Internal Revenue Service

IRS e-file Signature Authorization

Social security number

ERO must obtain and retain completed Form 8879.
 Co to www.irc.gov/Eorm 8970 for the latest information

► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name

Taxpayer S hame	Social Security number
VENKATA HANISH CHOWD NAVULURI	828-16-8164
Spouse's name	Spouse's social security number
BEENA YADAV SANKALA	964-95-9315
Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter	er 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 98,103.
2 Total tax	. 2 8,397.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 15,800.
4 Amount you want refunded to you	4 8,603.
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

			FBO firm name	0 ,	Ę
X	l authorize	GLOBAL TAXE	S LLC	to enter or generate my PIN	-

6	8	1	6	4						
Enter five digits, but don't enter all zeros										

5

as mv

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3

Enter five digits, but don't enter all zeros

1

my

signature on the income tax return (original or amended) I am now authorizing.

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 ►

Spouse's PIN: check one box only

X I authorize GLOBAL TAXES LLC ERO firm name

signature on the income tax return (original or amended) I am now authorizing.

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 I						 		
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			 6 all ze	 9	89)

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 🕨	
Don't S	ERO Must Retain This Form — ubmit This Form to the IRS Unl		
			E 0070 (D 01 0001)

Date

to enter or generate my PIN

Check mathematical final point Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) 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 social security number Vour first name and middle initial Last name Your social security number VENKATA HANISH CHOWD NAVULURI 828-16-8164 If joint return, spouse's first name and middle initial Last name Spouse's social security number DEENN YDAV SANKALA P94-95-9315 Home address (number and street). If you have a P.O. box, see instructions. A1 no. Psidential Election Campaign 4201 W MEMORIAL RD OK 73134 box below will not change by our socie if filing jointly your as 3 to go to this fund. Chocking a lob oblow will not change by our as or refund. You _ spouse Foreign country name Foreign province/state/county Foreign postice/state/county You _ spouse Someone can claim: You as a dependent _ Your spouse as a dependent _ You _ spouse it femizes on a separate return or you were a dual-status alien Age/Bindnees You _ Spouse You _ spouse Sol of the cheed of the dependent _ Poyou Cheed here if _ Ade Dependents, see instructions): (I) First name	1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		(99)	202	20	OMB No. 1545	0074		Ombo	Domotiv		in this second
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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2020)

Form 1040 (2020))										Page
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 497	2 3	3			16	8,398.
	17	Amount from Schedule 2, lir	ne3							17	
	18	Add lines 16 and 17								18	8,398.
	19	Child tax credit or credit for	other dependen	ts						19	
	20	Amount from Schedule 3, lir	ne7							20	1.
	21	Add lines 19 and 20								21	1.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	8,397.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10					23	0.
	24	Add lines 22 and 23. This is	your total tax						. 🕨	24	8,397.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2				.	25a	15,	800.		
	b	Form(s) 1099				. [25b				
	с	Other forms (see instructions	s)			. [25c			1	
	d	Add lines 25a through 25c								25d	15,800.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 return .					26	
qualifying child,	27	Earned income credit (EIC)				.	27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812		. [28				
nontaxable	29	American opportunity credit	from Form 8863	3, line 8		. [29				
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .			. [30	1,	200.		
	31	Amount from Schedule 3, lir	ne 13			. [31				
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and refu	ndab	le credit	ts	. 🕨	32	1,200.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 🕨	33	17,000.
Refund	34	If line 33 is more than line 24								34	8,603.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, o	check	khere .			35a	8,603.
Direct deposit?	►b	Routing number 1 0 3			c Type:	_	Checking		avings		
See instructions.	►d	Account number 3 7 9							0		
	36	Amount of line 34 you want a			ed tax		36				
Amount	37	Subtract line 33 from line 24	. This is the am	ount vou owe	now				. 🕨	37	
You Owe		Note: Schedule H and Sch		-							
For details on		2020. See Schedule 3, line 1						je jeu e			
how to pay, see instructions.	38	Estimated tax penalty (see ir	nstructions) .				38				
Third Party	Do	you want to allow another				RS? S	See				
Designee		structions	•					Yes. Cor	nplete b	elow.	X No
		signee's		Phone					al identif		
		me 🕨		no. 🕨					er (PIN) 🕨		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here		· · ·						normation			nt you an Identity
	, YO	ur signature		Date	Your occupation	on					IN, enter it here
Joint return?					SOFTWAR	E DI	EVELOE	PER	(see	inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occu	upatio	n				nt your spouse an
Keep a copy for your records.	*										ection PIN, enter it her
your rocordo.					HOME MAR	KER			(see	inst.) 🕨	
		one no.	Duran and 1	Email address			Data		יאדח		Oha ala ifa
Paid		eparer's name	Preparer's signat				Date		PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALL	MAL	03/15/	ZUZI	202082		Self-employed
Use Only		m's name ► GLOBAL TA		'	a	4 1					678)965-9522
		m's address ► 2530 Pebb		n Cummin		±Τ			Firm	s EIN 🕨	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA		REV 03/0	6/21 PRO			Form 1040 (202

Additional Credits and Payments

OMB No. 1545-0074 20

20

	Attach	to Form	1040,	1040-SR	, or 1040-NR.	

	hent of the Treasury Revenue Service ► Go to www.irs.gov/Form1040 for instructions and the latest information	tion.		Attachment Sequence No. 03		
Name	(s) shown on Form 1040, 1040-SR, or 1040-NR	Your se		ecurity number		
V N.	AVULURI & B SANKALA	828-	16-81	L64		
Par	rt I Nonrefundable Credits					
1	Foreign tax credit. Attach Form 1116 if required		1	1.		
2	Credit for child and dependent care expenses. Attach Form 2441		2			
3	Education credits from Form 8863, line 19		3			
4	Retirement savings contributions credit. Attach Form 8880		4			
5	Residential energy credits. Attach Form 5695		5			
6		6				
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR		7	1.		
Par	t II Other Payments and Refundable Credits					
8	Net premium tax credit. Attach Form 8962		8			
9	Amount paid with request for extension to file (see instructions)		9			
10	Excess social security and tier 1 RRTA tax withheld		10			
11	Credit for federal tax on fuels. Attach Form 4136		11			
12	Other payments or refundable credits:					
а	Form 2439					
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 12b					
С	Health coverage tax credit from Form 8885 1 12c					
d	Other: 12d					
е	Deferral for certain Schedule H or SE filers (see instructions) . 12e					
f	Add lines 12a through 12e		12 f			
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-N	R, line 31	13			
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 03/06/2	21 PRO	Schedu	le 3 (Form 1040) 2020		

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

20

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

Attachment Sequence No. **12**

20

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

Department of the Treasury

V NAVULURI & B SANKALA

Your social security number 828-16-8164

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?	Yes	X 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)

lines	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss f		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, P line 2, column		combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	8,252.	7,376.		2.	878.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	usts from	5			
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	-	6	()		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwis		7	878.		

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, f line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	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.				(9)	
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions			. ,	12 13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	Carryover	14	()		
15	Net long-term capital gain or (loss). Combine lines 8a on the back .		15			

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 878.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	 Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 03/06/21 PRO

Schedule D (Form 1040) 2020

Form 8949

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

20

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8949 for instructions and the latest information.

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

Attachment Sequence No. 12A

Name(s) shown offretum	Social security number of taxpayer identification number
V NAVULURI & B SANKALA	828-16-8164

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a co	any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column (e)</i> in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
ROBINHOOD SECURITIES LLC	09/29/20	11/11/20	7,292.	6,431.			861.	
BETTERMENT SECURITIES	06/29/20	06/23/20	960.	945.	W	2.	17.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box (al here and inc is checked), lir	lude on your ne 2 (if Box B	8,252.	7,376.		2.	878.	

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

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



Electronic Filina 2020 NOTE: Do not mail Oklahoma Tax Return - Form 511 or Form 511NR. Form 511EF See instructions on Page 2 to determine if you are required to send Form 511EF to the OTC. Your first name and middle initial Last name Your social 8 2 8 1 6 8 1 6 4 security number VENKATA HANISH CHOWD NAVULURI If a joint return, spouse's first name and middle initial Last name Spouse's social 5 9 3 1 security number 9 6 4 9 5 BEENA YADAV SANKALA Mailing address (number and street, including apartment number, rural route or PO Box) Filing status 2 4201 W MEMORIAL RD 9302 City, State, ZIP Total number of exemptions 2 OKLAHOMA CITY OK 73134 Part One - Tax Return Information (whole dollars only) Oklahoma Adjusted Gross Income (511, Line 7) or Adjusted Gross Income: All Sources (511NR, Line 7) 1 98103 00 2 Oklahoma Income Tax and Use Tax (511, Line 22 or 511NR, Line 26) 2 3816 00 3 Oklahoma Income Tax Payments and Credits (511, Line 33 or 511NR, Line 34)..... 3 4307 00 4 Refund (511, Line 38 or 511NR, Line 39) 491 00 4 5 Balance Due (511, Line 43 or 511NR, Line 44) 5 000 For a balance due return with an electronic payment complete line 6b below. The due date for an electronic payment is April 20th. For a balance due return with a non-electronic payment enclose a payment with the 511-V and submit on or before the due date of April 15th. If the Internal Revenue Code (IRC) of the IRS provides for a later due date, your payment may be made by the later due date and will be considered timely. If the due date falls on a weekend or legal holiday when OTC offices are closed, your payment is due the next business day. Part Two - Declaration of Taxpaver 6a I consent that my refund be directly deposited as designated in the electronic portion of my 2020 Oklahoma income tax return. × If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. 6b I authorize the Oklahoma State 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 Oklahoma taxes owed on this return and/or a payment of estimated tax. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. If I have filed a balance due return, I understand that if the Oklahoma Tax Commission (OTC) does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. Under penalties of perjury, I declare I have compared the information contained on my return, with information I have provided to my Electronic Return Originator (ERO), and the amounts described in Part One above, agree with the amounts shown on the corresponding lines of my 2020 Oklahoma income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including this declaration and accompanying schedules and statements, be sent to the OTC by my ERO. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the Oklahoma Tax Commission of all information pertaining to my use of the system and software and to the transmission of my tax return electronically. Sign Here: Spouse's Signature (If joint return, both must sign) Your Signature Date Date Part Three - Declaration of Electronic Return Originator (ERO) and Paid Preparer I declare I have reviewed the above taxpayer's return and the entries on Form 511EF are complete and correct to the best of my knowledge. (EROs who are collectors are not responsible for reviewing the taxpayer's return; however, they must ensure Form 511EF accurately reflects the data on the return.) I have obtained the taxpayer's signature on Form 511EF and I have provided the taxpayer with a copy of all forms and information to be filed with the OTC, and have followed all other requirements described in Pub. 1345, Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2020). If I am also a Paid Preparer, under penalties of perjury I declare I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge. ERO Use Only 03/15/2021 ERO or Paid Preparer's Signature Date PTIN Paid Preparer 03/15/2021 P02082703 Use Only Paid Preparer Signature PTIN Date Firm name (or yours if self-employed), SYAM PRIYA RAM SAGAR GUPTA TALLAM address and ZIP 2530 PEBBLE CREEK LN CUMMING GA 30041

Oklahoma Individual Income Tax Declaration for

Phone number	<u>(678</u>	<u>965-9522 (</u>

2020 Form 511 Resident Income Tax Return 2D Barcode Page

FAILURE TO SUBMIT THIS PAGE WILL DELAY PROCESSING OF YOUR RETURN





Oklahoma Resident Income Tax Return

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- 12	HC X
	128

Form 511

2020

Your	Social Security Number		Spouse's Soc (joint return only	cial Security N						
82	8-16-8164	Place an 'X' in this box if this taxpayer is deceased	964-95	-9315	box	ce an 'X' in this t if this taxpayer eceased —		n 'X' in this b n amended 5 le 511-l.		
Nam	e and Address - Please Prir	nt or Type								
Your	irst name	Middle initial Last name		If a joint return	n, spouse's first	name Middle initi	al Last nar	ne		
	KATA HANISH CHOWD			BEENA	YADAV		SANK			
	g address (number and street, includin		e or PO Box)	City			State	ZIP		
420	1 W MEMORIAL RD ,	APT. 9302		OKLAHO	MA CITY		OK	7313	34	
	1 Single			* Note: If	claiming Spe	cial Exemption, see ins Regular * Special	tructions o Blind	n page 9 of	511 Packet.	
	 2 X Married filing joint return (even if only one had 3 Married filing separate 			Yourself	1 **		1	(a)		
tus			in the heree	bi	Spouse	1 * *		1	— (b)	
Stat		ling, list name and SSN				Number of deper	ndents		(c)	
Filing Status	Name	SSN		- X	A dd the Te				_	
Fili				— —	Add the To	tals from boxes (a), (b) Enter the TOTA	. ,	a 2		
	4 Head of household	d with qualifying person				claimed as a depender jular exemption.	it on anot	her return,	enter "0" in	the
	5 Qualifying widow(e	er) with dependent child	-							
	Please list the year space of the second secon	pouse died in box at righ	nt:	Age 65	5 or Older?	(Please see instructions)	۱	ourself	Spou	ise
PA	RT ONE: TO ARRIVE	AT OKLAHOMA A	DJUSTED O	ROSS INC	COME		Roui	nd to Near	est Whole D	ollar
1	Federal adjusted gross inco	me (from Federal 1040 o	or 1040-SR)				1		98103	00
2	Oklahoma Subtractions (pro	•					2		20200	00
3	Line 1 minus line 2	,					3		98103	00
4	Out-of-state income, except	wages. Describe (4a)								
	(Provide Federal schedule with									00
5	Line 3 minus line 4b								98103	
6	Oklahoma Additions (provide	,							0	_
7	Oklahoma adjusted gross (If line 7 is different than	income (line 5 plus line line 1. provide a copy	e 6) of vour Feder	al return.)			7		98103	00
PA	RT TWO: OKLAHOMA		-		S					
8	Oklahoma Adjustments (prov	vide Schedule 511-C)					8			00
9	Oklahoma income after adju	,					9		98103	
STOP 10	AND READ: If line 4b is zero, com Oklahoma itemized deductio (Single or Married Filing	ons (from Schedule 511-	D, line 11) or C	klahoma stan	ndard deduc	tion				
	Head of Household: \$9,3	350)	-						12700	
11	Exemptions: Enter the total r								2000	
12	Total deductions and exemp	(, ,				14700	
13 14	Oklahoma Taxable Income ((a) Oklahoma Income Tax from	· · · · · · · · · · · · · · · · · · ·					13		83403	00
	enter tax from Form 573, li (b) If paying the Health Saving and enter a "2" in box on li Tax Credit, add recaptured an Oklahoma installment p 2368(K), add the installmer	ne 22 and enter a "1" in b gs Account additional 10% ne 14. If recapturing the C credit here and enter a " ayment pursuant to IRC S	ox on line 14 tax, add additic Dklahoma Afford 3" in box on line Section 965(h) a	onal tax here able Housing 14. If making and 68 O.S. Se	 C.	3816 00 00				
	Oklahoma Income Tax (line						14		3816	00
STOP	AND READ: If line 7 is equal to or larg	• •								
15	Oklahoma child care/child ta						15			00
16	Oklahoma earned income cr	redit (see instructions)					16			00
17	Credit for taxes paid to anoth		,				17			00
18	Form 511CR - Other Credits						18			00
19	Income Tax (line 14 minus I DO NOT PAY THIS AMOL	,					19		3816	00

#1555#

2020 Form 511 - Resident Income Tax Return - Page 2 The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.



	e(s) shown orm 511: V NAVULURI & B SANN	(ALA		Your So Security	cial Number: 828	-16-8164
PA	RT THREE: TAX, CREDITS AND PAY	MENTS				
20	Total from line 19				20	3816 00
21	Use tax due on Internet, mail order, or oth					00
	(For use tax table, see page 14 of the Page	cket) If you certify that no use tax is	due, place an 'X' here:	×		
22	Balance (add lines 20 and 21)				22	3816 00
23	Oklahoma withholding (provide all W-2s, 10			4307 00		
24	2020 estimated tax payments (qu	alified farmer)	24	00	-	
25	2020 payment with extension			00	-	
26 27	Low Income Property Tax Credit (provide Sales Tax Relief Credit (provide Form 538			00	-	
27	Natural Disaster Tax Credit (provide Form			00	-	
20	Credits from Form		29	00	-	
30	Amount paid with original return plus addi		20			
	(amended return only)		. 30	00)	
31	Payments and credits (add lines 23-30).				31	4307 00
32	Overpayment, if any, as shown on origina	l return and/or prior amended retur	n(s) or			
	as previously adjusted by Oklahoma (ame	• •				00
33	Total payments and credits (line 31 min	us 32)			33	4307 00
PA	RT FOUR: REFUND					
34	If line 33 is more than line 22, subtract line	22 from line 33. This is your over	navment		34	491 00
35	Amount of line 34 to be applied to 2021 esti	•	Jaymont		54	491 00
	(For further information regarding estimated	(B	35	00		
more 36	izations. Please place the line number of the than one organization, put a "99" in the box Donations from your refund (total from Sc	. Provide Schedule 511-H	36	00		
37	Total deductions from refund (add lines 35	,				00
38	Amount to be refunded to you (line 34 mir	ius line 37)			38	491 00
		s refund going to or through an acc	ount that is located outsid	e of the Ui	nited States?	Yes No
	correct. If your direct deposit fails	osit my refund in my:				
to p	rocess or you do not choose direct 🔰 🗙	checking account Routing Number	103000648			
	osit, you will receive a <u>debit card</u> . the 511 Packet for direct deposit and	Account				
deb	it card information.	savings account Number	379199190			
PA	RT FIVE: AMOUNT YOU OWE					
39	If line 22 is more than line 33, subtract line	e 33 from line 22. This is your tax c	ue		39	00
40	a) Donation: Support the Oklahoma Gene	•				00
	b) Donation: Public School Classroom Su	pport Fund (original return only)			40b	00
41	Underpayment of estimated tax interest (a (If you have an underpayment of estimate)	41	00
42	For delinquent payment add penalty of 5%					
	plus interest of 1.25% per month	\$ _			42	00
43	Total tax, donation, penalty and interest (a	dd lines 39-42)			43	0 00
	penalty of perjury, I declare the information contained in nents and schedules, is true and correct to the best of m	and accountering and an	his box if the Oklahoma Tax Comm is return with your tax preparer			
Тахра	yer's signature Date	Spouse's signature	Date Paid P	reparer's sig	nature	Date
			SYAM P	RIYA RAM SAG	AR GUPTA TALLAM	03/15/2021
Taxpa	yer's	Spouse's occupation	Paid P	reparer's add	fress and phone nu	^{mber} (678)965-9522
SOF	TWARE DEVELOPER	HOME MAKER			BLE CREEK	
Daytir (optio	ne Phone nal)	Daytime Phone (optional)		MING		GA 30041
		reparer's PT	arer's PTIN P02082703			

<u>Do not staple</u> documentation to this form. To attach items, please use a paper clip. Mailing Address for this form: P.O. Box 269045, Oklahoma City, OK 73126-9045