Form 8879
(Rev. January 2021)
Department of the Treesury

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879.

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

Submission Identification Number (SID)

Taxpay	er's name	Social securi	ty numb	ber
VAM	SI KRISHNA BANDI	724-82	-277	0
Spouse	's name	Spouse's soo	cial secu	urity number
Dor	Tax Baturn Information Tax Year Ending December 21 0000 (Enter		roout	thorizing)
Part		year you a	are au	unonzing.)
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	84,977.
2	Total tax		2	11,757.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	14,152.
4	Amount you want refunded to you		4	2,395.
5			5	

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

Under penalties of periury. 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

X	I authorize	GLOBAL TAXES LLO	to enter or generate my PI

	2	2	7	7	0	
	as my					

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.

Your signature

Date 🕨

Spouse's PIN: check one box only

I authorize

to	enter	or	generate	my	PIN

as mv Enter five digits, but don't enter all zeros

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 ►	Da	ate 🕨	•				 				
Prac	titioner PIN Method Returns Only—continue	bel	ow								
Part III Certification and Authen	tication — Practitioner PIN Method Only										
ERO's EFIN/PIN. Enter your six-digit EFI	N followed by your five-digit self-selected PIN.	5	8	7		8 nter a	 	9	8	9	

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 >	signature Date Date									
ERO Must Don't Submit This										
For Denormark Reduction Act Nation and your tax rate	urn instructions	PEV/ 02/12/21 PPO	Earm 8879 (Pov. 01 2021)							

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

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only 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 widow(er) (QW) Your fort name and middle initial Last name Your social security number YAMSI KRISHNA BANDI 724-82-2770 Thom submess (number and street). If you have a P.O. box, see instructions. Apt. no. 218 Schw, or pract office. If you have a P.O. box, see instructions. Apt. no. 218 City, tom, or pract office. If you have a foreign address, also complete spaces below. State 219 conset #filing jointly, want S3 City, tom, or pract office. If you have a foreign address, also complete spaces below. State 219 conset #filing jointly, want S3 Foreign country name Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign province/state/county Your Spouse Apt Time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Spouse iterritizes on a separate return or you were a dual-status alien	E 1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	202	20	OMB No. 1545	-0074	IRS Use	Only	—Do not w	vrite or staple	in this space.
VAMS1 KRISHNA BANDI 724-82-2770 If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address furmber and street). If you have a P.O. box, see instructions. Apt. no. 218 City, town, or poort office. If you have a foreign address, also complete spaces below. State 218 Foreign country name Foreign province/state/country Foreign post aced 061.06 Foreign country name Foreign province/state/country Foreign postal code you tax or refund. Standard Someone can claim: You as a dependent You receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent You You Spouse' Dependents (see instructions): (2) Social security (3) Relationship (4) € / if qualifies for les instructions): 1 91, 377. Attach 2a b D axable interest 2b 2b 6b See instructions 4a b Tax-exempt interest 2b 2b 6b Chander Sa Social s	Check only	lf yo	ou checked the MFS box, enter the n	ame of							,		, ,	. , . ,
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Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 250 MAIN ST 218 Check here if you, or your spouse if filing jointly, want S3 City, town, or post office. If you have a foreign address, also complete spaces below. State CT 06106 HARTFORD Foreign country name Foreign province/state/county Foreign postal code you is or this fund. Checking a box below will not change you' is or the rest of the starts of the rest of the r	VAMSI KI	RISH	NA	BANI	DI							724-	82-277	0
250 MAIN ST 218 Check here if you, or your so gous if filing jointly, want \$3 City, town, or post office. If you have a foreign address, also complete spaces below. State CT 0610.66 HARTFORD CT 0610.66 box below will not change Foreign country name Foreign province/state/country Foreign postal code your tax or refund. Standard Someone can claim: You as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1956 Are blind Dependents (see instructions): (2) Social security (3) Relationship (4) \$4' if qualifies for (see instructions): If more (1) First name Last name number i box able once if ereview a Qualified dividends 3a b Tax-exempt interest 3b see instructions a b Taxable amount b 3b 5b Age/Blindness Sa Gualified dividends 3a b Taxable amount 5b If more (1) First name Last name <td< td=""><td>lf joint return, s</td><td>pouse's</td><td>s first name and middle initial</td><td>Last na</td><td>ime</td><td></td><td></td><td></td><td></td><td></td><td></td><td>Spouse</td><td>s social see</td><td>curity number</td></td<>	lf joint return, s	pouse's	s first name and middle initial	Last na	ime							Spouse	s social see	curity number
Chry, Mark, or Dosk dinker, in your have a holegin address, also bolingere spaces balow. State CT 0 610 6 Foreign country name Foreign province/state/county Foreign postal code box below will not change your tax or refund. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent You ropouse as a dependent You or spouse as a dependent Deduction 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 Dependents (1) First name Last name (2) Social security (3) Felationship (4) 4/* It qualifies for (see instructions): If more 1 91, 377. 2a b Tax-exempt interest 2b Sch. Bif 3a Qualified dividends 3a b Taxable amount 5b Standard Social security benefits 6a b Taxable amount 5b Standard Social security benefits 6a b Taxable amount <t< td=""><td></td><td></td><td>er and street). If you have a P.O. box, see</td><td>instructi</td><td>ons.</td><td></td><td></td><td></td><td></td><td></td><td></td><td>Check I</td><td>here if you,</td><td>or your</td></t<>			er and street). If you have a P.O. box, see	instructi	ons.							Check I	here if you,	or your
HARTFORD CT 061.06 box below will not change Foreign country name Foreign province/state/county Foreign postal code your tax or refund. You Spouse Someone can claim: You as a dependent Your spouse as a dependent You as born before January 2, 1956 Is bill Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Age/Blindness You: If were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind If more (I) First name Last name Immediate credit Credit for other dependents see instructions In arx-exempt interest 2a b Tax-exempt interest 2b Attach Sa b Taxable interest 2b 5b 5b Standard Dedition for- Gaualfied dividends Sa b Taxable amount 5b Standard Sa b Tax-exempt interest 5a b Taxable amount 5b Standard Gaualfied dividends Sa b Taxable amoun	City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces be	low.	Sta	te	ZIP cod	de				
Foreign country name Foreign province/state/county Foreign province/state/county Foreign postal code your tax or refund. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes Xes Standard Someone can claim: You as a dependent Your spouse as a dependent Yeur spouse as a dependent Deduction 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 Dependents (see instructions): (2) Social security (3) Relationship (4) ✔ if qualifies for (see instructions): If more than four dependents, see instructions Immediate action and check Immediate action and check Immediate action and check Immediate action and check Immediate action and annuities Immediate anount Immediate a	HARTFOR	D					C	Г	061	06		•		•
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15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14												
		15	Taxable income. Subtract line 14	from lin	ne 11. lf z	zero or less	, ente	er-0				. 15		72,577.

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

Form **1040** (2020)

Form 1040 (2020))											Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2	4972	3			16	11,	757.
	17	Amount from Schedule 2, lir	ne3							17		
	18	Add lines 16 and 17								18	11,	757.
	19	Child tax credit or credit for	other dependen	ts						19		
	20	Amount from Schedule 3, lir	ne7							20		
	21	Add lines 19 and 20								21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	11,	757.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 1	0.				23		0.
	24	Add lines 22 and 23. This is	your total tax						. 🕨	24	11,	757.
	25	Federal income tax withheld	from:									
	а	Form(s) W-2					25a	14	,152			
	b	Form(s) 1099					25b					
	с	Other forms (see instruction	s)				25c					
	d	Add lines 25a through 25c								25d	14,	152.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 returr	ı				26		
qualifying child,	27	Earned income credit (EIC)			¹	10 [.]	27					
attach Sch. EIC.	28	Additional child tax credit. A					28					
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8			29					
see instructions.	30	Recovery rebate credit. See	instructions .				30					
	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	l refunda	able cr	edits	. 🕨	· 32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 🕨	33	14,	152.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	. This is tl	he amoui	nt you	overpaid		34	2,	395.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attacl	hed, cheo	ck here	ə		35a	2,	395.
Direct deposit?	►b	Routing number 0 6 5			► c Ty		Chec		Saving	3		
See instructions.	►d	Account number 1 9 9	0 3 5 5	58				-	•			
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax .	. 🕨	36					
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe	now .				. 🕨	37		
You Owe		Note: Schedule H and Sch		-						r		
For details on		2020. See Schedule 3, line 1						latee jea	0.10			
how to pay, see instructions.	38	Estimated tax penalty (see in				. 🕨	38					
Third Party	Do	you want to allow another					See	1				
Designee		tructions	•					Yes. Co	omplete	e below.	🗙 No	
		signee's		Phone						ntification		
		ne 🕨		no. 🕨					oer (PIN)			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com										
Here						•					nt you an Ider	0
	YO	ur signature		Date	Your occ	cupation					IN, enter it he	
Joint return?					SOFT	WARE H	ENGI	NEER		e inst.) 🕨		
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse'	s occupati	ion		lf t	he IRS se	nt your spous	e an
Keep a copy for your records.	F										ection PIN, en	iter it here
your records.									(Se	e inst.) 🕨		
		one no.		Email address							.	
Paid		eparer's name	Preparer's signat				Date		PTIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA	TALLAM	03/	19/2021	P020	82703	Self-em	ployed
Use Only		m's name 🕨 GLOBAL TA							Ph	one no. (678)965	
	Fin	m's address ► 2530 Pebb	le Creek L	n Cummin	g GA 3	30041			Fir	m's EIN 🖡	30-10	17196
Go to www.irs.go	ov/Forn	1040 for instructions and the late	st information.		BA	٩A	REV	/ 03/13/21 PRC)		Form 10)40 (2020)

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.

2020
Attachment Sequence No. 01

OMB No. 1545-0074

► Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
VAMSI KRISHNA BANDI	724-82-2770
Part I Additional Income	

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-6,400.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
-		0	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-6,400.
Par	Adjustments to Income		0,100.
10		10	
11	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 03/13/21 PRO	Schedul	e 1 (Form 1040) 2020

SCHEDULE	Е
(Form 1040)	

Department of the Treasury

Internal Revenue Service (99)

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
 Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment Sequence No.	13

9

12

Name(s)	shown on return								Yo	ur social securi	ty number
VAMS	I KRISHNA BANDI								7	24-82-277	0
Part	Income or Loss	s From Rental Real Estate an	nd Roya	alties	Note	: If you	are in th	ie business c	of rent	ing personal p	roperty, use
	Schedule C. See	instructions. If you are an individua	al, repor	rt farm	rental i	ncome	or loss f	rom Form 48	335 or	n page 2, line 4	ю.
A Dic	l you make any payme	nts in 2020 that would require	you to f	file Fo	rm(s) 1	099? 5	See inst	ructions .		🗆 '	Yes 🔀 No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?								🗆 '	Yes 🗌 No
1a		each property (street, city, stat									
Α	5-13/1PEDA TAD	EPALLI T.P.GUDEM,WES	TGODA	AVAR	AND	IRAPR	ADESH	I IN 534	101		
В											
С											
1b	Type of Property	2 For each rental real estat	e prope	ertv lis	sted		Fair	Rental	Per	rsonal Use	QJV
	(from list below)	above, report the number	r of fair	renta	land			Days		Days	QUV
Α	3	personal use days. Check if you meet the requirement	ents to f	Jv bo file as	a	Α		365		0	
В		qualified joint venture. Se	e instru	uction	s.	В					
С						С					
Туре с	of Property:	1									
1 Sinc	le Family Residence	3 Vacation/Short-Term Re	ental 5	5 Lan	d		7 Self-	Rental			
-	i-Family Residence	4 Commercial			alties		8 Othe	er (describe))		
Incom		Proper		Í		Α		E			С
3	Rents received			3			500.				
4				4							
Expen											
5			.	5							
6		nstructions)		6							
7		nance	. [7		1,	100.				
8	•			8		,					
9				9							
10		essional fees	. –	10							
11				11							
12		d to banks, etc. (see instructio		12							
13		· · · · · · · · · · · · ·	. –	13							
14			-	14		1	900.				
15				15			800.				
16			-	16		± /					
17			-	17		2	100.				
18		e or depletion	· –	18		<u> </u>	100.				
19	Other (list)			19							
20	Total expenses Add	lines 5 through 19		20		6	900.				
						~ /					
21		line 3 (rents) and/or 4 (royaltie instructions to find out if you r									
	file Form 6198			21		-6.	400.				
22		l estate loss after limitation, if				• /					
LĹ	on Form 8582 (see in			22 (-6 4	100.)	(١
23a		eported on line 3 for all rental p					23a	\	5	00.	/
b		eported on line 4 for all royalty			• •	• •	23b				
c		eported on line 12 for all prope		100	• •	• •	23c				
d		eported on line 18 for all prope		• •	• •	• •	23d				
e		eported on line 20 for all prope		• •	• •	• •	23e		6,9	00	
24		e amounts shown on line 21.		· ·	••••••••••••••••••••••••••••••••••••••	 Inseae	200		5,9	24	
24 25		sses from line 21 and rental real					nter tot	al losses hor	•	25 (6,400.)
										20	0,400.)
26		ate and royalty income or (lo V, and line 40 on page 2 do									
		40 off page 2 do 40), line 5. Otherwise, include t								26	-6,400.

Form CT-1040 Required Fields

The following fields are required to be automatically populated or completed for taxpayers to continue filing, or must be completed in response to the selection of other fields.

Required to be Automatically-Populated Fields

Each page of each form submitted to DRS must include the following automatically populated fields:

- 1. **Document Identification Numbers -** Three occurrences of the Document Identification Number (DIN) must be on each page. The QR Code and two DINs must be on each scannable page. (See Document Identification Number and Quick Reference (QR) Code, on Page 4.)
- 2. **Social Security Number -** The Social Security Number must appear at the top of Form CT-1040, Pages 2, 3, and 4.
- 3. In addition, the following **Checklist for filing your Connecticut income tax return** must be included when hard copies of the form are printed. Taxpayers should not send the checklist to DRS with the return.

Do not send this sheet with your return.

Checklist for filing your Connecticut income tax return:

- 1. Be sure that Page 1 of your return is not printed on the back of this sheet.
- 2. Verify that the address lines on the return are correct and proper abbreviations are used.
- 3. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
- 4. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
- 5. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
- 6. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
- 7. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at **www.ct.gov/TSC** using the Taxpayer Service Center.)
- 8. Do not attach or send copies of forms W-2 or 1099.
- 9. Send **all** completed pages of CT-1040, Schedule CT-EITC, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, and Form CT-6251. Send **all** four pages of your completed return, both pages of your completed CT-EITC schedule, and any other supporting schedules.
- 10. Make check payable to: Commissioner of Revenue Services
- 11. To ensure proper posting, write your SSN(s) (optional) and "2020 Form CT-1040" on your check.
- 12. To mail your return, use the following addresses:

For all tax returns with payment: Department of Revenue Services PO Box 2977 Hartford CT 06104-2977

For refunds and tax returns without payment: Department of Revenue Services PO Box 2976 Hartford CT 06104-2976

- 13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
- 14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited.
- 15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040.

Do not send this sheet with your return.

	10401220V01155	55 F		Form CT-				Retur	n	
Page ?	1 of 4			(Rev. 12/20)						
Oth	er tax year, beginning:		and end	ding:						
Y S	N FJ	Ν	MFS		Ν	НОН	Ν	QW		
724	- 82 - 2770	-	-							
VAMS	I KRISHNA	BANDI							N	Dec.
									Ν	Dec.
250	MAIN ST				Ν	CT-8379	9	Ν	CT-2210)
APT	218				Ν	CT-1040) CRC	Ν	Federal	Form 1310
HART	FORD	СТ	06106	5 -	•					

1. Federal adjusted gross income (from federal Form 1040, Line 11, or federal Form 1040-SR, Line 11)	1.	84977
2. Additions to federal adjusted gross income (from Schedule 1, Line 38)	2.	0
3. Add Line 1 and Line 2	3.	84977
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 50)	4.	0
5. Connecticut adjusted gross income: Line 4 subtracted from Line 3.	5.	84977
6. Income tax	6.	4344
7. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59)	7.	0
8. Line 7 subtracted from Line 6. If Line 7 is greater than Line 6, "0" is entered.	8.	4344
9. Connecticut alternative minimum tax (from Form CT-6251)	9.	0
10. Add Line 8 and Line 9.	10.	4344
11. Credit for property taxes paid on your primary residence, motor vehicle, or both (from Schedule 3, Line 68	3) 11.	0
12. Line 11 subtracted from Line 10. If less than zero, "0" is entered.	12.	4344
13. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11)	13.	0
14. Connecticut income tax: Line 13 subtracted from Line 12. If less than zero, "0" is entered.	14.	4344
15. Individual use tax (from Schedule 4, Line 69). If no tax is due, "0" is entered.	15.	0
16. Total tax: Add Line 14 and Line 15.	16.	4344





REV	03/02/21	PRO

Form CT-1040, Page 2 of 4

			age 2 of 4		
10401220V021555			• 72	4822770	
17. Amount from Line 16	25 3 1		17	1211	
			17.	4344	
forms W-2, W-2G, and 1099 Information Col. A - Employer or Payer's Fed. ID # Co	I . B - CT Wages, Tij	os, etc.	Col. C - CT	Income Tax With	iheld
8a. 46 - 5582856 •	Λ.	345		204	
8a. 46 - 5582856 • 8b. 46 - 5582856 •		032		304 6084	
8c •	070	0		0004	
Bd. – •)	0		0	
Be. – •)	0		0	
8f. Additional Connecticut withholding (from Supplem	nental Schedule CT-	1040WH, Line 3) 18f.	0	
3. Total Connecticut income tax withheld: Amount	s in Column C			18.	6388
 All 2020 estimated tax payments and any overpaying 		a prior vear		19.	00000
). Payments made with Form CT-1040 EXT	ments applied nom	a phòr year		20.	0
a. Earned income tax credit (from Schedule CT-EIT)	C Line 16)			20a.	0 0
b. Claim of right credit (from Form CT-1040 CRC, Li				20b.	0
c. Pass-through entity tax credit: (from Schedule CT		ule must be atta	ached	20c.	0
. Total payments and refundable credits: Add Lin			lonou.	21.	6388
. Overpayment: If Line 21 is more than Line 17, Line				22.	2044
3. Amount of Line 22 you want applied to your 2021	estimated tax			23.	0
. Reserved for future use				24.	
4a. Total contributions of refund to designated charitie	es (from Schedule 5	, Line 70)		24a.	0
5. Refund: Lines 23, 24, and 24a subtracted from Lir you have not elected to direct deposit, a refund c		d and process	ing may be d	25. elayed.	2044
5a. Acct. type Y Ck. N Sv. 25b. Rout. #	06540013	37 25c. Acc	xt. # 199	035558	
5d. Refund going to a bank account outside the U.S. 2	5d. N				
		e 17.		26.	0
. Tax due: If Line 17 is more than Line 21, Line 21	subtracted from Line	e 17.		26. 27.	0
5. Tax due: If Line 17 is more than Line 21, Line 21 : 7. If late: Penalty entered. Line 26 multiplied by 10%	subtracted from Line	e 17.		26. 27.	0 0
5. Tax due: If Line 17 is more than Line 21, Line 21 : 7. If late: Penalty entered. Line 26 multiplied by 10%	subtracted from Line (.10).			27.	0
 5. Tax due: If Line 17 is more than Line 21, Line 21 if late: Penalty entered. Line 26 multiplied by 10% 6. If late: Interest entered. Line 26 multiplied by number of months or fraction of 	subtracted from Line (.10). a month late, then b				0 0
 5. Tax due: If Line 17 is more than Line 21, Line 21 st. 7. If late: Penalty entered. Line 26 multiplied by 10% 8. If late: Interest entered. Line 26 multiplied by number of months or fraction of 9. Interest on underpayment of estimated tax (from Fig.) 7. Total amount due: Add Lines 26 through 29. 	subtracted from Line (.10). a month late, then b orm CT-2210)	y 1% (.01).		27. 28. 29. 30.	0 0 0
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5. Tax due: If Line 17 is more than Line 21, Line 21 st. 7. If late: Penalty entered. Line 26 multiplied by 10% 8. If late: Interest entered. Line 26 multiplied by number of months or fraction of 9. Interest on underpayment of estimated tax (from F- 10. Total amount due: Add Lines 26 through 29. 10. Colored amount due: Add Lines 20 through 29. 10. Colored amount due	subtracted from Line (.10). a month late, then b form CT-2210) ve examined this ro- ring a false return of The declaration of ge.	y 1% (.01). eturn and all ac t of my knowle or document to f a paid prepare Date •	dge and beli DRS is a fine or other than	27. 28. 29. 30. schedules and s ef, it is true, cor of not more that the taxpayer is b Home/cell telephone num Daytime telephone num Paid Preparer's PTIN P020827	0 0 0 statements, nplete, and n \$5,000, or based on all mber
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5. Tax due: If Line 17 is more than Line 21, Line 21 a 7. If late: Penalty entered. Line 26 multiplied by 10% 8. If late: Interest entered. Line 26 multiplied by number of months or fraction of 9. Interest on underpayment of estimated tax (from Fig. 1. Total amount due: Add Lines 26 through 29. 2. Cortal amount due: Add Lines 20 through 29. 2. Cortal amount due: Add Lines 26 through 29. 2. Cortal amount due: Add Lines 20 through 29. 2. Cortal amount	subtracted from Line (.10). a month late, then b form CT-2210) ve examined this rise, and, to the bes ring a false return of The declaration of ge. Date •031921 CA TALL C LLC IMING GA	y 1% (.01). eturn and all ac t of my knowle or document to a paid prepare Date • • • • • • • • • • • • •	dge and beli DRS is a fine or other than	27. 28. 29. 30. schedules and s ef, it is true, cor of not more that the taxpayer is b Home/cell telephone num Paid Preparer's PTIN P0208270 FEIN 30101711	0 0 0 statements, nplete, and n \$5,000, or aased on all mber
6. Tax due: If Line 17 is more than Line 21, Line 21 a 7. If late: Penalty entered. Line 26 multiplied by 10% 8. If late: Interest entered. Line 26 multiplied by number of months or fraction of 9. Interest on underpayment of estimated tax (from F 0. Total amount due: Add Lines 26 through 29. eclaration: I declare under penalty of law that I have cluding reporting and payment of any use tax du prect. I understand the penalty for willfully deliver apprisonment for not more than five years, or both. formation of which the preparer has any knowledge id preparer's signature SYAM PRIYA RAM SAGAR GUPT id preparer's name SYAM PRIYA RAM SAGAR GUPT m's name, address and ZIP code GLOBAL TAXES	subtracted from Line (.10). a month late, then b form CT-2210) ve examined this rise, and, to the bes ring a false return of The declaration of ge. Date •031921 CA TALL C LLC IMING GA	y 1% (.01). eturn and all act t of my knowled or document to a paid prepare bate • • • • • • • • • • • • •	dge and beli DRS is a fine or other than	27. 28. 29. 30. schedules and s ef, it is true, corr of not more that the taxpayer is b Home/cell telephone num ● Paid Preparer's PTIN P0208270 EIN 30101719 Self-employed N	0 0 0 statements, nplete, and n \$5,000, or aased on all mber

10401220V021555

Form CT-1040, Page 3 of 4

		1

10401220V031555



• 724822770

Schedule 1 - Modifications to Federal Adjusted Gross Income			
31. Interest on state and local government obligations other than Connect		31.	0
32. Mutual fund exempt-interest dividends from non-Connecticut state or r			0
obligations	nanoipai govorn	32.	0
33. Taxable amount of lump-sum distributions from qualified plans not incl	uded in federal a		0
gross income		33.	0
34. Beneficiary's share of Connecticut fiduciary adjustment: Entered only i	f greater than ze		0
35. Loss on sale of Connecticut state and local government bonds	. g. cator than 20	35.	0
36. Section 168(k) federal bonus depreciation deduction allowed for property	placed in service		0
36a. 80% of Section 179 federal deduction.		36a.	0
37. Other - specify •		37.	0
			C C
38. Total additions: Add Lines 31 through 37.		38.	0
39. Interest on U.S. government obligations		39.	0
40. Exempt dividends from certain qualifying mutual funds derived from U	.S. aovernment o		0
41. Social Security benefit adjustment (from Social Security Benefit Adjust	-	-	0
42. Refunds of state and local income taxes		, 42.	0
43. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuiti	es	43.	0
44. Military retirement pay		44.	0
45. 25% of income received from Connecticut Teachers' Retirement Syste	m	45.	0
46. Beneficiary's share of Connecticut fiduciary adjustment: Entered only i			0
47. Gain on sale of Connecticut state and local government bonds		47.	0
48. CHET contributions made in 2020 or			0
an excess carried forward from a prior year Acct. #:		48.	0
			Ū.
48a. 25% of Section 168(k) federal bonus depreciation deduction added ba	ack in preceding	three years. 48a.	0
48b. 28% of pension or annuity income.		, 48b.	0
49. Other - specify ●		49.	0
50. Total subtractions: Add Lines 39 through 49.		50.	0
5			C C
Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions	6		
51. Modified Connecticut adjusted gross income		51.	0
<i>,</i> , ,			
	c	ol. A	Col. B
52. Qualifying jurisdiction's name and two-letter code 52.			
53. Non-Connecticut income included on Line 51 and reported on a			
qualifying jurisdiction's income tax return (from Schedule 2 worksheet)	53.	0	0
54. Line 53 divided by Line 51	54.	0.0000	0.0000
55. Income tax liability: Line 11 subtracted from Line 6.	55.	0	0
56. Line 54 multiplied by Line 55	56.	0	0
57. Income tax paid to a qualifying jurisdiction	57.	0	0
58. Lesser of Line 56 or Line 57	58.	0	0
59. Total credit: Add Line 58, all columns.		59.	0
_			
1 0 4 0 1 0 0 0 0 0			

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Schedule 3 - Property Tax Credit		121,12451					
	Ν	65 years or older	Ν	One or more depe	ndents on feo	leral ı	return
<i>Qualifying Property</i> Name of Connecticut Tax Town or District Description of Property Date(s) Paid	•	Primary Residence	•	Auto 1	•		Auto 2
Amount Paid	6 0.	0	61.		0 62.		0
63. Total property tax paid: Add Lines 60,	, 61, a	and 62.			63.		0
64. Maximum property tax credit allowed					64.	•	200
65. Lesser of Line 63 or Line 64.					65.	•	0
66. Property tax credit limitation decimal an	nount	If zero, the amount from	Line 65	is entered on Line 6	8. 66.	•	0.00
67. Line 65 multiplied by Line 66.					67.	•	0
68. Line 67 subtracted from Line 65.					68.		0
Schedule 4 - Individual Use Tax							
69a. Use tax at 1% (from Connecticut Ind	lividua	al Use Tax Worksheet, S	ection A,	Column 7)	69a.		0
69b. Use tax at 6.35% (from Connecticut	Indivi	dual Use Tax Worksheet	t, Sectior	n B, Column 7)	69b.		0
69c. Use tax at 7.75% (from Connecticut	Indivi	dual Use Tax Worksheet	t, Sectior	n C, Column 7)	69c.		0
69d. Use tax at 2.99% (from Connecticut	Indivi	dual Use Tax Worksheet	t, Sectior	n D, Column 7)	69d.		0
69. Individual use tax: Add Lines 69a, 6 Schedule 5 - Contributions to Designat					69. •		0
70a. AR		nanties			70a.		0
70b. OT					70b.		0
70c. ES/W					70c.		0
70d. BCR					70d.		0
70e. SNS					70e.		0
70f. MR					70f.		0
70g. CBS					70g.		0
70h. MHCIA					70h.		0
70. Total Contributions: Add Lines 70a Taxpayer email	a throu	ugh 70h.			70.		0