

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 SAI CHAITANYA	Last name KODIDASU	Your social security number 767-27-1616
If joint return, spouse's first name and middle initial SWATHI	Last name KOGANTI	Spouse's social security number 977-99-8122
Home address (number and street). If you have a P.O. box, see instructions. 3124 N 169TH ST		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. OMAHA		State NE
		ZIP code 68116
Foreign country name	Foreign province/state/county	Foreign postal code

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

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

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

	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	83,867.
Attach Sch. B if required.	2a	Tax-exempt interest	2a	2b	2.
	3a	Qualified dividends	3a	3b	299.
	4a	IRA distributions	4a	4b	
	5a	Pensions and annuities	5a	5b	
	6a	Social security benefits	6a	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		7	46,346.
	8	Other income from Schedule 1, line 9		8	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶		9	130,514.
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		
	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 ▶		10c	
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶		11	130,514.
	12	Standard deduction or itemized deductions (from Schedule A)		12	24,800.
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A		13	
	14	Add lines 12 and 13		14	24,800.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	105,714.

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	14,816.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	14,816.
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	14,816.
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	14,816.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	12,459.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	12,459.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	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	1,488.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits ▶	32	1,488.
33	Add lines 25d, 26, and 32. These are your total payments ▶	33	13,947.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34																				
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> ▶	35a																				
b	Routing number <table border="1"> <tr> <td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td> </tr> </table> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X	X										
X	X	X	X	X	X	X	X	X	X	X												
d	Account number <table border="1"> <tr> <td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td> </tr> </table> ▶	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
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	869.
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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶ <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>										
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.) ▶ <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>										
Phone no.	Email address	CHAITANYA.KODIDASU@GMAIL.COM											

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	09/23/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name ▶	GLOBAL TAXES LLC			Phone no. (678) 965-9522
Firm's address ▶	2530 Pebble Creek Ln Cumming GA 30041			Firm's EIN ▶ 30-1017196

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

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

SAI CHAITANYA KODIDASU & SWATHI KOGANTI

Your social security number

767-27-1616

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	17,379,938.	17,848,070.	514,478.	46,346.
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 46,346.

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	46,346.
	<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 checked="" 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	()
	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 checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

► 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: **SAI CHAITANYA KODIDASU & SWATHI KOGANTI**
Social security number or taxpayer identification number: **767-27-1616**

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		
	AMERITRADE	01/01/20	12/21/20	8,379,938.	8,848,070.	W	514,478.	46,346.	
	AMERITRADE	01/01/20	12/21/20	9,000,000.	9,000,000.			0.	
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) ►				17,379,938.	17,848,070.		514,478.	46,346.

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.

Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

▶ **For use by individuals who are not U.S. citizens or permanent residents.**
▶ **See separate instructions.**

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

Application type (check one box):
<input checked="" type="checkbox"/> Apply for a new ITIN
<input type="checkbox"/> Renew an existing ITIN

Before you begin:

• **Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).**

Reason you're submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f,** or **g,** you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a Nonresident alien required to get an ITIN to claim tax treaty benefit
- b Nonresident alien filing a U.S. federal tax return
- c U.S. resident alien (**based on days present in the United States**) filing a U.S. federal tax return
- d Dependent of U.S. citizen/resident alien } If **d**, enter relationship to U.S. citizen/resident alien (see instructions) ▶ _____
- e Spouse of U.S. citizen/resident alien } If **d** or **e**, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ _____
SAI CHAITANYA KODIDASU 767-27-1616
- f Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g Dependent/spouse of a nonresident alien holding a U.S. visa
- h Other (see instructions) ▶ _____

Additional information for **a** and **f**: Enter treaty country ▶ _____ and treaty article number ▶ _____

Name (see instructions) Name at birth if different ▶	1a First name SWATHI	Middle name	Last name KOGANTI
	1b First name	Middle name	Last name

Applicant's Mailing Address	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 3124 N 169TH ST
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. OMAHA NE USA 68116

Foreign (non-U.S.) Address (see instructions)	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.
	City or town, state or province, and country. Include postal code where appropriate.

Birth Information	4 Date of birth (month / day / year) 06 / 09 / 1991	Country of birth INDIA	City and state or province (optional)	5 <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
--------------------------	---	---------------------------	---------------------------------------	--

Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax I.D. number (if any)	6c Type of U.S. visa (if any), number, and expiration date	
	6d Identification document(s) submitted (see instructions) <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other _____			Date of entry into the United States (MM/DD/YYYY): _____
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? <input checked="" type="checkbox"/> No/Don't know. Skip line 6f. <input type="checkbox"/> Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).			
	6f Enter ITIN and/or IRSN ▶ ITIN _____ IRSN _____ and name under which it was issued ▶		First name	Middle name

Sign Here
Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

Sign Here Keep a copy for your records.	Signature of applicant (if delegate, see instructions)	Date (month / day / year)	Phone number
	Name of delegate, if applicable (type or print)	Delegate's relationship to applicant	<input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of attorney

Acceptance Agent's Use ONLY	Signature	Date (month / day / year)	Phone	Fax
	Name and title (type or print)	Name of company	EIN	PTIN

Nebraska Individual Estimated Income Tax

2021

Payment Voucher

1 Amount of this payment (net of the calculated payment and any 2020 overpayment applied to 2021's estimated income tax installments)			1	323.
Name that will be Shown First on your Income Tax Return		Last Name		
SAI CHAITANYA		KODIDASU		
If a Joint Return, Spouse's First Name and Initial		Last Name		
SWATHI		KOGANTI		
Current Mailing Address (Number and Street or PO Box)				
3124 N 169TH ST				
City	State	Zip Code		
OMAHA	NE	68116		
<ul style="list-style-type: none"> File only if you are making a payment of estimated income tax by check or money order. Fiscal year taxpayers—see instructions. 				

1 This installment is due on or before
April 15, 2021.

Important: Social Security numbers must be entered below.	
First Social Security Number on your Income Tax Return	767-27-1616
Spouse's Social Security Number	APPLIED FOR

[Consider paying electronically.](#) Otherwise, mail this voucher and your check or money order to:
Nebraska Department of Revenue, PO Box 98911, Lincoln, NE 68509-8911.

8-014-2020

CG REV 04/08/21 PRO

Nebraska Individual Estimated Income Tax

2021

Payment Voucher

1 Amount of this payment (net of the calculated payment and any 2020 overpayment applied to 2021's estimated income tax installments)			1	323.
Name that will be Shown First on your Income Tax Return		Last Name		
SAI CHAITANYA		KODIDASU		
If a Joint Return, Spouse's First Name and Initial		Last Name		
SWATHI		KOGANTI		
Current Mailing Address (Number and Street or PO Box)				
3124 N 169TH ST				
City	State	Zip Code		
OMAHA	NE	68116		
<ul style="list-style-type: none"> File only if you are making a payment of estimated income tax by check or money order. Fiscal year taxpayers—see instructions. If your estimated tax needs to be amended, use the Amended Computation Schedule. 				

2 This installment is due on or before
June 15, 2021.

Important: Social Security numbers must be entered below.	
First Social Security Number on your Income Tax Return	767-27-1616
Spouse's Social Security Number	APPLIED FOR

[Consider paying electronically.](#) Otherwise, mail this voucher and your check or money order to:
Nebraska Department of Revenue, PO Box 98911, Lincoln, NE 68509-8911.

8-014-2020

CG REV 04/08/21 PRO

Nebraska Individual Estimated Income Tax

2021

Payment Voucher

1 Amount of this payment (net of the calculated payment and any 2020 overpayment applied to 2021's estimated income tax installments)			1	323.
Name that will be Shown First on your Income Tax Return		Last Name		
SAI CHAITANYA		KODIDASU		
If a Joint Return, Spouse's First Name and Initial		Last Name		
SWATHI		KOGANTI		
Current Mailing Address (Number and Street or PO Box)				
3124 N 169TH ST				
City	State	Zip Code		
OMAHA	NE	68116		
<ul style="list-style-type: none"> File only if you are making a payment of estimated income tax by check or money order. Fiscal year taxpayers—see instructions. If your estimated tax needs to be amended, use the Amended Computation Schedule. 				

3 This installment is due on or before
September 15, 2021.

Important: Social Security numbers must be entered below.	
First Social Security Number on your Income Tax Return	767-27-1616
Spouse's Social Security Number	APPLIED FOR

[Consider paying electronically.](#) Otherwise, mail this voucher and your check or money order to:
Nebraska Department of Revenue, PO Box 98911, Lincoln, NE 68509-8911.

8-014-2020

CG REV 04/08/21 PRO

Nebraska Individual Estimated Income Tax

Payment Voucher

1 Amount of this payment (net of the calculated payment and any 2020 overpayment applied to 2021's estimated income tax installments)	1	323.
---	---	------

Name that will be Shown First on your Income Tax Return SAI CHAITANYA	Last Name KODIDASU
--	-----------------------

If a Joint Return, Spouse's First Name and Initial SWATHI	Last Name KOGANTI
--	----------------------

Current Mailing Address (Number and Street or PO Box) 3124 N 169TH ST
--

City OMAHA	State NE	Zip Code 68116
---------------	-------------	-------------------

4 This installment is due on or before
January 15, 2022.

Important: Social Security numbers must be entered below.
First Social Security Number on your Income Tax Return 767-27-1616
Spouse's Social Security Number APPLIED FOR

- File only if you are making a payment of estimated income tax by check or money order.
- Fiscal year taxpayers—see instructions.
- If your estimated tax needs to be amended, use the Amended Computation Schedule.

[Consider paying electronically.](#) Otherwise, mail this voucher and your check or money order to:

Payments that are due on April 15, 2021 are postponed to May 17, 2021.

Nebraska Individual Income Tax Payment Voucher

PLEASE PRINT OR TYPE	Your First Name and Initial SAI CHAITANYA		Last Name KODIDASU		Please Do Not Write In This Space
	If a Joint Return, Spouse's First Name and Initial SWATHI		Last Name KOGANTI		
	Current Mailing Address (Number and Street or PO Box) 3124 N 169TH ST				
	City OMAHA		State NE	Zip Code 68116	Your Social Security Number 767-27-1616
	Daytime Phone Number ()		Amount Remitted 1,289.	00	Spouse's Social Security Number APPLIED FOR

The Department encourages you to use our safe and secure Nebraska e-pay system to make and manage your Nebraska income tax payments. Please visit revenue.nebraska.gov for additional information about e-pay.

The total amount of tax due must be **paid in full**.

If payment is not made on or before April 15, 2021, the tax due is subject to penalty and interest.

Mail this voucher and payment to: **Nebraska Department of Revenue, PO Box 98903, Lincoln, NE 68509-8903.**
revenue.nebraska.gov, 800-742-7474 (NE and IA), 402-471-5729

8-549-2020

Nebraska Individual Income Tax Return
for the taxable year January 1, 2020 through December 31, 2020 or other taxable year:
, 2020 through ,

Please Type or Print	Your First Name and Initial SAI CHAITANYA	Last Name KODIDASU	Please Do Not Write In This Space
	If a Joint Return, Spouse's First Name and Initial SWATHI	Last Name KOGANTI	
	Current Mailing Address (Number and Street or PO Box) 3124 N 169TH ST		
	City OMAHA	State NE	

Important: SSN(s) must be entered below.		High School District Code
Your Social Security Number 7 6 7 2 7 1 6 1 6	Spouse's Social Security Number A P P L I E D F O R	7 7 2 8 0 0 1

(1) Farmer/Rancher (2) Active Military (1) Deceased Taxpayer(s)
(first name & date of death): _____

1 Federal Filing Status:
 (1) Single (3) Married, filing separately – Spouse's SSN: _____ (4) Head of Household
 (2) Married, filing jointly and Full Name _____ (5) Widow(er) with dependent children

2a Check if YOU were: (1) 65 or older (2) Blind **2b** Check here if someone (such as your parent) can claim you or
 SPOUSE was: (3) 65 or older (4) Blind your spouse as a dependent: (1) You (2) Spouse

3 Type of Return:
 (1) Resident (2) Partial-year resident from _____, 2020 to _____, 2020 (attach Schedule III)
 (3) Nonresident (attach Schedule III)

4 Nebraska personal exemptions. (Enter 1 in each line of 4a or 4b that applies):

a Yourself. If someone can claim you as a dependent, leave blank. **4 a** 1

b Spouse. Married filing jointly returns, if someone can claim your spouse as a dependent leave blank. **4 b** 1


c

Dependents, if more than three, see instructions	Dependent's	
First Name	Social Security Number	
Last Name		

Total number of dependents listed **4 c** _____

Total Nebraska personal exemptions – add lines 4a, 4b, and 4c **4** 2

5 Federal adjusted gross income (AGI) (line 11, Federal Form 1040 or 1040-SR) Do not leave blank	5	130,514.	00
6 Nebraska standard deduction (if you checked any boxes on line 2a or 2b above, see instructions; otherwise, enter \$7,000 if single; \$14,000 if married, filing jointly or qualified widow[er]; \$7,000 if married, filing separately; or \$10,300 if head of household)	6	14,000.	00
7 Total itemized deductions (line 17, Federal Schedule A – see instructions)	7		00
8 State and local income taxes (line 5a, Schedule A, Federal Form 1040 or 1040-SR)	8	0.	00
9 Nebraska itemized deductions (line 7 minus line 8)	9	0.	00
10 Nebraska standard deduction or the Nebraska itemized deductions, whichever is greater (the larger of line 6 or line 9)	10	14,000.	00
11 Nebraska income before adjustments (line 5 minus line 10)	11	116,514.	00
12 Adjustments increasing federal AGI (line 9, from attached Nebraska Schedule I)	12		00
13 Adjustments decreasing federal AGI (line 29, from attached Nebraska Schedule I)	13		00
14 Nebraska Taxable Income (enter line 11 plus line 12 minus line 13). If less than -0-, enter -0-. Residents complete lines 15 and 16. Partial-year residents and nonresidents complete Nebr. Sch. III before continuing	14	116,514.	00
15 Nebraska income tax (Partial-year residents and nonresidents enter the result from line 9, Nebraska Schedule III. Paper filers may use the Nebraska Tax Table. All others must use Tax Calculation Schedule.)	15	6,147.	00
16 Nebraska other tax calculation: a Federal Tax on Lump-Sum Distributions (Federal Form 4972) 16 a \$ _____ b Federal tax on early distributions (lesser of Federal Form 5329 or line 6, Sch. 2, Federal Form 1040 or 1040-SR) 16 b \$ _____ c Total (add lines 16a and 16b) 16 c \$ _____ Residents multiply line 16c by 29.6% (x .296) and enter the result on line 16. Partial-year residents and nonresidents enter the result from line 10, Nebraska Schedule III	16		00
17 Total Nebraska tax before Nebraska personal exemption credit (add lines 15 and 16). Do not pay the amount on this line. Pay the amount from line 43.	17	6,147.	00

18	Nebr. personal exemption credit for residents only (\$140 times the number on line 4)	18	280.	00
19	Credit for tax paid to another state, line 6, Nebraska Schedule II (attach Nebraska Schedule II and a copy of the other state's return)	19		00
20	Credit for the elderly or disabled (attach copy of Federal Schedule R)	20		00
21	Community Development Assistance Act credit (attach Form CDN)	21		00
22	Form 3800N nonrefundable credit (attach Form 3800N)	22		00
23	Nebraska child/dependent care nonrefundable credit, only if line 5 is more than \$29,000 (attach a copy of Federal Form 2441 and see instructions)	23		00
24	Credit for financial institution tax (attach Form NFC)	24		00
25	Employer's credit for expenses incurred for TANF (ADC) recipients (see instr.)	25		00
26	School Readiness Tax Credit for providers (see instructions)	26		00
27	Designated extremely blighted area tax credit (attach Form 1040N-EB)	27		00
28	Total nonrefundable credits (add lines 18 through 27)	28	280.	00
29	Nebraska tax after nonrefundable credits. Subtract line 28 from line 17 (if line 28 is more than line 17, enter -0-). If the result is greater than your federal tax liability, see page 10 in the instructions. If entering federal tax, check box <input type="checkbox"/> and attach a copy of the federal return	29	5,867.	00
30	Total Nebraska income tax withheld (attach 2020 Forms, see instructions) a W-2 \$ <u>4,578.</u> b K-1N \$ _____ c W-2G, 1099-R, 1099-MISC, 1099-NEC or others \$ <u>0.</u>	30	4,578.	00
31	2020 estimated income tax payments (include any 2019 overpayment credited to 2020 and any payments submitted with an extension request)	31		00
32	Form 3800N refundable credit (attach Form 3800N)	32		00
33	Nebraska child/dependent care refundable credit, if line 5 is \$29,000 or less (attach a copy of Form 2441N)	33		00
34	Beginning Farmer credit from Form 1099 BFC (NDA NextGen)	34		00
35	Nebraska earned income credit. Enter number of qualifying children 97 <input type="text"/> Federal credit 98 \$ <input type="text"/> .00 x .10 (10%) (attach pages 1-2 of federal return)	35		00
36	Nebraska Property Tax Incentive Act Credit (attach Form PTC)	36		00
37	Credit for qualified Volunteer Emergency Responders (see instructions)	37		00
38	School Readiness Tax Credit for qualified staff members (see instructions)	38		00
39	Total refundable credits (add lines 30 through 38)	39	4,578.	00
40	Penalty for underpayment of estimated tax (see instructions). If you calculated a Form 2210N penalty of -0- or greater, or used the annualized income method, attach Form 2210N, and check this box 96 <input type="checkbox"/>	40		00
41	Total tax and penalty. Add lines 29 and 40	41	5,867.	00
42	Use tax due on taxable purchases where applicable sales tax was not collected. (see instructions) Enter purchases subject to state tax 91 \$ _____ State tax 92 \$ _____ (purchases x 5.5%); Enter purchases subject to local tax 93 \$ _____ Local tax 94 \$ _____ (purchases x local rate of _____%) 95 Local code _____ (see local rate schedule); Add state and local taxes and enter on line 42. If no use tax is due, enter -0- on line 42.	42	0.	00
43	Total amount due. If line 39 is less than total of lines 41 and 42, subtract line 39 from the total of lines 41 and 42. Pay this amount in full. For electronic or credit card payment, check here <input type="checkbox"/> and see instructions	43	1,289.	00
44	Overpayment. If line 39 is more than total of lines 41 and 42, subtract total of lines 41 and 42 from line 39	44		00
45	Amount of line 44 you want applied to your 2021 estimated tax	45		00
46	Wildlife Conservation Fund donation of \$1 or more 	46		00
47	Amount of line 44 you want refunded to you (line 44 minus lines 45 and 46) Your refund will generally be issued by July 15, if your paper return is filed by April 15 (see instructions)	47	0.	00

48a Routing Number 48b Type of Account 1 = Checking 2 = Savings

48c Account Number

48d Check this box if this refund will go to a bank account outside the United States.



Under penalties of perjury, I declare that, as taxpayer or preparer, I have examined this return and to the best of my knowledge and belief, it is true, correct, and complete.

sign here

Your Signature _____ Date _____

CHAITANYA . KODIDASU@GMAIL . COM

Email Address

Keep a copy of this return for your records.

Spouse's Signature (if filing jointly, both must sign) _____ Daytime Phone _____

paid preparer's use only

SYAM PRIYA RAM SAGAR GUPTA TALLAM 09/23/2021

P02082703

Preparer's Signature _____ Date _____

Preparer's PTIN

GLOBAL TAXES LLC 2530 Pebble Creek Ln Cumming GA 30041

30-1017196

(678)965-9522

Print Firm's Name (or yours if self-employed), Address and Zip Code

EIN

CG REV 04/08/21 PRO

Daytime Phone

Mail returns **requesting a refund** to: **Nebraska Department of Revenue, PO Box 98912, Lincoln, NE 68509-8912.**
Mail returns **not requesting a refund** to: **Nebraska Department of Revenue, PO Box 98934, Lincoln, NE 68509-8934.**