

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name BINDUSPOORTHY MANNEPALLI	Social security number 746-24-5060
Spouse's name	Spouse's social security number

## Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income . . . . .	1	84,525.
2	Total tax . . . . .	2	11,658.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	13,913.
4	Amount you want refunded to you . . . . .	4	3,103.
5	Amount you owe . . . . .	5	

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

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

### Taxpayer's PIN: check one box only

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

4	5	0	6	0
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 as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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 as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions  
Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status [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: BINDUSPOORTHY
Last name: MANNEPALLI
Your social security number: 746-24-5060
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.
274 SUMMER DRIVE
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
SANDY SPRINGS
State: GA
ZIP code: 30328
Foreign country name:
Foreign province/state/county:
Foreign postal code:
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

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 'Dependents (see instructions):'.

Main tax calculation table with 15 rows. Columns include description, sub-rows (a, b, c), and final amounts. Total income: 92,625. Adjusted gross income: 84,525. Standard deduction: 12,400. Taxable income: 72,125.

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

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	11,658.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	11,658.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	11,658.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	11,658.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	13,913.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	13,913.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) <b>NO</b>	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	848.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	848.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	14,761.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	3,103.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,103.
b	Routing number 1 1 1 0 0 0 6 1 4		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 7 9 3 5 1 1 0 2 8		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	
<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

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

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

Sign Here

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

Your signature	Date	Your occupation SYSTEMS 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	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/13/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522 Firm's EIN 30-1017196

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

**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](http://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  
BINDUSPOORTHY MANNEPALLI

Your social security number  
746-24-5060

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-8,100.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-8,100.

**Part II Adjustments to Income**

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

**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](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

BINDUSPOORTHY MANNEPALLI

746-24-5060

**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

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)
<b>A</b>	4-2-257,SRINAGAR COLONY ROTARY NAGAR,KHAMMAM TELANGANA IN 507002
<b>B</b>	
<b>C</b>	

<b>1b</b>	Type of Property (from list below)	<b>2</b>	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	3	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>A</b> 365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>		<input type="checkbox"/>
<b>C</b>			<b>C</b>		<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)

<b>Income:</b>		<b>Properties:</b>		<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b>	Rents received . . . . .	<b>3</b>		550.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>				
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		1,200.		
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>		1,050.		
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>				
<b>14</b>	Repairs. . . . .	<b>14</b>		2,100.		
<b>15</b>	Supplies . . . . .	<b>15</b>		1,900.		
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>		2,400.		
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		8,650.		
<b>21</b>	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 <b>Form 6198</b> . . . . .	<b>21</b>		-8,100.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>		( 8,100. )	( )	( )
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>			550.	
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>			8,650.	
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>		( 8,100. )		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> 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 . . . . .	<b>26</b>				-8,100.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

**INSTRUCTIONS FOR INDIVIDUAL AND FIDUCIARIES ESTIMATED TAX (500ES)**

**WHO MUST FILE ESTIMATED TAX.** Each individual or fiduciary subject to Georgia income tax who reasonably expects to have gross income during the year which exceeds (1) personal exemption, plus (2) credit for dependents, plus (3) estimated deductions, plus (4) \$1,000 of income not subject to withholding.

**EXCEPTION.** Estimated tax is not required if, under an agreement between the employer and the employee, additional tax is withheld to cover income that normally would require estimated tax to be filed. Individuals whose gross income from farming or fishing is at least two thirds of the total gross income from all sources may: (a) file as other taxpayers or (b) file their return by March 1 and pay the full amount of tax due by that date. Fiduciaries shall not be required to pay estimated tax with respect to any taxable year ending before the date two years after the date of the decedent's death in the case of:

1. The estate of such decedent; or
2. A testamentary trust as defined in IRC Section 6654(l)(2)(B).

**PURPOSE OF ESTIMATED TAX.** The purpose is to enable taxpayers having income not subject to withholding to currently pay their income tax. Taxpayers are also required to file an annual return claiming credit thereon for amounts paid or credited to their estimated tax.

**PAYMENT OF ESTIMATED TAX.** Payment in full of your estimated tax may be made with the first required installment or in equal installments during this year on or before April 15, June 15, September 15, and the following January 15. Fiscal year filers should adjust the dates accordingly. If the due date falls on a weekend or holiday, the tax shall be due on the next day that is not a weekend or holiday.

**HOW TO ESTIMATE YOUR TAX.** A schedule for computing your estimated tax and the tax rate schedules are listed in the Tax Booklet.

**PENALTIES.** Failure to comply with the provisions of this law relative to underpayment of installments may result in the assessment of additional charges as a penalty. Willful failure to pay estimated tax will constitute a misdemeanor.

**STANDARD DEDUCTION.**

Single and head of household .....\$4,600  
 Married filing jointly .....\$6,000  
 Married filing separately .....\$3,000

**Additional Deduction:**

Age 65 or older .....\$1,300  
 Blind .....\$1,300

These additional deductions are for you and your spouse only if the standard deduction is used. These amounts are standard regardless of income.

**WHEN AND WHERE TO FILE.** Estimated tax required from persons not regarded as farmers or fishermen shall be filed on or before April 15 of the taxable year, except if the above requirements are first met on or after April 1 and before June 1, estimated tax must be filed by June 15; on or after June 1 but before September 1, by September 15; and on or after September 1, by January 15 of the following year. Individuals filing on a fiscal year basis ending after December 31 must file on corresponding dates.

**Make check or money order payable to:**

“Georgia Department of Revenue”

**Payment should be mailed to:**  
**Processing Center**  
**Georgia Department of Revenue**  
**PO Box 740319**  
**Atlanta, Georgia 30374-0319**

**You may also pay estimated tax with a credit card. Visit our website at [dor.georgia.gov](http://dor.georgia.gov) for more information.**

**HOW TO COMPLETE FORM 500 ES.**

Complete the name and address field located on the upper right side of coupon. Calculate your estimated tax using the schedule in the tax booklet. Line 15 is your estimated tax for the year. Divide Line 15 by the number of quarters of liability (see “When and Where to File” above) to compute the amount to be submitted quarterly. Enter this amount on Form 500 ES and submit to the Georgia Department of Revenue.

**EXEMPTION AMOUNT FOR TAX YEAR 2021**

Personal Exemption for self and spouse if married (each).....\$3,700  
 Personal Exemption for self if not married.....\$2,700  
 Dependent Exemption.....\$3,000

**Maximum Retirement Income Exclusion:**

If age 62-64 or less than 62 and permanently disabled.....\$35,000  
 If age 65 or older.....\$65,000

**For additional information concerning Individual forms please call: 1-877-423-6711.**

**Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.**

**PLEASE DO NOT STAPLE. PLEASE REMOVE ALL ATTACHED CHECK STUBS.**

Cut along dotted line

**500 ES** (Rev. 05/29/20)  
 Individual and Fiduciary Estimated Tax  
 Payment Voucher



2150011518

Individual or Fiduciary Name and Address:  
 MANNEPALLI, BINDUSPOORTHY  
 274 SUMMER DRIVE  
 SANDY SPRING GA 30328

Calendar Year **2021**

or Fiscal Year Ending \_\_\_\_\_ TYPE OF RETURN:  09-Individual  10-Fiduciary

Taxpayer's SSN or Fiduciary FEIN	Spouse's SSN	Tax Year	Quarter	Due Date	Vendor Code
746-24-5060		2021	1	04/15/2021	115

**PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.**

If your name and address is incorrect, mark the change of address box and make the change in the box below. Address Change

PROCESSING CENTER  
 GEORGIA DEPARTMENT OF REVENUE  
 PO BOX 740319  
 ATLANTA GA 30374-0319

**Amount Paid \$** 263.00

50000746245060104152121109200000000011500000263002

REV 03/02/21 PRO

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**EXEMPTION AMOUNT FOR TAX YEAR 2021**

Personal Exemption for self and spouse if married (each).....\$3,700  
 Personal Exemption for self if not married.....\$2,700  
 Dependent Exemption.....\$3,000

**Maximum Retirement Income Exclusion:**

If age 62-64 or less than 62 and permanently disabled.....\$35,000  
 If age 65 or older.....\$65,000

**For additional information concerning Individual forms please call: 1-877-423-6711.**

**Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.**

**PLEASE DO NOT STAPLE. PLEASE REMOVE ALL ATTACHED CHECK STUBS.**

Cut along dotted line

**500 ES** (Rev. 05/29/20)  
 Individual and Fiduciary Estimated Tax  
 Payment Voucher



2150011518

Individual or Fiduciary Name and Address:

MANNEPALLI, BINDUSPOORTHY  
 274 SUMMER DRIVE  
 SANDY SPRING GA 30328

Calendar Year **2021**

or Fiscal Year Ending \_\_\_\_\_ TYPE OF RETURN:  09-Individual  10-Fiduciary

Taxpayer's SSN or Fiduciary FEIN	Spouse's SSN	Tax Year	Quarter	Due Date	Vendor Code
746-24-5060		2021	2	06/15/2021	115

**PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.**

If your name and address is incorrect, mark the change of address box and make the change in the box below. Address Change

PROCESSING CENTER  
 GEORGIA DEPARTMENT OF REVENUE  
 PO BOX 740319  
 ATLANTA GA 30374-0319

**Amount Paid \$** 263.00

50000746245060106152121209200000000011500000263009

REV 03/02/21 PRO

**INSTRUCTIONS FOR INDIVIDUAL AND FIDUCIARIES ESTIMATED TAX (500ES)**

**WHO MUST FILE ESTIMATED TAX.** Each individual or fiduciary subject to Georgia income tax who reasonably expects to have gross income during the year which exceeds (1) personal exemption, plus (2) credit for dependents, plus (3) estimated deductions, plus (4) \$1,000 of income not subject to withholding.

**EXCEPTION.** Estimated tax is not required if, under an agreement between the employer and the employee, additional tax is withheld to cover income that normally would require estimated tax to be filed. Individuals whose gross income from farming or fishing is at least two thirds of the total gross income from all sources may: (a) file as other taxpayers or (b) file their return by March 1 and pay the full amount of tax due by that date. Fiduciaries shall not be required to pay estimated tax with respect to any taxable year ending before the date two years after the date of the decedent's death in the case of:

1. The estate of such decedent; or
2. A testamentary trust as defined in IRC Section 6654(l)(2)(B).

**PURPOSE OF ESTIMATED TAX.** The purpose is to enable taxpayers having income not subject to withholding to currently pay their income tax. Taxpayers are also required to file an annual return claiming credit thereon for amounts paid or credited to their estimated tax.

**PAYMENT OF ESTIMATED TAX.** Payment in full of your estimated tax may be made with the first required installment or in equal installments during this year on or before April 15, June 15, September 15, and the following January 15. Fiscal year filers should adjust the dates accordingly. If the due date falls on a weekend or holiday, the tax shall be due on the next day that is not a weekend or holiday.

**HOW TO ESTIMATE YOUR TAX.** A schedule for computing your estimated tax and the tax rate schedules are listed in the Tax Booklet.

**PENALTIES.** Failure to comply with the provisions of this law relative to underpayment of installments may result in the assessment of additional charges as a penalty. Willful failure to pay estimated tax will constitute a misdemeanor.

**STANDARD DEDUCTION.**

Single and head of household .....\$4,600  
 Married filing jointly .....\$6,000  
 Married filing separately .....\$3,000

**Additional Deduction:**

Age 65 or older .....\$1,300  
 Blind .....\$1,300

These additional deductions are for you and your spouse only if the standard deduction is used. These amounts are standard regardless of income.

**WHEN AND WHERE TO FILE.** Estimated tax required from persons not regarded as farmers or fishermen shall be filed on or before April 15 of the taxable year, except if the above requirements are first met on or after April 1 and before June 1, estimated tax must be filed by June 15; on or after June 1 but before September 1, by September 15; and on or after September 1, by January 15 of the following year. Individuals filing on a fiscal year basis ending after December 31 must file on corresponding dates.

**Make check or money order payable to:**

“Georgia Department of Revenue”

**Payment should be mailed to:**  
**Processing Center**  
**Georgia Department of Revenue**  
**PO Box 740319**  
**Atlanta, Georgia 30374-0319**

**You may also pay estimated tax with a credit card. Visit our website at [dor.georgia.gov](http://dor.georgia.gov) for more information.**

**HOW TO COMPLETE FORM 500 ES.**

Complete the name and address field located on the upper right side of coupon. Calculate your estimated tax using the schedule in the tax booklet. Line 15 is your estimated tax for the year. Divide Line 15 by the number of quarters of liability (see “When and Where to File” above) to compute the amount to be submitted quarterly. Enter this amount on Form 500 ES and submit to the Georgia Department of Revenue.

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**Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.**

**PLEASE DO NOT STAPLE. PLEASE REMOVE ALL ATTACHED CHECK STUBS.**

----- Cut along dotted line -----

**500 ES** (Rev. 05/29/20)  
 Individual and Fiduciary Estimated Tax  
 Payment Voucher



2150011518

Individual or Fiduciary Name and Address: XXXXXXXXXX  
 MANNEPALLI, BINDUSPOORTHY  
 274 SUMMER DRIVE  
 SANDY SPRING GA 30328

Calendar Year **2021**

or Fiscal Year Ending \_\_\_\_\_ TYPE OF RETURN:  09-Individual  10-Fiduciary

Taxpayer's SSN or Fiduciary FEIN	Spouse's SSN	Tax Year	Quarter	Due Date	Vendor Code
746-24-5060		2021	3	09/15/2021	115

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If your name and address is incorrect, mark the change of address box and make the change in the box below. Address Change

PROCESSING CENTER  
 GEORGIA DEPARTMENT OF REVENUE  
 PO BOX 740319  
 ATLANTA GA 30374-0319

**Amount Paid \$** 263.00

50000746245060109152121309200000000011500000263004

REV 03/02/21 PRO



**INSTRUCTIONS FOR INDIVIDUAL AND FIDUCIARIES ESTIMATED TAX (500ES)**

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“Georgia Department of Revenue”

**Payment should be mailed to:**  
**Processing Center**  
**Georgia Department of Revenue**  
**PO Box 740319**  
**Atlanta, Georgia 30374-0319**

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**PLEASE DO NOT STAPLE. PLEASE REMOVE ALL ATTACHED CHECK STUBS.**

Cut along dotted line

**500 ES** (Rev. 05/29/20)  
 Individual and Fiduciary Estimated Tax  
 Payment Voucher



2150011518

Individual or Fiduciary Name and Address:  
 MANNEPALLI, BINDUSPOORTHY  
 274 SUMMER DRIVE  
 SANDY SPRING GA 30328

Calendar Year **2021**

or Fiscal Year Ending \_\_\_\_\_ TYPE OF RETURN:  09-Individual  10-Fiduciary

Taxpayer's SSN or Fiduciary FEIN	Spouse's SSN	Tax Year	Quarter	Due Date	Vendor Code
746-24-5060		2021	4	01/15/2022	115

**PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.**

If your name and address is incorrect, mark the change of address box and make the change in the box below. Address Change

PROCESSING CENTER  
 GEORGIA DEPARTMENT OF REVENUE  
 PO BOX 740319  
 ATLANTA GA 30374-0319

**Amount Paid \$** 263.00

50000746245060101152221409200000000011500000263009

REV 03/02/21 PRO

# Instructions for the Individual/Fiduciary (525-TV) Payment Voucher

- For faster and more accurate posting to your account, use a payment voucher with a **valid scanline** from the Georgia Department of Revenue's website [dor.georgia.gov](http://dor.georgia.gov) or one produced by an approved software company listed at [dor.georgia.gov/approved-software-vendors](http://dor.georgia.gov/approved-software-vendors).
- Only complete this voucher if you owe taxes.
- Complete the name and address field located on the upper right side of the voucher.
- Please write your SSN or FEIN on your check or money order.
- Remove your check stub to keep with your records.
- If the due date falls on a weekend or holiday, the tax shall be due on the next day that is not a weekend or holiday.
- If you are **filing electronically**, mail only your voucher and payment to:


**Processing Center  
Georgia Department of Revenue  
PO Box 740323  
Atlanta, Georgia 30374-0323**

- If you are filing a paper return; mail your return, 525-TV payment voucher and your payment to the address that appears on the return.

Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

**PLEASE DO NOT mail this entire page. Please cut along dotted line and mail only your voucher and payment.  
PLEASE DO NOT STAPLE. PLEASE REMOVE ALL ATTACHED CHECK STUBS.**

----- Cut along dotted line -----

<b>525-TV</b> (Rev. 05/29/20) Individual and Fiduciary Payment Voucher		Individual or Fiduciary Name and Address: BINDUSPOORTHY MANNEPALLI 274 SUMMER DRIVE SANDY SPRINGGA 30328
<b>2020</b>	2152511519	
<input type="checkbox"/> Amended Return	<input type="checkbox"/> Paper Return	<input checked="" type="checkbox"/> Electronically Filed
TYPE OF RETURN:		<input checked="" type="checkbox"/> 09-Individual <input type="checkbox"/> 10-Fiduciary
Taxpayer's SSN or Fiduciary FEIN 746-24-5060	Spouse's SSN (if joint or combined return)	Tax Year 2020
Daytime Telephone Number 281-786-7160		Vendor Code 115

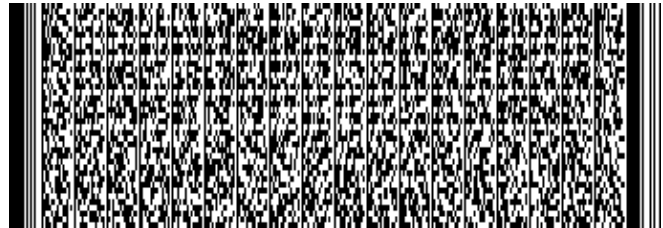
PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

PROCESSING CENTER  
GEORGIA DEPARTMENT OF REVENUE  
PO BOX 740323  
ATLANTA GA 30374-0323

**Amount Paid \$** 1049.00



2100411512



Georgia Form **500** (Rev. 06/20/20)

Individual Income Tax Return

Georgia Department of Revenue

**2020** (Approved software version)

Page **1**

Fiscal Year  
Beginning

STATE TX  
ISSUED

Fiscal Year  
Ending

YOUR DRIVER'S  
LICENSE/STATE ID

42746512

YOUR FIRST NAME MI YOUR SOCIAL SECURITY NUMBER  
1. BINDUSPOORTHY 746-24-5060

LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX  
MANNEPALLI

SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number)  CHECK IF ADDRESS HAS CHANGED  
2. 274 SUMMER DRIVE

CITY (Please insert a space if the city has multiple names) STATE ZIP CODE  
3. SANDY SPRINGS GA 30328

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number ..... 4. 3

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. A

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself  6b. Spouse  6c. 1

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse)..... 7a.

**ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING**



2100411522

YOUR SOCIAL SECURITY NUMBER  
 746-24-5060

7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

**First Name, MI.** **Last Name**  
**Social Security Number** **Relationship to You**

**First Name, MI.** **Last Name**  
**Social Security Number** **Relationship to You**

**First Name, MI.** **Last Name**  
**Social Security Number** **Relationship to You**

**First Name, MI.** **Last Name**  
**Social Security Number** **Relationship to You**

**INCOME COMPUTATIONS**

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3,456.

- 8. Federal adjusted gross income (From Federal Form 1040)..... 8. 84525  
 (Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.
- 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) ..... 9.
- 10. Georgia adjusted gross income (Net total of Line 8 and Line 9)..... 10.
- 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)..... 11a.  
 (See IT-511 Tax Booklet)
  - b. Self: 65 or over?  Blind?  Total x 1,300=..... 11b.  
 Spouse: 65 or over?  Blind?
  - c. Total Standard Deduction (Line 11a + Line 11b)..... 11c.  
 Use EITHER Line 11c OR Line 12c (Do not write on both lines)
- 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.
  - a. Federal Itemized Deductions (Schedule A-Form 1040) ..... 12a.
  - b. Less adjustments: (See IT-511 Tax Booklet) ..... 12b.
  - c. Georgia Total Itemized Deductions..... 12c.
- 13. Subtract either Line 11c or Line 12c from Line 10; enter balance..... 13.



2100411532

**YOUR SOCIAL SECURITY NUMBER**  
 746-24-5060

14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	
14b. Enter the number from Line 7a. Multiply by \$3,000.....	14b.	
14c. Add Lines 14a. and 14b. Enter total.....	14c.	
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14).....	15a.	21242
15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information)....	15b.	
15c. Georgia Taxable Income (Line 15a less Line 15b).....	15c.	21242
16. Tax (Use the Tax Table in the IT-511 Tax Booklet) .....	16.	1049
17. Low Income Credit      17a.                      17b.                      .....	17c.	
18. Other State(s) Tax Credit (Include a copy of the other state(s) return) .....	18.	
19. Credits used from IND-CR Summary Worksheet .....	19.	
20. <b>Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)</b>	20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 .....	21.	0
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero .....	22.	1049

**INCOME STATEMENT DETAILS** Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

(INCOME STATEMENT A)	(INCOME STATEMENT B)	(INCOME STATEMENT C)
1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>
3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME	4. GA WAGES / INCOME	4. GA WAGES / INCOME
5. GA TAX WITHHELD	5. GA TAX WITHHELD	5. GA TAX WITHHELD

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

**ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING**

REV 03/02/21 PRO



2100411542

**YOUR SOCIAL SECURITY NUMBER**  
 746-24-5060

**Page 4**

**(INCOME STATEMENT D)**

1. **WITHHOLDING TYPE:**  
 W-2    G2-A    G2-LP  
 1099    G2-FL    G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)**    **SSN**

**(INCOME STATEMENT E)**

1. **WITHHOLDING TYPE:**  
 W-2    G2-A    G2-LP  
 1099    G2-FL    G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)**    **SSN**

**(INCOME STATEMENT F)**

1. **WITHHOLDING TYPE:**  
 W-2    G2-A    G2-LP  
 1099    G2-FL    G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)**    **SSN**

3. **EMPLOYER/PAYER STATE WITHHOLDING ID**   3. **EMPLOYER/PAYER STATE WITHHOLDING ID**   3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**   4. **GA WAGES / INCOME**   4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**   5. **GA TAX WITHHELD**   5. **GA TAX WITHHELD**

23. Georgia Income Tax Withheld on Wages and 1099s ..... (Enter Tax Withheld Only and include W-2s and/or 1099s)	23.	0
24. Other Georgia Income Tax Withheld..... (Must include G2-A, G2-FL, G2-LP and/or G2-RP)	24.	
25. Estimated Tax paid for 2020 and Form IT-560 .....	25.	
26. Schedule 2B Refundable Tax Credits..... (Cannot be claimed unless filed electronically)	26.	
27. Total prepayment credits (Add Lines 23, 24, 25 and 26).....	27.	0
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due.....	28.	1049
29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment .....	29.	
30. <b>Amount to be credited to 2021 ESTIMATED TAX</b> .....	30.	
31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00).....	31.	
32. Georgia Fund for Children and Elderly (No gift of less than \$1.00).....	32.	
33. Georgia Cancer Research Fund (No gift of less than \$1.00) .....	33.	
34. Georgia Land Conservation Program (No gift of less than \$1.00).....	34.	
35. Georgia National Guard Foundation (No gift of less than \$1.00) .....	35.	
36. Dog & Cat Sterilization Fund (No gift of less than \$1.00).....	36.	
37. Saving the Cure Fund (No gift of less than \$1.00).....	37.	
38. Realizing Educational Achievement Can Happen (REACH) Program .....	38.	
(No gift of less than \$1.00)		



2100411552

**YOUR SOCIAL SECURITY NUMBER**  
746-24-5060

**Page 5**

39. Public Safety Memorial Grant (No gift of less than \$1.00)..... 39.
40. Form 500 UET (Estimated tax penalty)  500 UET exception attached 40.
41. (If you owe) Add Lines 28, 31 thru 40 41. 1049  
**MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE..**

Amount Due Mail To:  
GEORGIA DEPARTMENT OF REVENUE  
PROCESSING CENTER, PO BOX 740399  
ATLANTA, GA 30374-0399

42. (If you are due a refund) Subtract the sum of Lines 30 thru 40 from Line 29 42.  
**THIS IS YOUR REFUND.....**  
**If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.**

42a. Direct Deposit (U.S. Accounts Only)

Type: Checking  Routing Number  
Savings  Account Number

Refund Due Mail To:  
GEORGIA DEPARTMENT OF REVENUE  
PROCESSING CENTER, PO BOX 740380  
ATLANTA, GA 30374-0380

INCLUDE ALL ITEMS IN ENVELOPE, **DO NOT STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN.**  
I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Taxpayer's Signature  (Check box if deceased)

Spouse's Signature  (Check box if deceased)

Date

Date

Taxpayer's Phone Number  
281-786-7160

I authorize DOR to discuss this return with the named preparer.

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address

SYAM PRIYA RAM SAGAR GUPTA TALLAM

Signature of Preparer

Name of Preparer Other Than Taxpayer

SYAM PRIYA RAM SAGAR GUPT

Preparer's Firm Name

GLOBAL TAXES LLC

Preparer's Phone Number

678-965-9522

Preparer's FEIN

30-1017196

Preparer's SSN/PTIN/SIDN

P02082703



2107411512

YOUR SOCIAL SECURITY NUMBER

746-24-5060

**DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X**

**SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.**

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)
1. WAGES, SALARIES, TIPS, etc 92625	1. WAGES, SALARIES, TIPS, etc 69375	1. WAGES, SALARIES, TIPS, etc 23250
2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS
3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)
4. OTHER INCOME OR (LOSS) -8100	4. OTHER INCOME OR (LOSS) -8100	4. OTHER INCOME OR (LOSS) 0
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 84525	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 61275	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 23250
6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 84525	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 61275	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 23250
9. RATIO: Divide Line 8, Column C by Line 8, Column A enter percentage or check the box for Time Ratio. <input type="checkbox"/> Enter percentage.....	9.	27.51 % Not to exceed 100%
10a. Itemized <input type="checkbox"/> or Standard Deduction <input checked="" type="checkbox"/> or Georgia Itemized <input type="checkbox"/> (See IT-511 Tax Booklet)	10a.	4600
10b. Additional Standard Deduction Self: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Total x 1,300=	10b.	
11. Personal Exemption from Form 500 (See IT-511 Tax Booklet)		
11a. Enter the number on Line 6c. from Form 500 or 500X 1 multiply by \$2,700 for filing status A or D <b>or</b> multiply by \$3,700 for filing status B or C	11a.	2700
11b. Enter the number on Line 7a. from Form 500 or 500X multiply by \$3,000...	11b.	
12. Total Deductions and Exemptions: Add Lines 10a, 10b, 11a, and 11b.....	12.	7300
13. Multiply Line 12 by Ratio on Line 9 and enter result .....	13.	2008
14. Income before GA NOL: Subtract Line 13 from Line 8, Column C Enter here and on Line 15a, Page 3 of Form 500 or Form 500X.....	14.	21242



Form 1-ES voucher at the bottom

VOUCHER 1

▼ cut here ▼

REV 02/21/21 PRO

**2021 WISCONSIN ESTIMATED INCOME TAX VOUCHER**

Form

File only if submitting payment. Make your check payable to and mail your voucher to: Wisconsin Department of Revenue  
PO Box 930208  
Milwaukee WI 53293-0208

**1-ES**

<b>Calendar year due dates:</b> Apr 15, 2021    Sep 15, 2021 Jun 15, 2021    Jan 18, 2022	<b>Fiscal year filers:</b> Enter year ending (month and year)
---	--

Check box if address is corrected and new address was not provided on a prior payment voucher.

Check the box below which applies to you.

- Trust** (Enter FEIN as "your social security number")
- Estate** (Enter decedent's social security number)
- Individual**
- Joint**

Your legal last name <b>MANNEPALLI</b>	Your legal first name and initial <b>BINDUSPOORTHY</b>	Your social security number <b>746245060</b>
Spouse's legal last name	Spouse's legal first name and initial	Spouse's social security number
Home address (number and street or rural route) <b>274 SUMMER DRIVE</b>		Telephone number <b>(281) 7867160</b>
City or post office <b>SANDY SPRINGS</b>	State <b>GA</b>	Zip code <b>30328</b>

Amount of Payment

\$ 519.00

Please do not staple your payment to this voucher.

D-101 (R. 1-20)  
INTUIT

2080164013746245060999999990202106131250000051900

Form 1-ES voucher at the bottom

VOUCHER 2

▼ cut here ▼

REV 02/21/21 PRO

**2021 WISCONSIN ESTIMATED INCOME TAX VOUCHER**

Form

File only if submitting payment. Make your check payable to and mail your voucher to: Wisconsin Department of Revenue  
PO Box 930208  
Milwaukee WI 53293-0208

**1-ES**

Your legal last name <b>MANNEPALLI</b>	Your legal first name and initial <b>BINDUSPOORTHY</b>	Your social security number <b>746245060</b>
Spouse's legal last name	Spouse's legal first name and initial	Spouse's social security number
Home address (number and street or rural route) <b>274 SUMMER DRIVE</b>		Telephone number <b>(281) 7867160</b>
City or post office <b>SANDY SPRINGS</b>	State <b>GA</b>	Zip code <b>30328</b>

<b>Calendar year due dates:</b> Apr 15, 2021   Sep 15, 2021 Jun 15, 2021   Jan 18, 2022	<b>Fiscal year filers:</b> Enter year ending (month and year)
---	--

Check box if address is corrected and new address was not provided on a prior payment voucher.

Check the box below which applies to you.

- Trust** (Enter FEIN as "your social security number")
- Estate** (Enter decedent's social security number)
- Individual**
- Joint**

**Amount of Payment**

\$ 519.00

Please do not staple your payment to this voucher.

D-101 (R. 1-20)  
INTUIT

2080164013746245060999999990202106131250000051900

Form 1-ES voucher at the bottom

VOUCHER 3

▼ cut here ▼

REV 02/21/21 PRO

**2021 WISCONSIN ESTIMATED INCOME TAX VOUCHER**

Form

File only if submitting payment. Make your check payable to and mail your voucher to: Wisconsin Department of Revenue  
PO Box 930208  
Milwaukee WI 53293-0208

**1-ES**

Your legal last name <b>MANNEPALLI</b>	Your legal first name and initial <b>BINDUSPOORTHY</b>	Your social security number <b>746245060</b>
Spouse's legal last name	Spouse's legal first name and initial	Spouse's social security number
Home address (number and street or rural route) <b>274 SUMMER DRIVE</b>		Telephone number <b>(281) 7867160</b>
City or post office <b>SANDY SPRINGS</b>	State <b>GA</b>	Zip code <b>30328</b>

<b>Calendar year due dates:</b> Apr 15, 2021   Sep 15, 2021 Jun 15, 2021   Jan 18, 2022	<b>Fiscal year filers:</b> Enter year ending (month and year)
---	--

Check box if address is corrected and new address was not provided on a prior payment voucher.

Check the box below which applies to you.

- Trust** (Enter FEIN as "your social security number")
- Estate** (Enter decedent's social security number)
- Individual**
- Joint**

Amount of Payment

\$ 519.00

Please do not staple your payment to this voucher.

D-101 (R. 1-20)  
INTUIT

2080164013746245060999999990202106131250000051900

Form 1-ES voucher at the bottom

VOUCHER 4

▼ cut here ▼

REV 02/21/21 PRO

**2021 WISCONSIN ESTIMATED INCOME TAX VOUCHER**

Form

File only if submitting payment. Make your check payable to and mail your voucher to: Wisconsin Department of Revenue  
PO Box 930208  
Milwaukee WI 53293-0208

**1-ES**

Your legal last name <b>MANNEPALLI</b>	Your legal first name and initial <b>BINDUSPOORTHY</b>	Your social security number <b>746245060</b>
Spouse's legal last name	Spouse's legal first name and initial	Spouse's social security number
Home address (number and street or rural route) <b>274 SUMMER DRIVE</b>		Telephone number <b>(281) 7867160</b>
City or post office <b>SANDY SPRINGS</b>	State <b>GA</b>	Zip code <b>30328</b>

<b>Calendar year due dates:</b> Apr 15, 2021   Sep 15, 2021 Jun 15, 2021   Jan 18, 2022	<b>Fiscal year filers:</b> Enter year ending (month and year)
---	--

Check box if address is corrected and new address was not provided on a prior payment voucher.

Check the box below which applies to you.

- Trust** (Enter FEIN as "your social security number")
- Estate** (Enter decedent's social security number)
- Individual**
- Joint**

**Amount of Payment**

\$ 519.00

Please do not staple your payment to this voucher.

D-101 (R. 1-20)  
INTUIT

2080164013746245060999999990202106131250000051900

Form EPV voucher at the bottom

**2020 Form EPV**

Use of the personalized Form EPV voucher below will ensure that your tax payment will be posted timely and to the correct account.

- Use Form EPV to pay the tax due from an electronically filed return. Use Form 1 - ES to pay estimated tax.
- Do not print a blank voucher to complete by hand. Enter your data on this voucher online. The numeric string of numbers will then change to reflect your personal information (identifying number and amount).
- Be sure to fill in your (and your spouse's, if applicable) social security number in the space provided. Do not use hyphens. Estates fill in the decedent's social security number. Trusts must fill in their 9-digit FEIN.
- Cut on the dotted line only. Do not cut off the string of numbers at the bottom of the voucher.
- Use the correct year voucher. This voucher is for 2020. Do not use this voucher for a different year by crossing out 2020 and writing in a different year. This will cause your payment to be credited to the wrong year.
- Send your payment to the address shown on the voucher. Do not attach any other forms or instruction sheets to the voucher.

MAIL TO:  
 WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 930208  
 MILWAUKEE, WI 53293-0208

File only if submitting payment.



**2020**  
 Form **EPV**

**Wisconsin Electronic Payment Voucher**

REV 02/21/21 PRO

Make your check payable to Wisconsin Department of Revenue  
 and mail your voucher to: PO Box 930208  
 Milwaukee WI 53293-0208

Your legal last name <b>MANNEPALLI</b>	Your legal first name and initial <b>BINDUSPOORTHY</b>	Your social security number <b>746245060</b>
Spouse's legal last name	Spouse's legal first name and initial	Spouse's social security number
Legal name of trust	FEIN	
Home address (number and street or rural route) <b>274 SUMMER DRIVE</b>		Telephone number <b>(281) 7867160</b>
City or post office <b>SANDY SPRINGS</b>	State <b>GA</b>	Zip code <b>30328</b>

- Check the box below which applies to you.
- Individual
  - Individual - Amended
  - Trust
  - Trust -Amended
  - Estate (Enter decedent's social security number)
  - Estate - Amended

**Amount of Payment**  
**\$ 2074.00**

Please do not staple your payment to this voucher

2080164013746245060999999990202012161250000207400

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

Check here if an amended return  beginning \_\_\_\_\_, 2020 ending \_\_\_\_\_, 20\_\_\_\_.

Note

DO NOT STAPLE

See page 5 before assembling return

Your legal last name <b>MANNEPALLI</b>	Legal first name <b>BINDUSPOORTHY</b>	M.I.	Your social security number <b>746245060</b>
If a joint return, spouse's legal last name	Spouse's legal first name	M.I.	Spouse's social security number
Home address (number and street). If you have a PO Box, see page 11. <b>274 SUMMER DRIVE</b>		Apt. no.	<b>Tax district</b> Check below then fill in either the name of the city, village, or town and the county in which you lived at the end of 2020.  <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town <input type="checkbox"/> _____ <b>County of</b> <input checked="" type="checkbox"/> <u>DANE</u> <b>School district number</b> See page 43 _____
City or post office <b>SANDY SPRINGS</b>	State <b>GA</b>	Zip code <b>30328</b>	
<b>Filing status</b> Check <input checked="" type="checkbox"/> below <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here ..... <input type="checkbox"/>			<b>Special conditions</b> <input type="checkbox"/> _____ <input type="checkbox"/> Form 804 filed with return (see page 9)
<input type="checkbox"/> Head of household, NOT married (see page 12). <input type="checkbox"/> Head of household, married (see page 12).			
Legal last name _____ Legal first name _____ M.I. _____ If married, fill in spouse's SSN above and full name here <input type="checkbox"/>			

Use **BLACK Ink** ● Print numbers like this → 0 1 2 3 4 5 6 7 8 9 **Not** like this → 0147 ● **NO COMMAS; NO CENTS**

1 Federal adjusted gross income (see page 12) .....	1	84525.00
Form W-2 wages included in line 1 .....	▶	92625.00
2 Total additions to income from Schedule AD, line 33 (see page 13) .....	2	.00
3 Add lines 1 and 2 .....	3	84525.00
4 Total subtractions from income from Schedule SB, line 47. Enter as a positive number .....	4	.00
5 Subtract line 4 from line 3. This is your Wisconsin income .....	5	84525.00
6 Standard deduction. See table on page 34, <b>OR</b> ▼ .....	6	2793.00
If someone else can claim you (or your spouse) as a dependent, see page 14 and check here <input type="checkbox"/>		
7 Subtract line 6 from line 5. If line 6 is larger than line 5, fill in 0 .....	7	81732.00
8 Exemptions ( <b>Caution: See page 14</b> )		
a Fill in exemptions allowed ..... 1 x \$700 ... <b>8a</b> 700.00		
b Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = _____ x \$250 ... <b>8b</b> .00		
c Add lines 8a and 8b .....	<b>8c</b>	700.00
9 Subtract line 8c from line 7. If line 8c is larger than line 7, fill in 0. This is taxable income .....	9	81032.00
10 Tax (see table on page 36) .....	10	4561.00

PAPER CLIP payment here



**NO COMMAS; NO CENTS**

<b>11</b>	Itemized deduction credit. Enclose Schedule 1, page 4	<b>11</b>	<u>                    </u>	<u>                    </u>	<b>.00</b>
<b>12</b>	Armed forces member credit (must be stationed outside U.S. See page 16)	<b>12</b>	<u>                    </u>	<u>                    </u>	<b>.00</b>
<b>13</b>	School property tax credit				
	<b>a</b> Rent paid in 2020 – heat included <u>                    </u> <b>.00</b>	} Find credit from table page 18 .	<b>13a</b>	<u>                    </u>	<b>290 .00</b>
	Rent paid in 2020 – heat not included <u>                    </u> <b>9600 .00</b>				
	<b>b</b> Property taxes paid on home in 2020 <u>                    </u> <b>.00</b>	Find credit from table page 19 .	<b>13b</b>	<u>                    </u>	<b>.00</b>
<b>14</b>	Working families tax credit (see page 19)	<b>14</b>	<u>                    </u>	<u>                    </u>	<b>0 .00</b>
<b>15</b>	Married couple credit. Enclose Schedule 2, page 4	<b>15</b>	<u>                    </u>	<u>                    </u>	<b>.00</b>
<b>16</b>	Nonrefundable credits from line 34 of Schedule CR	<b>16</b>	<u>                    </u>	<u>                    </u>	<b>.00</b>
<b>17</b>	Net income tax paid to another state. Enclose Schedule OS ... <u>GA</u>	<b>17</b>	<u>                    </u>	<u>                    </u>	<b>1049 .00</b>
<b>18</b>	Add lines 11 through 17	<b>18</b>	<u>                    </u>	<u>                    </u>	<b>1339 .00</b>
<b>19</b>	Subtract line 18 from line 10. If line 18 is larger than line 10, fill in 0. This is your net tax	<b>19</b>	<u>                    </u>	<u>                    </u>	<b>3222 .00</b>
<b>20</b>	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 22)	<b>20</b>	<u>                    </u>	<u>                    </u>	<b>.00</b>
	If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>				
<b>21</b>	Donations (decreases refund or increases amount owed)				
	<b>a</b> Endangered resources <u>                    </u> <b>.00</b>	<b>e</b> Military family relief <u>                    </u>	<u>                    </u>	<u>                    </u>	<b>.00</b>
	<b>b</b> Cancer research <u>                    </u> <b>.00</b>	<b>f</b> Second Harvest/Feeding Amer. <u>                    </u>	<u>                    </u>	<u>                    </u>	<b>.00</b>
	<b>c</b> Veterans trust fund <u>                    </u> <b>.00</b>	<b>g</b> Red Cross WI Disaster Relief <u>                    </u>	<u>                    </u>	<u>                    </u>	<b>.00</b>
	<b>d</b> Multiple sclerosis <u>                    </u> <b>.00</b>	<b>h</b> Special Olympics Wisconsin <u>                    </u>	<u>                    </u>	<u>                    </u>	<b>.00</b>
	Total (add lines a through h)	<b>21i</b>	<u>                    </u>	<u>                    </u>	<b>.00</b>
<b>22</b>	Penalties on IRAs, retirement plans, MSAs, etc. (see page 24) . . . <u>                    </u> <b>.00</b> x .33 =	<b>22</b>	<u>                    </u>	<u>                    </u>	<b>.00</b>
<b>23</b>	Other penalties (see page 24)	<b>23</b>	<u>                    </u>	<u>                    </u>	<b>.00</b>
<b>24</b>	Add lines 19, 20, 21i, 22 and 23	<b>24</b>	<u>                    </u>	<u>                    </u>	<b>3222 .00</b>
<b>25</b>	Wisconsin tax withheld. Enclose withholding statements	<b>25</b>	<u>                    </u>	<u>                    </u>	<b>1148 .00</b>
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>	<u>                    </u>	<u>                    </u>	<b>.00</b>
<b>27</b>	Earned income credit. Number of qualifying children <input type="checkbox"/> Federal credit. . . . <u>                    </u> <b>.00</b> x <u>                    </u> % =	<b>27</b>	<u>                    </u>	<u>                    </u>	<b>.00</b>
<b>28</b>	Farmland preservation credit. <b>a</b> Schedule FC, line 17	<b>28a</b>	<u>                    </u>	<u>                    </u>	<b>.00</b>
	<b>b</b> Schedule FC-A, line 13	<b>28b</b>	<u>                    </u>	<u>                    </u>	<b>.00</b>
<b>29</b>	Repayment credit (see page 26)	<b>29</b>	<u>                    </u>	<u>                    </u>	<b>.00</b>

**NOTE:** You must use your 2020 earned income (see page 26).



Name(s) shown on Form 1 <b>BINDUSPOORTHY MANNEPALLI</b>		Your social security number <b>746245060</b>
<b>NO COMMAS; NO CENTS</b>		
<b>30</b>	Homestead credit. Enclose Schedule H or H-EZ. . . . .	<b>30</b> _____ .00
<b>31</b>	Eligible veterans and surviving spouses property tax credit . . .	<b>31</b> _____ .00
<b>32</b>	Refundable credits from Schedule CR, line 40. Enclose Schedule CR	<b>32</b> _____ .00
<b>33</b>	AMENDED RETURN ONLY—Amounts previously paid (see page 29)	<b>33</b> _____ .00
<b>34</b>	Add lines 25 through 33 . . . . .	<b>34</b> _____ <b>1148</b> .00
<b>35</b>	AMENDED RETURN ONLY—Amounts previously refunded (see page 30)	<b>35</b> _____ .00
<b>36</b>	Subtract line 35 from line 34 . . . . .	<b>36</b> _____ <b>1148</b> .00
<b>37</b>	If line 36 is larger than line 24, subtract line 24 from line 36. This is the <b>AMOUNT YOU OVERPAID</b> . . . . .	<b>37</b> _____ <b>0</b> .00
<b>38</b>	Amount of line 37 you want <b>REFUNDED TO YOU</b> . . . . .	<b>38</b> _____ <b>0</b> .00
<b>39</b>	Amount of line 37 you want <b>APPLIED TO YOUR 2021 ESTIMATED TAX</b> . . . . .	<b>39</b> _____ <b>0</b> .00
<b>40</b>	If line 36 is smaller than line 24, subtract line 36 from line 24. This is the <b>AMOUNT YOU OWE</b> . Paper clip payment to front of return . . . . .	<b>40</b> _____ <b>2074</b> .00
<b>41</b>	Underpayment interest. Fill in exception code—See Sch. U _____ Also include on line 40 (see page 31)	<b>41</b> _____ .00

**Third Party Designee** Do you want to allow another person to discuss this return with the department (see page 32)?  **Yes** Complete the following.  **No**

Designee's name ▶ \_\_\_\_\_ Phone no. ▶ \_\_\_\_\_ Personal identification number (PIN) ▶ 

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 **Paper clip copies of your federal income tax return and schedules to this return. Assemble your return (pages 1-4) and withholding statements in the order listed on page 5.**

**Sign here**

▼ *Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.*

Your signature	Spouse's signature (if filing jointly, BOTH must sign)	Date	Daytime phone
			<b>2817867160</b>

I-010ai

Mail your return to: Wisconsin Department of Revenue  
*If tax due*.....PO Box 268, Madison WI 53790-0001  
*If refund or no tax due*.....PO Box 59, Madison WI 53785-0001  
*If homestead credit claimed*.....PO Box 34, Madison WI 53786-0001

**Do Not Submit Photocopies**





**Schedule 1 – Itemized Deduction Credit (see page 15)**

<b>1</b>	Medical and dental expenses from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions. . . . .	<b>1</b>	<u>.00</u>
<b>2</b>	Interest paid from federal Schedule A (Form 1040 or 1040-SR). Do not include interest paid to purchase a second home located outside Wisconsin or a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities and interest from a tax-option (S) corporation if claimed as a subtraction . . . . .	<b>2</b>	<u>.00</u>
<b>3</b>	Gifts to charity from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions	<b>3</b>	<u>.00</u>
<b>4</b>	Casualty losses from federal Schedule A (Form 1040 or 1040-SR) . . . . .	<b>4</b>	<u>.00</u>
<b>5</b>	Add lines 1 through 4 . . . . .	<b>5</b>	<u>.00</u>
<b>6</b>	Fill in your standard deduction from line 6 on page 1 of Form 1 . . . . .	<b>6</b>	<u>.00</u>
<b>7</b>	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0. . . . .	<b>7</b>	<u>0 .00</u>
<b>8</b>	Rate of credit is .05 (5%) . . . . .	<b>8</b>	<u><b>x .05</b></u>
<b>9</b>	Multiply line 7 by line 8. Fill in here and on line 11 on page 2 of Form 1 . . . . .	<b>9</b>	<u>.00</u>

▶ **You must submit this page with Form 1 if you claim either of these credits** ◀

**Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 20)**

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

	(A) YOURSELF	(B) SPOUSE
<b>1</b>		
– Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income	<b>1</b> <u>.00</u>	<u>.00</u>
<b>2</b>		
– Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040 or 1040-SR), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income . . . . .	<b>2</b> <u>.00</u>	<u>.00</u>
<b>3</b>		
Combine lines 1 and 2. This is earned income. . . . .	<b>3</b> <u>.00</u>	<u>.00</u>
<b>4</b>		
– Add the amounts from federal Form 1040 or 1040-SR, <b>Schedule 1</b> , lines 11, 15, and 19, plus repayment of supplemental unemployment benefits, and contributions to secs. 403(b) and 501(c)(18)(D) pension plans, included in line 22, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to you or your spouse's income. . . . .	<b>4</b> <u>.00</u>	<u>.00</u>
<b>5</b>		
– Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0 . . . . .	<b>5</b> <u>.00</u>	<u>.00</u>
<b>6</b>		
– Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000. . . . .	<b>6</b> <u>.00</u>	<u>.00</u>
<b>7</b>		
Rate of credit is .03 (3%) . . . . .	<b>7</b> <u><b>x .03</b></u>	
<b>8</b>		
Multiply line 6 by line 7. Fill in here and on line 15 on page 2 of Form 1 . . . . .	<b>8</b> <u>.00</u>	<u>.00</u>

Do not fill in more than \$480.



Schedule **OS**

Wisconsin  
Department of Revenue

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

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

**2020**

Name(s) shown on Form 1, 1NPR, or 2  BINDUSPOORTHY MANNEPALLI	Identifying number  746-24-5060
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To be eligible for this credit, you must have been a full-year or part-year Wisconsin resident in 2020 and have paid 2020 state income tax **on the same income** to Wisconsin and another state.

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

NO COMMAS  
NO CENTS



		State 1	State 2
<b>PART I – Income From Other State</b>	Postal abbr. →	<u>G A</u>	<u>— —</u>
<u>1</u> Wages, salaries, tips, etc . . . . .	1	23250.00	.00
<u>2</u> Business income / loss . . . . .	2	.00	.00
<u>3</u> Capital gain / loss . . . . .	3	.00	.00
<u>4</u> Other gains / losses . . . . .	4	.00	.00
<u>5</u> IRA distributions, pensions, and annuities . . . . .	5	.00	.00
<u>6</u> Rental real estate, royalties, partnerships, S corporations, trusts, etc . . . . .	6	0.00	.00
<u>7</u> Farm income / loss . . . . .	7	.00	.00
<u>8</u> Unemployment compensation . . . . .	8	.00	.00
<u>9</u> Social security benefits . . . . .	9	.00	.00
<u>10</u> Other income _____ . . . . .	10	.00	.00
<u>11</u> Add lines 1 through 10 in each column . . . . .	11	23250.00	.00
<b>Adjustments to Income</b>			
<u>12</u> Deductible part of self-employment tax . . . . .	12	.00	.00
<u>13</u> Self-employed SEP, SIMPLE, and qualified plans . . . . .	13	.00	.00
<u>14</u> Self-employed health insurance deduction . . . . .	14	.00	.00
<u>15</u> IRA deduction . . . . .	15	.00	.00
<u>16</u> Other adjustments to income _____ . . . . .	16	.00	.00
<u>17</u> Add lines 12 through 16 in each column . . . . .	17	.00	.00
<u>18</u> Total income taxed by other state – subtract line 17 from line 11 . . . . .	18	23250.00	.00
<b>PART II – Calculation of Credit (Individual, Estate, or Trust Income Tax)</b>			
<u>19</u> Income taxable to both Wisconsin and other state (see instructions) . . . . .	19	23250.00	.00
<u>20</u> Total income taxed by the other state (see instructions) . . . . .	20	23250.00	.00
<u>21</u> Divide line 19 by line 20. Carry the decimal to four places and fill in on line 21. If line 20 is less than line 19, enter 1.0000 . . . . .	21	1 . 0 0 0 0	— — — —
<u>22</u> From the income tax return of the other state, fill in the net tax amount after subtracting all nonrefundable and refundable credits (see instructions) . . . . .	22	1049.00	.00
<u>23</u> Multiply line 21 by line 22. Round the result to the nearest dollar. If tax was paid to another state and passed through to you by a tax-option (S) corporation, limited liability company, or partnership, go on to Part III. Otherwise, skip lines 25 through 29 and go on to Part IV. If claiming a credit for net tax paid to Minnesota, Iowa, Illinois, or Michigan, skip lines 30 through 34 and fill in the amount from line 23 on line 35 . . . . .	23	1049.00	.00

Name(s) shown on Form 1, 1NPR, or 2 <b>BINDUSPOORTHY MANNEPALLI</b>	Identifying number <b>746-24-5060</b>
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**NO COMMAS; NO CENTS**

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

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

**PART IV - Credit Allowed**

<b>30</b> Income taxable to both Wisconsin and other state (see instructions) . . . . . 30	<u>        23250.00</u>	<u>          .00</u>
<b>31</b> Wisconsin income from Form 1, line 5, Form 1NPR, line 31, or Form 2, see instructions . . . . . 31	<u>        84525.00</u>	<u>          .00</u>
<b>32</b> Divide line 30 by line 31. Carry the decimal to four places and fill in on line 32. If line 31 is less than line 30, fill in 1.000 . . . . . 32	<u>  0  .  2  7  5  1</u>	<u>    </u> <u>    </u> <u>    </u> <u>    </u>
<b>33</b> Fill in the Wisconsin net income tax from: • Form 1, line 10, less the amounts on lines 11 through 16 • Form 1NPR, line 46, less the amounts on lines 47 through 50 • Form 2, line 6c, less the amount on line 7 . . . . . 33	<u>        4271.00</u>	<u>          .00</u>
<b>34</b> Multiply line 32 by line 33. Round the result to the nearest dollar . . . . . 34	<u>        1175.00</u>	<u>          .00</u>
<b>35</b> Fill in the amount from line 23 . . . . . 35	<u>        1049.00</u>	<u>          .00</u>
<b>36</b> Fill in the amount from line 29 . . . . . 36	<u>          .00</u>	<u>          .00</u>
<b>37</b> Add lines 35 and 36 . . . . . 37	<u>        1049.00</u>	<u>          .00</u>
<b>38</b> Fill in the smaller of line 34 or line 37. If claiming a credit for net tax paid to Minnesota, Iowa, Illinois, or Michigan, fill in the amount from line 37 . . . . . 38	<u>        1049.00</u>	<u>          .00</u>
<b>39</b> Add the amounts in each column of line 38. Fill in the total here . . . . . 39		<u>        1049.00</u>
<b>40</b> If you have tax paid to more than 2 states, fill in the amount from line 39 of any additional Schedules OS . . . . . 40		<u>          .00</u>
<b>41</b> Add lines 39 and 40. This is your credit for tax paid to another state (see instructions) . . . . . 41		<u>        1049.00</u>

