

**State/City Information** (\* If more than 8 states see last page of summary)

T/S/J	State/City	AGI	Taxable Income	Tax	Refund/ (Balance Due)
J	MD502	176,432	168,682	13,405	(133)

**Account Transaction Summary**

**2019**

Name(s) as shown on return

Your ID Number

SURENDER YELUGANDULA & SWAPNA KURA

XXX-XX-9399

Account #1

**Financial Institution** BANK OF AMERICA

**Routing Transit Number** 021200339

**Account Number** 381012506156

**Account Type** Checking

Federal Main Form

Federal Deposit 982

State Main Form(s)

MD Debit (133)

**Date of Debit** 03-15-2020

**Net Deposit** 849

PLEASE VERIFY BANK INFORMATION

- 1. Bank Name
- 2. Bank Routing Transit Number
- 3. Bank Account Number
- 4. Bank Account Type

**This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.**

I have reviewed the above information and certify that this information is correct and authorize CENTUM TAX SOLUTIONS LLC to use this account.

\_\_\_\_\_  
Your Signature 03-07-2020  
Date

\_\_\_\_\_  
Spouse's Signature (If Married Filing Jointly) 03-07-2020  
Date

**MARYLAND  
FORM  
502**

**RESIDENT INCOME  
TAX RETURN**



195020020

**2019**

\$

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2019, ENDING \_\_\_\_\_

218839399 665055891  
Your Social Security Number Spouse's Social Security Number

SURENDER \_\_\_\_\_  
Your First Name MI

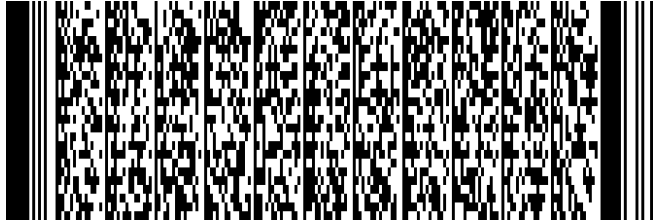
YELUGANDULA \_\_\_\_\_  
Your Last Name

SWAPNA \_\_\_\_\_  
Spouse's First Name MI

KURA \_\_\_\_\_  
Spouse's Last Name

7904 ELLIS WYATT COURT \_\_\_\_\_  
Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

\_\_\_\_\_ ELKRIDGE \_\_\_\_\_ MD 21075 \_\_\_\_\_  
Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) City or Town State ZIP Code + 4



Print Using Blue or Black Ink Only

Place your W-2 wage and tax statements and ATTACH HERE with one staple. Do not attach check or money order to Form 502. Attach check or money order to Form PV.

**REQUIRED:** Maryland Physical address of taxing area as of December 31, 2019 or last day of the taxable year for fiscal year taxpayers. **See Instruction 6. Part-year residents see Instruction 26.**

1400 \_\_\_\_\_  
4 Digit Political Subdivision Code (See Instruction 6) Maryland Political Subdivision (See Instruction 6)

7904 ELLIS WYATT COURT \_\_\_\_\_  
Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box)

\_\_\_\_\_ \_\_\_\_\_  
Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)

ELKRIDGE \_\_\_\_\_ MD 21075 \_\_\_\_\_ HW \_\_\_\_\_  
City State ZIP Code + 4 Maryland County

**FILING STATUS**  
**CHECK ONE BOX** ▶  
See Instruction 1 if you are required to file.

1.  Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2.  Married filing joint return or spouse had no income
3.  Married filing separately, Spouse SSN ▶ \_\_\_\_\_
4.  Head of household
5.  Qualifying widow(er) with dependent child
6.  Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

**PART-YEAR RESIDENT**  
See Instruction 26.

**Dates of Maryland Residence (MM DD YYYY) FROM \_\_\_\_\_ TO \_\_\_\_\_**  
Other state of residence: \_\_\_\_\_  
If you began or ended legal residence in Maryland in 2019 place a **P** in the box . . . . . ▶   
**MILITARY:** If you or your spouse has **non-Maryland** military income, place an **M** in the box . . . . . ▶   
Enter **Military Income** amount here: \_\_\_\_\_

**EXEMPTIONS**  
See Instruction 10. Check appropriate box(es). **NOTE:** If you are claiming dependents, you **must attach the Dependents' Information Form 502B** to this form to receive the applicable exemption amount.

A. ▶  Yourself  Spouse . . . Enter number checked  2 See Instruction 10 A. \$ \_\_\_\_\_ 1600 . . .

B. ▶  65 or over ▶  65 or over

▶  Blind ▶  Blind . . . . Enter number checked  X \$1,000 . . . . B. \$ \_\_\_\_\_ . . .

C. ▶ Enter number from line 3 of Dependent Form 502B . . . . .  2 See Instruction 10 C. \$ \_\_\_\_\_ 1600 . . .

D. Enter Total Exemptions (Add A, B and C.) . . . . . ▶  4 Total Amount . . . D. \$ \_\_\_\_\_ 3200 . . .



NAME YELUGANDULA

SSN 218839399

**MARYLAND  
HEALTH CARE  
COVERAGE**  
See Instruction 3.

Check here  If you do not have health care coverage      DOB (mm/dd/yyyy) ▶ \_\_\_\_\_

Check here  If your spouse does not have health care coverage      DOB (mm/dd/yyyy) ▶ \_\_\_\_\_

Check here  I authorize the Comptroller of Maryland to share information from this tax return with the Maryland Health Benefit Exchange for the purpose of determining pre-eligibility for no-cost or low-cost health care coverage.

E-mail address ▶ SUREN.YELU@GMAIL.COM

**INCOME**

See Instruction 11.

1. Adjusted gross income from your federal return . . . . . ▶ 1. 177632

1a. Wages, salaries and/or tips . . . . . ▶ 1a. 174593

1b. Earned income . . . . . ▶ 1b. \_\_\_\_\_

1c. Capital Gain or (loss) . . . . . ▶ 1c. 2315

1d. Taxable Pensions, IRAs, Annuities (Attach Form 502R.) . . . ▶ 1d. \_\_\_\_\_

1e. Place a "Y" in this box if the amount of your investment income is more than \$3,600 . . . . . ▶ \_\_\_\_\_

**ADDITIONS  
TO INCOME**

See Instruction 12.

2. Tax-exempt interest on state and local obligations (bonds) other than Maryland . . . . . ▶ 2. \_\_\_\_\_

3. State retirement pickup . . . . . ▶ 3. \_\_\_\_\_

4. Lump sum distributions (from worksheet in Instruction 12.) . . . . . ▶ 4. \_\_\_\_\_

5. Other additions (Enter code letter(s) from Instruction 12.) . . . ▶     . . . ▶ 5. \_\_\_\_\_

6. Total additions to Maryland income (Add lines 2 through 5.) . . . . . ▶ 6. \_\_\_\_\_

7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) . . . . . ▶ 7. 177632

**SUBTRACTIONS  
FROM INCOME**

See Instruction 13.

8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 . . . . . ▶ 8. \_\_\_\_\_

9. Child and dependent care expenses . . . . . ▶ 9. \_\_\_\_\_

10a. Pension exclusion from worksheet (13A) . . . . . Yourself  Spouse  . . . ▶ 10a. \_\_\_\_\_

10b. Pension exclusion from worksheet (13E) . . . . . Yourself  Spouse  . . . ▶ 10b. \_\_\_\_\_

11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 . . . . . ▶ 11. \_\_\_\_\_

12. Income received during period of nonresidence (See Instruction 26.) . . . . . ▶ 12. \_\_\_\_\_

13. Subtractions from attached Form 502SU . . . . . ▶     . . . ▶ 13. \_\_\_\_\_

14. Two-income subtraction from worksheet in Instruction 13 . . . . . ▶ 14. 1200

15. Total subtractions from Maryland income (Add lines 8 through 14.) . . . . . ▶ 15. 1200

16. Maryland adjusted gross income (Subtract line 15 from line 7.) . . . . . ▶ 16. 176432

**DEDUCTION  
METHOD**

See Instruction 16.

**All taxpayers must select one method and check the appropriate box.**

▶  **STANDARD DEDUCTION METHOD** (Enter amount on line 17.)

▶  **ITEMIZED DEDUCTION METHOD** (Complete lines 17a and 17b.)

17a. Total federal itemized deductions (from line 17, federal Schedule A) . . . . . ▶ 17a. \_\_\_\_\_

17b. State and local income taxes (See Instruction 14.) . . . . . ▶ 17b. \_\_\_\_\_

Subtract line 17b from line 17a and enter amount on line 17.

17. Deduction amount (Part-year residents see Instruction 26 (l and m).) . . . . . ▶ 17. 4550

18. Net income (Subtract line 17 from line 16.) . . . . . ▶ 18. 171882

19. Exemption amount from Exemptions area (See Instruction 10.) . . . . . ▶ 19. 3200

20. Taxable net income (Subtract line 19 from line 18.) . . . . . ▶ 20. 168682



NAME YELUGANDULA SSN 218839399

<b>MARYLAND TAX COMPUTATION</b>	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) . . . . .	21.	8007
	22. Earned income credit (EIC) (See Instruction 18.) . . . . .	▶ 22.	
	<input type="checkbox"/> Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.		
	23. Poverty level credit (See Instruction 18.) . . . . .	▶ 23.	
	24. Other income tax credits for individuals from Part AA, line 13 of Form 502CR (Attach Form 502CR.) . . . . .	24.	
	25. Business tax credits . . . . .	<b>You must file this form electronically to claim business tax credits on Form 500CR.</b>	
	26. Total credits (Add lines 22 through 25.) . . . . .	26.	
27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0 . . . . .	27.	8007	
<b>LOCAL TAX COMPUTATION</b>	28. Local tax (See Instruction 19 for tax rates and worksheet.) <b>Multiply line 20 by</b> <b>your local tax rate</b> .0 <input type="text" value="320"/> or use the Local Tax Worksheet . . . . .	28.	5398
	29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) . . . . .	29.	
	30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) . . . . .	30.	
	31. Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.) . . . . .	31.	
	32. Total credits (Add lines 29 through 31.) . . . . .	32.	
	33. <b>Local tax</b> after credits (Subtract line 32 from line 28.) If less than 0, enter 0 . . . . .	33.	5398
	34. Total Maryland and local tax (Add lines 27 and 33.) . . . . .	34.	13405
<b>CONTRIBUTIONS</b> See Instruction 20.	35. Contribution to Chesapeake Bay and Endangered Species Fund . . . . .	▶ 35.	
	36. Contribution to Developmental Disabilities Services and Support Fund . . . . .	▶ 36.	
	37. Contribution to Maryland Cancer Fund . . . . .	▶ 37.	
	38. Contribution to Fair Campaign Financing Fund . . . . .	▶ 38.	
39. <b>Total Maryland income tax, local income tax and contributions</b> (Add lines 34 through 38.) . . . . .	39.	13405	
	40. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.) . . . . .	▶ 40.	13272
	41. 2019 estimated tax payments, amount applied from 2018 return, payment made with an extension request, and <b>Form MW506NRS</b> . . . . .	▶ 41.	
	42. Refundable earned income credit (from worksheet in Instruction 21) . . . . .	▶ 42.	
	43. Refundable income tax credits from Part CC, line 7 of Form 502CR (Attach Form 502CR. See Instruction 21.) . . . . .	43.	
	44. Total payments and credits (Add lines 40 through 43.) . . . . .	44.	13272
	45. Balance due (If line 39 is more than line 44, subtract line 44 from 39. See Instruction 22.) . . . . .	▶ 45.	133
	46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) . . . . .	▶ 46.	
<b>REFUND</b>	47. <b>Amount of overpayment TO BE APPLIED TO 2020 ESTIMATED TAX.</b> . . . .	▶ 47.	
	48. Amount of overpayment <b>TO BE REFUNDED TO YOU</b> (Subtract line 47 from line 46.) See line 51 . . . . .	<b>REFUND</b> ▶ 48.	
	49. Check here <input type="checkbox"/> if you are attaching Form 502UP. Enter interest charges from line 18 of Form 502UP _____ or for late filing _____	▶ 49.	
<b>AMOUNT DUE</b>	50. <b>TOTAL AMOUNT DUE</b> (Add lines 45 and 49.) <b>IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV</b> . . . . .	50.	133



NAME YELUGANDULA SSN 218839399

**DIRECT DEPOSIT OF REFUND** (See Instruction 22.) Be sure the account information is correct. **For Splitting Direct Deposit**, see Form 588. If this refund will go to an account outside of the United States, then to comply with banking rules, place a "Y" in this box

▶  and see Instruction 22. For the direct deposit option, complete the following information clearly and legibly.

**51a.** Type of account: ▶  Checking  Savings

**51b.** Routing Number (9-digits) ▶ \_\_\_\_\_

**51c.** Account Number ▶ \_\_\_\_\_

▶ 4432518586  
Daytime telephone no.

\_\_\_\_\_ Home telephone no.

▶ \_\_\_\_\_  
CODE NUMBERS (3 digits per line)

Check here  if you authorize your preparer to discuss this return with us. Check here ▶  if you authorize your paid preparer not to file electronically. Check here ▶  if you agree to receive your 1099G Income Tax Refund statement electronically. (See Instruction 24.)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

\_\_\_\_\_ 022120  
Your signature Date

\_\_\_\_\_ 022120  
Spouse's signature Date

PRAVEEN VUNDAVALLI  
Printed name of the Preparer / or Firm's name

634 WEST FOULKE AVE  
Street address of preparer or Firm's address

\_\_\_\_\_  
Signature of preparer other than taxpayer (Required by Law)

FINDLAY, OH 45840  
City, State, ZIP Code + 4

2015100123  
Telephone number of preparer

P01628002  
Preparer's PTIN (Required by Law)

**For returns filed without payments, mail your completed return to:**

Comptroller of Maryland  
Revenue Administration Division  
110 Carroll Street  
Annapolis, MD 21411-0001

**For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 502. Place Form PV with attached check/money order on TOP of Form 502 and mail to:**

Comptroller of Maryland  
Payment Processing  
PO Box 8888  
Annapolis, MD 21401-8888