## 2020 Individual PFC Letter

Dear Taxpayer:

Your 2020 Indiana Individual Income Tax return indicates a total tax amount of \$ 168.00 is owed to the Indiana Department of Revenue.

As a reminder, you must pay this amount in full no later than April 15, 2021. Any portion not paid by that date will be subject to penalties and interest.

You can take care of this obligation by doing one of the following:

- Pay online via eCheck or credit card by visiting <u>https://www.in.gov/dor/4340.htm</u>. At this site you can either pay in full or make partial payments by selecting "Individual" and "Tax Return Payment" options. Have your SSN ready for identification purposes. If paying by credit card, a fee will be charged by the credit card processor based on the amount you are paying. If paying by electronic check, a fee of \$1 will be charged by the bank. You can make partial payments, but must still pay the entire amount by April 15, 2021 to avoid penalty and interest.
- 2. Pay by check or money order using the coupon at the bottom of this letter. If you did not electronically file your state return and will submit the payment with your tax return, then do not include the payment coupon below. If you are sending in your return separately from your payment, then mail your payment and the tear-off coupon at the bottom of this letter to: Indiana Department of Revenue, PO Box 1674, Indianapolis, IN 46206-1674. Make your check or money order payable to "Indiana Department of Revenue". DO NOT SEND CASH.

Remember, you must take action on this debt no later than April 15, 2021, to avoid penalty and interest.

Sincerely,

Indiana Department of Revenue 317-232-2240

Cut on line before maili	ing				REV 03/06/21 PRO
	POST FILING	COUPON	PFC	0912	1030
*SSN 1 206 65 359 *SSN 2 Period End Date 12 31			liabilities serve as The taxpayer ren	lation and processing of s s a convenience for India nains responsible for pro- e for payment of the corr	na taxpayers. viding accurate information
Date Due 04 15 202 Tax Type IND		INI P.O	and make check p DIANA DEPAR BOX 1674 DIANAPOLIS,		UE
SAHITYA JAKKANI			Amount	Due:	168.00
223 COLLINS DRIVE	]				
WARSAW IN 46580			060000	20665359902000	070777537505003

	Form <b>IT-40</b>	2020	Indiana Full-Yea Individual Income					Due April 1	5, 202 <sup>-</sup>	1
	State Form 154 (R19 / 9-20)	If filing for a fi	scal year, enter the dates (	see instri	uctions) (MM/DD		).			
		from	] to:				,-	Place "X" if amendir		
-	our Social	206 65	3599 Secur	e's Socia ity Numb						
Y	′our first name	Place "X" in box	if applying for ITIN Initial Last name		Place	"X" in k	oox if appl	lying for ITI	N Suffix	
	SAHITYA		JAKKAN	1I						
lf	filing a joint return,	spouse's first name	Initial Last name						Suffix	
F		mber and street or ru 223 COLLINS	,					(" in box if y filing separ		
C	City			State		Zip/Po	ostal code	•	atory.	
	WARS	ΔW			IN	4	6580		]	
F	oreign country 2-ch	naracter code (see ins	structions)							
у	county where 4	jou noniou	00	County w spouse li			y where se worked Rou	ind all en	tries	
1.	•	adjusted gross incon Form 1040 or Form	ne from your federal 1040-SR, line 11		Federal	AGI	1	35	5180	.00
2.	Enter amount from	n Schedule 1, line 7, a	and enclose Schedule 1		Indiana Add-Ba	acks	2			.00
3.	Add line 1 and line	2				[	3	35	5180	.00
4.	Enter amount from	n Schedule 2, line 12,	and enclose Schedule 2 _		Indiana Deduct	ions	4			.00
5.	Subtract line 4 fror	m line 3					5	35	5180	.00
6.	You must complete and enclose Schee		amount from Schedule 3, lir		Indiana Exempt	ions	6	1	1000	.00
7.	Subtract line 6 from		Indi	ana Adjı	usted Gross Inc	ome	7	34	1180	.00
0.		han zero, leave blank	,	8	110	04.0	0			
9.	-	county tax due from \$ han zero, leave blank		9	34	12.0	0			
10.	Other taxes. Enter	amount from Schedu	ule 4, line 4 (enclose sch.)	10		.0	0			
11.	Add lines 8, 9 and	10. Enter total here a	and on line 15 on the back		Indiana Ta	axes	11	1	1446	.00



12.	Enter credits from Schedule 5, line 10 (enclose schedule)	1278.00		
13.	Enter offset credits from Schedule 6, line 8 (enclose schedule)	3.00		
14.	Add lines 12 and 13	Indiana Credits	14	1278.00
15.	Enter amount from line 11	Indiana Taxes	15	1446.00
16.	If line 14 is equal to or more than line 15, subtract line 15 from line	e 14 (if smaller, skip to line 23)	16	.00
17.	Enter donations from Schedule IN-DONATE (enclose schedule); c	cannot be greater than line16	17	.00
18.	Subtract line 17 from line 16	Overpayment	18	.00
19.	Amount from line 18 to be applied to your 2021 estimated tax accounts	ount (see instructions).		
	Enter your county code county tax to be applied _\$	a .00		
	Spouse's county code county tax to be applied _\$	b .00		
	Indiana adjusted gross income tax to be applied\$	c .00		
	Total to be applied to your estimated tax account (a + b + c; canno	ot be more than line 18)	19d	.00
20.	Penalty for underpayment of estimated tax from Schedule IT-2210	0 or IT-2210A	20	.00
21.	Refund: Line 18 minus lines 19d and 20. Note: If less than zero, s	see line 23 Your Refund	21	.00
22.	Direct Deposit (see instructions)         a. Routing Number         b. Account Number         c. Type:       Checking         Savings       Hoosier Works MC         d. Place an "X" in the box if refund will go to an account outside to the set of the			
23.	If line 15 is more than line 14, subtract line 14 from line 15. Add to (see instructions)		23	168.00
24.			24	.00
25.	Interest if filed after due date (see instructions)		25	.00
	Amount Due: Add lines 23, 24 and 25 Do not send cash. Please make your check or money order payak Indiana Department of Revenue. Credit card payers must see inst and date this return after reading the Authorization statement	tructions.	26	168.00
Your	Signature Date	Spouse's Signature		Date
• If e	enclosing payment mail to: Indiana Department of Revenue, P.O. B	ox 7224, Indianapolis, IN 4620	7-7224.	

• Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.



Schedule 3	
Form IT-40, State Form 53997	
(R11 / 9-20)	

**Schedule 3: Exemptions** 

2020

Name(s) shown on Form IT-40	Your Socia	ocial Security Number		
SAHITYA JAKKANI	206	65	3599	
Complete and enclose Schedule IN-DEP: Dependent Information and Additional Dependent Child Information if you are claiming dependents on lines 2 and/or 3 b	elow.	R	Round all entr	ies
1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000		1	10	00.00
2. Enter the number of dependents listed on Schedule IN-DEP, Box 6 x \$10 You <b>MUST</b> enclose Schedule IN-DEP.	00	2		.00
<ul> <li>3. You may claim an additional exemption for each qualifying dependent child:</li> <li>who is a son, stepson, daughter, stepdaughter, foster child and/or child for who legal guardian,</li> <li>who was under the age of 19 by Dec. 31, 2020,</li> <li>or a full-time student who was under the age of 24 by Dec. 31, 2020, and</li> <li>who you are eligible to claim as a dependent on line 2 above.</li> </ul>	om you are a			
Enter the number of additional dependents		3		.00
4. Place "X" in box(es) below if, by December 31, 2020 You were age 65 or older and/or blind Spouse was 65 or older and/or blind				
Total number of boxes with Xs x \$1000		4		.00
5. If age 65 or older, enter amount from Form IT-40, line 1. If this amount is less than \$40,000, place "X" in box(es) below if: You were age 65 or older				
Spouse was 65 or older				[]
Total number of boxes with Xs x \$500		5		.00
6. Add lines 1, 2, 3, 4 and 5. Enter here and on Form IT-40, line 6Tota	al Exemptions	6	10	00.00



Schedule 5: Credits

2020

1278

00

10

Name(s) shown on Form IT-40	Your Social S	Security Nu	umber
SAHITYA JAKKANI	206	65	3599
		Ro	ound all entries
1. Indiana state tax withheld: enclose W-2s, 1099s showing state tax withholding am	ounts	1	1137.00
2. Indiana county tax withheld: enclose W-2s, 1099s showing county tax withholding	amounts	2	141.00
3. Estimated tax paid for 2020: include any extension payment made with Form IT-9		3	.00
4. Unified tax credit for the elderly		4	.00
5. Earned income credit: enclose Schedule IN-EIC and enter amount from line A-3 $\_$		5	.00
6. Lake County residential income tax credit		6	.00
<ol> <li>Economic development for a growing economy credit. Enter amount from Schedul line 19 (enclose schedule)</li> </ol>		7	.00
8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule)	n	8	.00
9. Headquarters relocation credit (refundable portion - see instructions)		9	.00

## Schedule IN-DONATE

Important. The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16.

## 1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

10. Add lines 1 through 9. Enter total here and on Form IT-40, line 12\_\_\_\_\_ Total Credits

a. Enter fund name	code	no. 1a	.00
b. Enter fund name	code	no. 1b	.00
c. Enter fund name	code	no. 1c	.00
2. Add lines 1a through 1c. E	inter total here and on Form IT-40/IT-40PNR, line 17	Total Donations 2	.00



Schedule 7 Form IT-40, State Form 54000 (R11 / 9-20)	Schedule 7: Additional	Required Info	rmation 2020	Enclosure Sequence No. <b>06</b>
Name(s) shown on Form IT-40			Your Social Security Nun	nber
SAHITYA JAKKANI			206 65	3599
<b>1. Federal filing information</b> Are you filing a federal income tax	return for 2020? Place "X" in appro	priate box. Yes 🗙	No	
	ete if you and/or your spouse (if filing chigan, Ohio, Pennsylvania or Wiscor pouse worked.			
State where you worked	Your income	State where spous	e worked Spor	use's income
\$	.00		\$	.00
3. Extension of time to file a. Place "X" in box if you have fi	iled a federal extension of time to file	e, Form 4868, or ma	de an online extension pa	ıyment.
b. Place "X" in box if you have fi	iled an Indiana extension of time to f	ïle, Form IT-9, or ma	ade an Indiana extension	payment online.
	ds of your gross income was made f the box, you MUST attach Schedule		ng.	
	r a refund and you do not want it ap <sub>l</sub> to which the state tax refund may be			
<b>6. Date of death</b> If any individual listed at the top o	of the IT-40 died <i>during</i> 2020, enter	date of death (MM/	DD).	
Taxpayer's date of death	2020 Spou	se's date of death	2020	
Under penalty of perjury, I have explete and correct. I understand that taxes due under this return. Also, Revenue to furnish my financial in	after reading the following statemed camined this return and all attachmed at if this is a joint return, any refund v my request for direct deposit of my re- stitution with my routing number, acc give permission to the Department to n this return is correct.	nts and to the best ovill be made payable refund includes my a count number, acco	e to us jointly and each of authorization to the Indiana unt type and Social Secur	us is liable for all a Department of ity number to ensure
7. Your daytime telephone number	Your email addr	ress	AHITYA.J2511@GM	
I authorize the Department to di			Firm's Name (or yours if s	
personal representative.				
Yes No If yes, compl	ete the information below.	GLOBAL TAX	KES LLC	
Personal Representative's Nam	<b>e</b> (please print)	IN-OPT on fil	e with paid preparer if not	filing electronically
		PTIN	P02090332	
Telephone		Address 2530	PEBBLE CREEK I	_N
Address		City CT	JMMING	
City		State (	GA Zip Code	30041
	Zip Code	Preparer's signature RVS	SSMANIKUMARAPPA	ANA



## County Tax Schedule for Full-Year Indiana Residents

2020

	Name(s) shown on Form IT-40	Your Social	Securi	ty Number		
S	AHITYA JAKKANI		206	65	3599	
1.	<b>Enter the amount from IT-40, line 7.</b> Note: If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40, line 7 on line 1A (do not complete Column B). See instructions	Column A - Yo	urself 1180.00	<b>(</b> 1B	Column B - Spc	ouse's
2.	Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2020	2A.0100000		2B	•	
3.	Multiply line 1 by the rate on line 2 (leave blank if less than zero)	3A	342.00	3B		.00
4.	Add lines 3A and 3B. Enter the total here. Note: Perry County r County and worked in the Kentucky counties of Breckinridge complete lines 5 and 6. Otherwise, enter the total here and on li	e, Hancock or Meade	, you must	4		342.00
5.	Enter the amount of income that was taxed by certain Kentucky lo	ocalities (see instruction	ons)	5		.00
6.	Multiply line 5 by .0181 and enter total here			6		.00
7.	Enter total of line 4 minus line 6. Enter this amount on line 9 of Fo	orm IT-40		7		342.00



Form IT-8879 State Form 53399 Inc	Indiana <b>DECLARATIO</b> come Tax for the Ta:	N OF	ELE	CTR	ONI	C FI			[	Do No Form		
(R16 / 9-20)	Submission ID				]-[							
First Name and Middle Initial SAHITYA	Last Name JAKKANI				Your 206			rity Number 599	Spouse	e's Social	Security	Number
Spouse's First Name and Middle Initial	Spouse's Last Name					et Ado		S DRIVE				
City WARSAW				n	State		Zi	p Code 6580		e Telepho 815 30		ıber
Part	I Tax Return Infe	ormat	ion (S	ee Ins	tructi	ons	on Ne	xt Page)				
1. Federal Adjusted Gross Income							1.					35180
2. Indiana Adjusted Gross Income							2.					34180
3. Total Indiana Tax							3.					1446
4. Total State Tax Withheld												1137
5. Total County Tax Withheld												141
6. Total Indiana Tax Credits												1278
7. Refund							7.					1.00
8. Amount You Owe							8.					168
9. Routing number	Par		Direct	-		of the	routin	g number n	nust be	01 - 12 oi	r 21 - 32	
10. Account number									Do No	ot Mai	I	
11. Type of account: Checking	Savings D Ho		orks MC	· · ·					This	Form		
	•			_	-				To	DOR		
12. Place an "X" in the box if refund w												
My request for direct deposit of my re with my routing number, account num Under penalties of perjury, I declare to corresponding lines of the electronic p complete. I consent to my ERO serve	ber, account type, and S <b>Part III</b> that the information I have portion of my income tax ling my return, this decla	Decial Se Deci ve given return.	ecurity n <b>aratio</b> i my ER To the b and acc	number f n of Ta O and t est of m company	to ensi <b>axpa</b> he am ny knov ying so	ure m <b>yer</b> lounts wledg chedu	iy refun s in Par le and b iles anc	d is properly t I above ag pelief, my 20 I statements	ree with 20 return to the D	ed. the amou n is true, c OOR. In a	ints on t correct a ddition,	nd by
using a computer system and softwar pertaining to my use of the system ar and/or transmitter an acknowledgeme reason(s) for the rejection. If the proc reason(s) for the delay of when the re	nd software and to the tra ent of receipt of transmiss essing of my return or re	ansmiss sion and	ion of m d an indi	iy return	electi of whe	ronica ther o	ally. I als or not m	so consent te y return is a	o the DC ccepted,	R sendin and, if re	g my EF jected, t	RO he
Taxpayer's PIN: check one box only												- I.
I authorize GLOBAL TAXES	to enter my PIN	5 3	59	9 9	as my	signa	iture on	my tax yea	r 2020 el	ectronica	lly filed	N
income tax return. I will enter my PIN as my signatur own PIN and your return is filed u	re on my tax year 2020 e	lectroni	cally file	d incom	ne tax	return	. Chec	k this box <b>or</b>				r <b>D</b>
Taxpayer's signature ►			Date_									I
Spouse's PIN: check one box only												Α
I authorize	to enter my PIN	do not	enter all ze	eros	as my	signa	iture on	my tax yea	r 2020 el	ectronica	lly filed	Ν
☐ I will enter my PIN as my signatu own PIN and your return is filed u									nly if you	are ente	ring you	r <b>A</b>
Spouse's signature ►			Date_									
Part IV Practiti	oner Certification	and A	uthen	ticatio	on - P	ract	itione	er PIN Me	thod C	ONLY		
ERO's EFIN/PIN. Enter your six-digit	EFIN followed by your five	ve-digit	self sele	ected PI	N. 5	8	7 2	786		9 8 9	)	
I certify that the above numeric entry taxpayer(s) indicated above. I confirm							tronical	ly filed incor	ne tax re			

1030

▼ Attach W-2 Forms Here ▼

Date