

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of 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 SANDEEP KANNA	Last name DIVITI	Your social security number 845-05-9495
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. 6700 W NATIONAL AVENUE		Apt. no. W303	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. WEST ALLIS	State WI	ZIP code 53214	
Foreign country name	Foreign province/state/county	Foreign postal code	

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes 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

	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	64,636.
Attach Sch. B if required.	2a Tax-exempt interest	2a		
	3a Qualified dividends	3a		
	4a IRA distributions	4a		
	5a Pensions and annuities	5a		
	6a Social security benefits	6a		
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here		<input type="checkbox"/>	-1.
	8 Other income from Schedule 1, line 9			
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			64,635.
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	10 Adjustments to income:			
	a From Schedule 1, line 22	10a	4,000.	
	b Charitable contributions if you take the standard deduction. See instructions	10b		
	c Add lines 10a and 10b. These are your total adjustments to income		<input checked="" type="checkbox"/>	4,000.
	11 Subtract line 10c from line 9. This is your adjusted gross income		<input checked="" type="checkbox"/>	60,635.
	12 Standard deduction or itemized deductions (from Schedule A)			12,400.
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A			
	14 Add lines 12 and 13			12,400.
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			48,235.

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	6,400.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	6,400.
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	6,400.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	6,400.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	9,682.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	9,682.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	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	600.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	600.
33	Add lines 25d, 26, and 32. These are your total payments	33	10,282.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,882.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,882.
b	Routing number 1 1 1 0 0 0 0 2 5		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 4 8 8 0 4 7 3 8 2 7 8 5		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe now	37	
Note: 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 SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both 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 04/01/2021	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 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
SANDEEP KANNA DIVITI

Your social security number
845-05-9495

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	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	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ _____ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	

Part II Adjustments to Income

10	Educator expenses	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 ▶ _____		
c	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	4,000.
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	4,000.

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2020

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

▶ **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.**

Name(s) shown on return

SANDEEP KANNA DIVITI

Your social security number

845-05-9495

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes** **No**

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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	7.	8.		-1.
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 (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -1.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a 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 .				
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				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-1.
	<ul style="list-style-type: none"> • 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? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> 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? <input type="checkbox"/> 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. <input type="checkbox"/> 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: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } 	21	(1.)
	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? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

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.

Name(s) shown on return

SANDEEP KANNA DIVITI

Social security number or taxpayer identification number

845-05-9495

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Securities LLC	06/06/20	12/12/20	7.	8.			-1.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				7.	8.			-1.

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.

Tuition and Fees Deduction

▶ **Attach to Form 1040 or 1040-SR.**
▶ **Go to www.irs.gov/Form8917 for the latest information.**

Name(s) shown on return SANDEEP KANNA DIVITI	Your social security number 845-05-9495
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Use this form for qualified tuition and fees paid in 2018, 2019, or 2020, and later years if legislation extends the deduction (see instructions). File a separate Form 8917 for each year after 2017 for which you qualify to take the deduction.

You **can't** take both an education credit from Form 8863 and the tuition and fees deduction from this form for the **same student** for the same tax year.

- Before you begin:**
- ✓ To see if you qualify for this deduction, see *Who Can Take the Deduction* in the instructions below.
 - ✓ If you file Form 1040 or 1040-SR, figure any write-in adjustments.
 - For 2018: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040), line 36.
 - For 2019: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.
 - For 2020 and later years: Figure any write-in adjustments for Schedule 1 (Form 1040 or 1040-SR); see the Instructions for Forms 1040 and 1040-SR.

1	(a) Student's name (as shown on page 1 of your tax return)	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Adjusted qualified expenses (see instructions)
	First name: SANDEEP KANNA Last name: DIVITI	845-05-9495	11,350.
2	Add the amounts on line 1, column (c), and enter the total		11,350.
3	Enter the amount from your "total income" line of Form 1040 or 1040-SR	64,635.	
4	<ul style="list-style-type: none"> • For 2018: Enter the total of the amounts on your 2018 Schedule 1 (Form 1040), lines 23 through 33, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040), line 36. • For 2019 and 2020: Enter the total of the amounts on your 2019 Schedule 1 (Form 1040 or 1040-SR), lines 10 through 20, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22. • For later years: See www.irs.gov/Form8917 to find out if the line references above for 2019 have changed 		
5	Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 if married filing jointly), stop ; you can't take the deduction for tuition and fees		64,635.
* If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see <i>Effect of the Amount of Your Income on the Amount of Your Deduction</i> in Pub. 970 to figure the amount to enter on line 5.			
6	Tuition and fees deduction. Is the amount on line 5 more than \$65,000 (\$130,000 if married filing jointly)? <input type="checkbox"/> Yes. Enter the smaller of line 2, or \$2,000. } <input checked="" type="checkbox"/> No. Enter the smaller of line 2, or \$4,000. }		4,000.

Also enter this amount on line 21 of the 2019 and 2020 Schedule 1 (Form 1040 or 1040-SR), or line 34 of the 2018 Schedule 1 (Form 1040). See www.irs.gov/Form8917 to find out if the line references above for 2019 have changed.



Instructions for Form IT-201-V Payment Voucher for Income Tax Returns

IT-201-V

(12/20)

Did you know? You can pay your income tax return payment directly on our website from your bank account or by credit card through your individual Online Services account. Visit www.tax.ny.gov.

How to use this form

If you are paying New York State income tax by check or money order, you must include Form IT-201-V with your payment.

Check or money order

- Make your check or money order payable in U.S. funds to **New York State Income Tax**.
- Be sure to write the last four digits of your Social Security number (SSN), the tax year, and **Income Tax** on it.

Completing the voucher

Be sure to complete **all** information on the voucher.

- Enter the tax year from the income tax return you are filing and your **entire** SSN. Failure to do so may result in monies not being properly credited to your account.
- If filing a joint return, include information for both spouses.
- Foreign address – Enter the city, province, or state all in the **City** box, and the **full** country name in the **Country** box. Enter the postal code, if any, in the **ZIP code** box.
- Do not staple or clip your payment to Form IT-201-V. Instead, just put them loose in the envelope.



You **cannot** use this form to pay a bill or other notice from the Tax Department that indicates you owe tax; you must use the payment document included with that bill or notice.

You **cannot** use this form to request an installment payment agreement (IPA); see our website for information about requesting an IPA.

Mailing address

E-filed and previously filed returns

If you e-filed your income tax return, or if you are making a payment for a previously filed return, mail the voucher and payment to:

**NYS PERSONAL INCOME TAX
PROCESSING CENTER
PO BOX 4124
BINGHAMTON NY 13902-4124**

Paper returns

If you are filing a paper income tax return (including amended returns), include the voucher and payment with your return and mail to this address:

**STATE PROCESSING CENTER
PO BOX 15555
ALBANY NY 12212-5555**

If you are not using U.S. Mail, be sure to consult Publication 55, *Designated Private Delivery Services*.

◀ Cut here ▶

STOP: Pay this electronically on our website.

Department of Taxation and Finance Payment Voucher for Income Tax Returns



REV 03/02/21 PRO

IT-201-V

(12/20)

Tax year (yyyy) 2020		Make your check or money order payable in U.S. funds to New York State Income Tax . Write on your check or money order the last four digits of your SSN, the tax year, and Income Tax .	
Your first name and middle initial SANDEEP KANNA	Your last name (for a joint return, enter spouse's name on line below) DIVITI	Your full SSN 845059495	
Spouse's first name and middle initial	Spouse's last name	Spouse's full SSN (only if filing a joint return)	
Mailing address 6700 W NATIONAL AVENUE		Apartment number W303	Country (if not United States)
City, village or post office WEST ALLIS	State WI	ZIP code 53214	
Email: DIVITISANDEEP@GMAIL.COM			

Payment amount	Dollars	Cents
	134	00



040001203555

For office use only

0401203555 845059495 6



New York State E-File Signature Authorization for Tax Year 2020
For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

Form fields for Taxpayer's name (SANDEEP KANNA DIVITI) and Spouse's name (jointly filed return only)

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, Information for Income Tax Return Preparers, available on our website.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, Resident Income Tax Return, IT-201-X, Amended Resident Income Tax Return, IT-203, Nonresident and Part-Year Resident Income Tax Return, IT-203-X, Amended Nonresident and Part-Year Resident Income Tax Return, IT-214, Claim for Real Property Tax Credit, or NYC-210, Claim for New York City School Tax Credit. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns.

This form is not required for electronically filed Form IT-370, Application for Automatic Six-Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2020 Form IT-370 and Tax Year 2021 Form IT-2105.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

Part A - Tax return information

Table with 5 rows for tax return information: 1. Federal adjusted gross income (60635), 2. Refund, 3. Amount you owe (134), 4. Financial institution routing number, 5. Financial institution account number, 6. Account type (checkboxes for Personal checking, Personal savings, Business checking, Business savings)

Part B - Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2020 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2020 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2020 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Form fields for Taxpayer's signature and Spouse's signature (jointly filed return only) with corresponding Date fields.

Part C - Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2020 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2020 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2020 New York State electronic return

is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2020 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

Form fields for ERO's signature (GLOBAL TAXES LLC) and Paid preparer's signature (SYAM PRIYA RAM SAGAR GUPTA TALLAM) with corresponding Date fields.



Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

For the year January 1, 2020, through December 31, 2020, or fiscal year beginning

IT-203

20

and ending

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial SANDEEP KANNA		Your last name (for a joint return, enter spouse's name on line below) DIVITI		Your date of birth (mmddyyyy) 12151992		Your Social Security number 845059495	
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mmddyyyy)		Spouse's Social Security number	
Mailing address (see instructions, page 14) (number and street or PO box) 6700 W NATIONAL AVENUE				Apartment number W303		New York State county of residence NR	
City, village, or post office WEST ALLIS			State WI	ZIP code 53214	Country (if not United States)		School district name NR
Taxpayer's permanent home address (see instr., pg. 14) (no. and street or rural route)				Apartment no.	City, village, or post office		School district code number
State	ZIP code	Country (if not United States)			Decedent information	Taxpayer's date of death	Spouse's date of death

A Filing status (mark an X in one box):

- ① Single
- ② Married filing joint return (enter both spouses' Social Security numbers above)
- ③ Married filing separate return (enter both spouses' Social Security numbers above)
- ④ Head of household (with qualifying person)
- ⑤ Qualifying widow(er)

B Did you itemize your deductions on your 2020 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D1 Did you have a financial account located in a foreign country? (see page 15) es No

D2 Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2020 federal return? (see page 15) Yes No

E New York City part-year residents only (see page 15)

(1) Number of months you lived in NY City in 2020

(2) Number of months your spouse lived in NY City in 2020

F Enter your 2-character special condition code(s) if applicable (see page 15)

G New York State part-year residents (see page 16)

Enter the date you moved into or out of NYS (mmddyyyy)

On the last day of the tax year (mark an X in one box):

1) Lived in NYS

2) Lived outside NYS; received income from NYS sources during nonresident period

3) Lived outside NYS; received no income from NYS sources during nonresident period

H New York State nonresidents (see page 16)

Did you or your spouse maintain living quarters in NYS in 2020? es No
(if Yes, complete Form IT-203-B)



I Dependent information (see page 16)

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 6 dependents, mark an X in the box.



203001203555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number
845059495

Federal income and adjustments (see page 18)	Federal amount Whole dollars only		New York State amount Whole dollars only	
1 Wages, salaries, tips, etc.	1	64636.00	1	7256.00
2 Taxable interest income	2	.00	2	.00
3 Ordinary dividends	3	.00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4	.00	4	.00
5 Alimony received	5	.00	5	.00
6 Business income or loss (submit a copy of federal Sch. C, Form 1040)	6	.00	6	.00
7 Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	-1.00	7	.00
8 Other gains or losses (submit a copy of federal Form 4797)	8	.00	8	.00
9 Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/>	9	.00	9	.00
10 Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/>	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	.00	11	.00
12 Rental real estate included in line 11 (federal amount) 12. <input type="text" value="12."/> .00				
13 Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.00
14 Unemployment compensation.....	14	.00	14	.00
15 Taxable amount of Social Security benefits (also enter on line 26)	15	.00	15	.00
16 Other income (see page 24 Identify: <input))<="" td="" type="text" value="Identify:"/> <td style="text-align: center;">16</td> <td style="text-align: right;">.00</td> <td style="text-align: center;">16</td> <td style="text-align: right;">.00</td>	16	.00	16	.00
17 Add lines 1 through 11 and 13 through 16	17	64635.00	17	7256.00
18 Total federal adjustments to income (see page 24) Identify: TUITION FEES DEDUCT	18	4000.00	18	.00
19 Federal adjusted gross income (subtract line 18 from line 17) ..	19	60635.00	19	7256.00
19a Recomputed federal adjusted gross income (see page 25, Line 19a worksheet)	19a	60635.00	19a	7256.00

New York additions (see page 26)				
20 Interest income on state and local bonds and obligations (but not those of New York State or its localities)	20	.00	20	.00
21 Public employee 414(h) retirement contributions	21	.00	21	.00
22 Other (Form IT-225, line 9)	22	.00	22	.00
2 Ad lines 19a through 22	23	60635.00	23	7256.00

New York subtractions (see page 27)				
24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24	.00	24	.00
2 Pensions of NYS and local governments and the federal government (see page 27)	25	.00	25	.00
26 Taxable amount of Social Security benefits (from line 15)	26	.00	26	.00
27 Interest income on U.S. government bonds	27	.00	27	.00
28 Pension and annuity income exclusion	28	.00	28	.00
29 Other (Form IT-225, line 18)	29	.00	29	.00
30 Ad lines 24 through 29	30	.00	30	.00
31 New York adjusted gross income (subtract line 30 from line 23)	31	60635.00	31	7256.00

32 Enter the amount from line 31, **Federal amount** column 60635.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Standard deduction or itemized deduction (see page 29)

33 Enter your **standard deduction** (table on page 29) or your **itemized deduction** (from Form IT-196).

Mark an **X** in the appropriate box: ... **Standard** – or – **Itemized**

33 Enter your standard deduction (table on page 29) or your itemized deduction (from Form IT-196). Mark an X in the appropriate box: ... <input checked="" type="checkbox"/> Standard – or – <input type="checkbox"/> Itemized	33	8000 .00
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	34	52635 .00
35 Dependent exemptions (enter the number of dependents listed in Item I; see page 29)	35	000.00
36 New York taxable income (subtract line 35 from line 34)	36	52635 .00

Tax computation, credits, and other taxes

37 New York taxable income (from line 36).....	37	52635 .00
38 New York State tax on line 37 amount (see page 30)	38	2944 .00
39 New York State household credit (page 30, table 1, 2, or 3).....	39	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank).....	40	2944 .00
41 New York State child and dependent care credit (see page 31)	41	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank).....	42	2944 .00
43 New York State earned income credit (see page 31)	43	.00

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44	2944 .00
--------------------------------------------------------------------------------------------------------	-----------	----------

45 Income percentage (see page 31)	New York State amount from line 31	Federal amount from line 31	=	Round result to 4 decimal places	
	7256 .00	60635 .00		0.1197	

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	352 .00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	47	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48	352 .00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	49	.00
50 Total New York State taxes (add lines 48 and 49)	50	352 .00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

51 Part-year New York City resident tax (Form IT-360.1)	51	.00
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00
52a Subtract line 52 from line 51	52a	.00
52b MCTMT net earnings base	52b	.00
52c MCTMT	52c	.00
53 Yonkers nonresident earnings tax (Form Y-203)	53	.00
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00
55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	55	.00
56 Sales or use tax (See the instructions on page 33. Do not leave line 56 blank.)	56	0 .00
57 Voluntary contributions (Form IT-227, Part 2, line 1)	57	.00
58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57)	58	352 .00

See instructions on pages 31 and 32 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Enter your Social Security number
845059495

59 Enter amount from line 58 59 352 .00

Payments and refundable credits (see page 34)

Table with 2 columns: Description and Amount. Rows include NYC school tax credit, other refundable credits, and total payments and refundable credits.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see pages 12 and 13). Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 36 through 38)

Table with 2 columns: Description and Amount. Rows include amount overpaid, amount available for refund, and total refund after NYS 529 account deposit.

Mark one refund choice: [] direct deposit to checking or savings account (fill in line 73) - or - [] paper check

Refund? Direct deposit is the easiest, fastest way to get your refund. See page 37 for payment options.

Table with 2 columns: Description and Amount. Rows include amount applied to 2021 tax, amount owed, estimated tax penalty, and other penalties and interest.

See page 40 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 38). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 38) []

73a Account type: [] Personal checking - or - [] Personal savings - or - [] Business checking - or - [] Business savings

73b Routing number [] 73c Account number []

74 Electronic funds withdrawal (see page 38) ate [] Amount [] .00

Third-party designee? (see instr.) Yes [] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), Email:

Paid preparer must complete (see instructions) Preparer's NYTPRIN, NYTPRIN excl. code, Preparer's signature, Preparer's printed name, Firm's name, Preparer's PTIN or SSN, Address, Employer identification number, Date, Email.

Taxpayer(s) must sign here Your signature, Your occupation, Spouse's signature and occupation (if joint return), Date, Daytime phone number, Email.

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

845059495

Box b Employer identification number (EIN)

450665414

Box c Employer's information

Employer's name			
SRIVIN INFOSYSTEMS INC			
Employer's address (number and street)			
76 N BROADWAY STE 2007			
City	State	ZIP code	Country (if not United States)
HICKSVILLE	NY	11801	

Box 1 Wages, tips, other compensation

7256.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 1 Nonqualified plans

.00

Box 12a Amount

.00

Code

||

Box 12b Amount

.00

Code

||

Box 12c Amount

.00

Code

||

Box 12d Amount

.00

Code

||

Box 14a Amount

20.00

Description

NY PFL

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

7256.00

Box 17a NYS income tax withheld

218.00

Other state information:

Box 15b other state

||

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

Do not detach. W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

845059495

Box b Employer identification number (EIN)

475104048

Box c Employer's information

Employer's name			
WISE IT INC			
Employer's address (number and street)			
1985 W BIG BEAVER RD, STE 222			
City	State	ZIP code	Country (if not United States)
TROY	MI	48084	

Box 1 Wages, tips, other compensation

57380.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 1 Nonqualified plans

.00

Box 12a Amount

.00

Code

||

Box 12b Amount

.00

Code

||

Box 12c Amount

.00

Code

||

Box 12d Amount

.00

Code

||

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

WI

Box 16b Other state wages, tips, etc.

57380.00

Box 17b Other state income tax withheld

3401.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001203555



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 DIVITI	Legal first name SANDEEP KANNA	M.I.	Your social security number 845059495
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. 6700 W NATIONAL AVENUE		Apt. no. W303	Tax district 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 checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town <input checked="" type="checkbox"/> MILWAUKEE County of <input checked="" type="checkbox"/> MILWAUKEE School district number See page 43 <u>3619</u>
City or post office WEST ALLIS		State WI	
Filing status 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"/>			Special conditions <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** → Ø 1 4 7 ● **NO COMMAS; NO CENTS**

1	Federal adjusted gross income (see page 12)	1	64635.00
	Form W-2 wages included in line 1	<input checked="" type="checkbox"/>	64636.00
2	Total additions to income from Schedule AD, line 33 (see page 13)	2	.00
3	Add lines 1 and 2	3	64635.00
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	64635.00
6	Standard deduction. See table on page 34, OR ▼	6	5193.00
	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	59442.00
8	Exemptions (Caution: See page 14)		
a	Fill in exemptions allowed 1 x \$700 ... 8a	700	.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = _____ x \$250 ... 8b00
c	Add lines 8a and 8b	8c	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	58742.00
10	Tax (see table on page 36)	10	3163.00

PAPER CLIP payment here



NO COMMAS; NO CENTS

1	Itemized deduction credit. Enclose Schedule 1, page 4	11	_____	.00
12	Armed forces member credit (must be stationed outside U.S. See page 16)	12	_____	.00
13	School property tax credit			
a	Rent paid in 2020 – heat included _____ .00	} Find credit from table page 18 . 13a	_____ 110	.00
	Rent paid in 2020 – heat not included _____ 3600 .00			
b	Property taxes paid on home in 2020 _____ .00	Find credit from table page 19 . 13b	_____	.00
14	Working families tax credit (see page 19)	14	_____ 0	.00
15	Married couple credit. Enclose Schedule 2, page 4	15	_____	.00
16	Nonrefundable credits from line 34 of Schedule CR	16	_____	.00
17	Net income tax paid to another state. Enclose Schedule OS ... <u>NY</u>	17	_____ 343	.00
18	Add lines 11 through 17	18	_____	453 .00
19	Subtract line 18 from line 10. If line 18 is larger than line 10, fill in 0. This is your net tax	1	_____	2710 .00
20	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 22) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	20	_____	.00
21	Donations (decreases refund or increases amount owed)			
a	Endangered resources _____ .00	e	Military family relief _____ .00	
b	Cancer research _____ .00	f	Second Harvest/Feeding Amer. _____ .00	
c	Veterans trust fund _____ .00	g	Red Cross WI Disaster Relief _____ .00	
d	Multiple sclerosis _____ .00	h	Special Olympics Wisconsin _____ .00	
	Total (add lines a through h)	21i	_____	.00
2	Penalties on IRAs, retirement plans, MSAs, etc. (see page 24) . . . _____ .00 x .33 =	22	_____	.00
23	Other penalties (see page 24)	23	_____	.00
24	Add lines 19, 20, 21i, 22 and 23	24	_____	2710 .00
25	Wisconsin tax withheld. Enclose withholding statements	25	_____ 3401	.00
26	2020 estimated tax payments and amount applied from 2019 return	26	_____	.00
27	Earned income credit. Number of qualifying children <input type="checkbox"/> _____ Federal credit . . . _____ .00 x _____ % =	27	_____	.00
28	Farmland preservation credit. a Schedule FC, line 17	28a	_____	.00
	b Schedule FC-A, line 13	28b	_____	.00
29	Repayment credit (see page 26)	29	_____	.00



Name(s) shown on Form 1		Your social security number
SANDEEP KANNA DIVITI		845059495
NO COMMAS; NO CENTS		
30	Homestead credit. Enclose Schedule H or H-EZ.	30 _____ .00
31	Eligible veterans and surviving spouses property tax credit . . .	31 _____ .00
32	Refundable credits from Schedule CR, line 40. Enclose Schedule CR	32 _____ .00
33	AMENDED RETURN ONLY—Amounts previously paid (see page 29)	33 _____ .00
34	Add lines 25 through 33	34 _____ 3401 .00
35	AMENDED RETURN ONLY—Amounts previously refunded (see page 30)	35 _____ .00
36	Subtract line 35 from line 34	36 _____ 3401 .00
37	If line 36 is larger than line 24, subtract line 24 from line 36. This is the AMOUNT YOU OVERPAID	37 _____ 691 .00
38	Amount of line 37 you want REFUNDED TO YOU	38 _____ 691 .00
39	Amount of line 37 you want APPLIED TO YOUR 2021 ESTIMATED TAX	39 _____ 0 .00
40	If line 36 is smaller than line 24, subtract line 36 from line 24. This is the AMOUNT YOU OWE . Paper clip payment to front of return	40 _____ .00
41	Underpayment interest. Fill in exception code—See Sch. U _____ Also include on line 40 (see page 31)	41 _____ .00

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 3 ? **Yes** Complete the following. **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
		<input style="width:40px; height:20px;" type="text"/> <input style="width:40px; height:20px;" type="text"/> <input style="width:40px; height:20px;" type="text"/> <input style="width:40px; height:20px;" type="text"/> <input style="width:40px; height:20px;" type="text"/> <input style="width:40px; height:20px;" type="text"/>

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
			9729833415

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)

1	Medical and dental expenses from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions.	1	.00
2	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	2	.00
3	Gifts to charity from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions	3	.00
4	Casualty losses from federal Schedule A (Form 1040 or 1040-SR).	4	.00
5	Add lines 1 through 4	5	.00
6	Fill in your standard deduction from line 6 on page 1 of Form 1	6	.00
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0.	7	0 .00
8	Rate of credit is .05 (5%)	8	x .05
9	Multiply line 7 by line 8. Fill in here and on line 11 on page 2 of Form 1	9	.00

▶ 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
1	Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income 1	
	.00	.00
2	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 2	
	.00	.00
3	Combine lines 1 and 2. This is earned income. 3	
	.00	.00
4	Add the amounts from federal Form 1040 or 1040-SR, Schedule 1 , 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 4	
	.00	.00
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0 5	
	.00	.00
6	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. 6	
		.00
7	Rate of credit is .03 (3%). 7	x .03
8	Multiply line 6 by line 7. Fill in here and on line 15 on page 2 of Form 1 8	.00
		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

Identifying number

SANDEEP KANNA DIVITI

845-05-9495

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



	Postal abbr. →	State 1		State 2	
		N	Y	—	—
PART I – Income From Other State					
1 Wages, salaries, tips, etc	1		7256.00		.00
2 Business income / loss	2		.00		.00
3 Capital gain / loss	3		.00		.00
4 Other gains / losses	4		.00		.00
5 IRA distributions, pensions, and annuities	5		.00		.00
6 Rental real estate, royalties, partnerships, S corporations, trusts, etc	6		.00		.00
7 Farm income / loss	7		.00		.00
8 Unemployment compensation	8		.00		.00
9 Social security benefits	9		.00		.00
10 Other income _____	10		.00		.00
11 Add lines 1 through 10 in each column	11		7256.00		.00
Adjustments to Income					
12 Deductible part of self-employment tax	12		.00		.00
13 Self-employed SEP, SIMPLE, and qualified plans	13		.00		.00
14 Self-employed health insurance deduction	14		.00		.00
15 IRA deduction	15		.00		.00
16 Other adjustments to income _____	16		.00		.00
17 Add lines 12 through 16 in each column	17		.00		.00
18 Total income taxed by other state – subtract line 17 from line 11	18		7256.00		.00
PART II – Calculation of Credit (Individual, Estate, or Trust Income Tax)					
19 Income taxable to both Wisconsin and other state (see instructions)	19		7256.00		.00
20 Total income taxed by the other state (see instructions)	20		7256.00		.00
21 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		
22 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		352.00		.00
23 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) corpora- tion, 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		352.00		.00

Name(s) shown on Form 1, 1NPR, or 2 SANDEEP KANNA DIVITI	Identifying number 845-05-9495
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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
24 Postal abbreviation for state to which tax was paid 24	<u> N </u> <u> Y </u>	<u> </u> <u> </u>
25 Income taxable to both Wisconsin and other state (see instructions) 25	<u> 0.00</u>	<u> .00</u>
26 Total income taxed by the other state (see instructions) 26	<u> 0.00</u>	<u> .00</u>
27 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>
28 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>
29 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

30 Income taxable to both Wisconsin and other state (see instructions) 30	<u> 7256.00</u>	<u> .00</u>
31 Wisconsin income from Form 1, line 5, Form 1NPR, line 31, or Form 2, see instructions 31	<u> 64635.00</u>	<u> .00</u>
32 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 . <u> 1 </u> <u> 1 </u> <u> 2 </u> <u> 3 </u></u>	<u> </u> <u> </u> <u> </u> <u> </u>
33 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> 3053.00</u>	<u> .00</u>
34 Multiply line 32 by line 33. Round the result to the nearest dollar 34	<u> 343.00</u>	<u> .00</u>
35 Fill in the amount from line 23 35	<u> 352.00</u>	<u> .00</u>
36 Fill in the amount from line 29 36	<u> .00</u>	<u> .00</u>
37 Add lines 35 and 36 37	<u> 352.00</u>	<u> .00</u>
38 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> 343.00</u>	<u> .00</u>
39 Add the amounts in each column of line 38. Fill in the total here 39		<u> 343.00</u>
40 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>
41 Add lines 39 and 40. This is your credit for tax paid to another state (see instructions) 41		<u> 343.00</u>



Schedule I

Adjustments to Convert 2020 Federal Adjusted Gross Income and Itemized Deductions to the Amounts Allowable for Wisconsin

2020

Wisconsin
Department of Revenue

Enclose with Wisconsin Form 1 or Form 1NPR

Name(s) shown on Form 1 or Form 1NPR

Your social security number

SANDEEP KANNA DIVITI

845059495

PART I – Federal Adjusted Gross Income

(Read instructions before completing Schedule I)

<u>1</u>	Fill in your 2020 federal adjusted gross income from line 11 of federal Form 1040 or 1040-SR	1	<u>60635.00</u>
<u>2</u>	Additions (enter all amounts as positive numbers):		
<u>a</u>	Deduction for tuition and fees	2a	<u>4000.00</u>
<u>b</u>	Discharge of indebtedness on principal residence	2b	<u>.00</u>
<u>c</u>	Federal depreciation and sec. 179 expense	2c	<u>.00</u>
<u>d</u>	Federal capital losses from line 7 of federal Form 1040 or 1040-SR	2d	<u>.00</u>
<u>e</u>	Federal ordinary losses from line 4 of federal Schedule 1 (Form 1040 or 1040-SR)	2e	<u>.00</u>
<u>f</u>	Wisconsin capital gains from line 7 of revised federal Form 1040 or 1040-SR	2f	<u>.00</u>
<u>g</u>	Wisconsin ordinary gains from line 4 of revised federal Schedule 1 (Form 1040 or 1040-SR)	2g	<u>.00</u>
<u>h</u>	Other _____	2h	<u>.00</u>
<u>i</u>	Other _____	2i	<u>.00</u>
<u>j</u>	Other _____	2j	<u>.00</u>
<u>k</u>	Total additions - Add lines 2a through 2j	2k	<u>4000.00</u>
<u>3</u>	Add lines 1 and 2k (see instructions)	3	<u>64635.00</u>
<u>4</u>	Subtractions (enter all amounts as positive numbers):		
<u>a</u>	Health savings account adjustment	4a	<u>.00</u>
<u>b</u>	Wisconsin depreciation and sec. 179 expense	4b	<u>.00</u>
<u>c</u>	Wisconsin capital losses from line 7 of revised federal Form 1040 or 1040-SR	4c	<u>.00</u>
<u>d</u>	Wisconsin ordinary losses from line 4 of revised federal Schedule 1 (Form 1040 or 1040-SR)	4d	<u>.00</u>
<u>e</u>	Federal capital gains from line 7 of federal Form 1040 or 1040-SR	4e	<u>.00</u>
<u>f</u>	Federal ordinary gains from line 4 of federal Schedule 1 (Form 1040 or 1040-SR)	4f	<u>.00</u>
<u>g</u>	Other _____	4g	<u>.00</u>
<u>h</u>	Other _____	4h	<u>.00</u>
<u>i</u>	Other _____	4i	<u>.00</u>
<u>j</u>	Total subtractions - Add lines 4a through 4i	4j	<u>.00</u>
<u>5</u>	Federal adjusted gross income as computed under the Internal Revenue Code in effect for Wisconsin (see instructions to determine the amount to fill in on line 5). Fill in here and on line 1 of Wisconsin Form 1 or line 32 of Form 1NPR. (Note: The above figures must also be used to complete Columns A and B for each of the lines 1 through 30 of Form 1NPR)	5	<u>64635.00</u>



PART II – Itemized Deductions

(Complete this part only for those federal itemized deductions which may be used in computing the Wisconsin itemized deduction credit.)

Who must complete Part II

This part should be completed only by individuals claiming the Wisconsin itemized deduction credit. Whenever adjustments have been made in Part I, federal itemized deductions which are based on federal adjusted gross income are affected. Part II must be completed to report the difference in the amount of the deduction based on the revised federal adjusted gross income. Part II must also be completed whenever specific items require adjustment.

1 Adjustments:	COL. I	COL. II
Description	Amount per 2020 federal return	Amount determined under IRC in effect for Wisconsin
<u>a</u> Medical Expense Deduction 1a	.00	.00
<u>b</u> Interest 1b	.00	.00
<u>c</u> Gifts to Charity 1c	.00	.00
<u>d</u> Other (<i>explain</i>) _____ 1d	.00	.00
<u>e</u> Other (<i>explain</i>) _____ 1e	.00	.00

The amounts in Col. II should be used to compute the Wisconsin itemized deduction credit (Schedule 1 of Form 1 or Form 1NPR).



Schedule **WD**

Wisconsin
Department of Revenue

Capital Gains and Losses

◆ Enclose with Wisconsin Form 1 or 1NPR ◆

2020

Name(s) shown on Form 1 or Form 1NPR

SANDEEP KANNA DIVITI

Your social security number

845-05-9495

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

Note: Round all amounts (use a minus sign (-) for negative amounts)	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)
1a Amount from line 1a of Schedule D	.00	.00		.00
1b Amount from line 1b of Schedule D	7.00	8.00	.00	-1.00
2 Amount from line 2 of Schedule D	.00	.00	.00	.00
3 Amount from line 3 of Schedule D	.00	.00	.00	.00
4 Short-term gain from Form 6252 and short-term gain or loss from Forms 4684, 6781, and 8824			4	.00
5 Net short-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	.00
6 Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)			6	.00
7 Short-term capital loss carryover from 2019 Wisconsin Schedule WD, line 34. Enter amount as a negative number			7	.00
8 Net short-term capital gain or loss. Combine lines 1a through 7 in column (h)			8	-1.00

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

Note: Round all amounts (use a minus sign (-) for negative amounts)	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)
9a Amount from line 8a of Schedule D	.00	.00		.00
9b Amount from line 8b of Schedule D	.00	.00	.00	.00
10 Amount from line 9 of Schedule D	.00	.00	.00	.00
11 Amount from line 10 of Schedule D	.00	.00	.00	.00
12 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or loss from from Forms 4684, 6781, and 8824				12 .00
13 Net long-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				13 .00
14 Capital gain distributions				14 .00
15 Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)				15 .00
15a Adjustment from Wisconsin Schedule QI. Enter amount as a negative number				15a .00
16 Long-term capital loss carryover from 2019 Wisconsin Schedule WD, line 39. Enter amount as a negative number				16 .00
17 Net long-term capital gain or loss. Combine lines 9a through 16 in column (h)				17 .00

Go on to Part III →



Name SANDEEP KANNA DIVITI	Social Security Number 845-05-9495
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Part III Summary of Parts I and II (see instructions) - use a minus sign (-) for negative amounts.

18 Combine lines 8 and 17, and fill in the net gain or loss here (if line 18 is a loss, go to line 28)	18	-1.00
19 Fill in the smaller of line 17 or 18, or -0- if a loss or no entry on line 17	19	.00
20 Fill in 30% of line 19	20	.00
21 Fill in the amount of long-term capital gain from the sale of farm assets listed on Form 8949 and taxable to Wisconsin plus gain from the sale of farm assets that is included on line 12 or 13 of Schedule WD. If zero, skip lines 22 through 25 and fill in the amount from line 20 on line 26	21	.00
22 Gain included in line 17. Do not include any losses in this amount	22	.00
23 Divide line 21 by line 22. Carry the decimal to 4 places	23	.00
24 Multiply line 19 by the decimal amount on line 23	24	.00
25 Fill in 30% of line 24	25	.00
26 Add lines 20 and 25	26	.00
27 Subtract line 26 from line 18	27	.00
28 If line 18 shows a loss, fill in the smaller of:	(a) The loss on line 18, (b) \$500, or (c) Wisconsin ordinary income (see instructions)	28 -1.00

Note: When figuring whether a, b, or c is smaller, treat all numbers as if they are positive. If filing Form 1, complete Part IV. If filing Form 1NPR, fill in amount from line 27 or 28 on line 7, column B, of Form 1NPR.

Part IV Computation of Wisconsin Adjustment to Income (Do not complete this part if you are filing on Form 1NPR)

29 Adjustment (see instructions for Part IV and Schedule I adjustments)		
a Fill in gain from line 7 of federal Form 1040 or 1040-SR, or gain from line 2f of Schedule I, if filed (if a loss, fill in -0-)	29a	0.00
b Fill in gain from Part III, line 27, (if blank, fill in -0-)	29b	0.00
c If line 29b is more than 29a, subtract line 29a from line 29b. Fill in amount on line 2 of Schedule AD (Form 1)	29c	.00
d If line 29b is less than 29a, subtract line 29b from line 29a. Fill in amount on line 5 of Schedule SB (Form 1)	29d	.00
e Fill in loss from line 7 of federal Form 1040 or 1040-SR, as a positive amount or the loss from line 4c of Schedule I, if filed (if a gain, fill in -0-)	29e	1.00
f Fill in loss from Part III, line 28 as a positive amount	29f	1.00
g If line 29f is more than 29e, subtract line 29e from line 29f. Fill in amount on line 5 of Schedule SB (Form 1)	29g	.00
h If line 29f is less than 29e, subtract line 29f from line 29e. Fill in amount on line 2 of Schedule AD (Form 1)	29h	.00

Part V Computation of Capital Loss Carryovers from 2020 to 2021 (Complete this part if the loss on line 18 is more than the loss on line 28.)

30 Fill in loss shown on line 8 as a positive amount. If none, fill in -0- and skip lines 31 through 34	30	.00
31 Fill in gain shown on line 17. If that line is blank or shows a loss, fill in -0-	31	.00
32 Subtract line 31 from line 30	32	.00
33 Fill in the smaller of line 28 or line 32, treating both as positive amounts	33	.00
34 Subtract line 33 from line 32. This is your short-term capital loss carryover from 2020 to 2021	34	.00
35 Fill in loss from line 17 as a positive amount. If none, fill in -0- and skip lines 36 through 39	35	.00
36 Fill in gain shown on line 8. If that line is blank or shows a loss, fill in -0-	36	.00
37 Subtract line 36 from line 35	37	.00
38 Subtract line 33 from line 28, treating both as positive amounts. (Note: If you skipped lines 31 through 34, fill in amount from line 28 as a positive amount.)	38	.00
39 Subtract line 38 from line 37. This is your long-term capital loss carryover from 2020 to 2021	39	.00

