

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name DILEEP K PARVATHA REDDY	Social security number 790-01-5273
Spouse's name BHARGAVI IRUGU	Spouse's social security number 973-90-1819

Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	62,399.
2 Total tax	2	4,114.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	2,021.
4 Amount you want refunded to you	4	
5 Amount you owe	5	893.

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

1	5	2	7	3
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

0	1	8	1	9
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Filing Status [] Single [X] 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

Personal information section including names (DILEEP K, PARVATHA REDDY, BHARGAVI, IRUGU), social security numbers (790-01-5273, 973-90-1819), home address (212 DELMAR CT, WARSAW, IN 46582), and marital status options.

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

Table for Dependents with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, and Credit for other dependents.

Main tax calculation table with rows 1 through 15, including wages, tax-exempt interest, qualified dividends, IRA distributions, pensions, social security benefits, capital gain, other income, adjustments to income, and taxable income.

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

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	4,114.
17	Amount from Schedule 2, line 3		17	
18	Add lines 16 and 17		18	4,114.
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	4,114.
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	4,114.
25	Federal income tax withheld from:			
a	Form(s) W-2	25a	2,021.	
b	Form(s) 1099	25b		
c	Other forms (see instructions)	25c		
d	Add lines 25a through 25c	25d	2,021.	
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	1,200.	
31	Amount from Schedule 3, line 13	31		
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,200.	
33	Add lines 25d, 26, and 32. These are your total payments	33	3,221.	

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

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></tr></table>	X	X	X	X	X	X	X	X	X	X	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings							
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></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				
36	Amount of line 34 you want applied to your 2021 estimated tax	36																	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the amount you owe now	37	893.
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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		DATA WAREHOUSE SPECIALIST	
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.)
		HOUSE WIFE	
Phone no.	Email address		

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	03/19/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Phone no.			
GLOBAL TAXES LLC	(678) 965-9522			
Firm's address	Firm's EIN			
2530 Pebble Creek Ln Cumming GA 30041	30-1017196			

**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
DILEEP K PARVATHA REDDY & BHARGAVI IRUGU

Your social security number
790-01-5273

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	-5,400.
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	-5,400.

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	
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	

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

OMB No. 1545-0074

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

2020

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment
Sequence No. **13**

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

Your social security number

DILEEP K PARVATHA REDDY & BHARGAVI IRUGU

790-01-5273

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Yes No

B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)				
A	BROOKEFIELD KUNDALAHALLI BANGALORE IN 560037				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	3		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:		Properties:	A	B	C
3	Rents received	3	0.		
4	Royalties received	4			

Expenses:

5	Advertising	5			
6	Auto and travel (see instructions)	6			
7	Cleaning and maintenance	7	700.		
8	Commissions.	8			
9	Insurance	9			
10	Legal and other professional fees	10			
11	Management fees	11	800.		
12	Mortgage interest paid to banks, etc. (see instructions)	12			
13	Other interest.	13			
14	Repairs.	14	1,250.		
15	Supplies	15	1,350.		
16	Taxes	16			
17	Utilities.	17	1,300.		
18	Depreciation expense or depletion	18			
19	Other (list) ▶	19			
20	Total expenses. Add lines 5 through 19	20	5,400.		

21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198** **21** -5,400.

22 Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) **22** (-5,400.)

23a	Total of all amounts reported on line 3 for all rental properties	23a	0.	
b	Total of all amounts reported on line 4 for all royalty properties	23b		
c	Total of all amounts reported on line 12 for all properties	23c		
d	Total of all amounts reported on line 18 for all properties	23d		
e	Total of all amounts reported on line 20 for all properties	23e	5,400.	

24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses **24**

25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here **25** (5,400.)

26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 **26** -5,400.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from to:

Place "X" in box
if amending

Your Social Security Number 790 01 5273

Spouse's Social Security Number 973 90 1819

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name DILEEP K Initial Last name PARVATHA REDDY Suffix

If filing a joint return, spouse's first name BHARGAVI Initial Last name IRUGU Suffix

Present address (number and street or rural route) 212 DELMAR CT Place "X" in box if you are married filing separately.

City WARSAW State IN Zip/Postal code 46582

Foreign country 2-character code (see instructions)

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40) for the county where you lived and worked on January 1, 2020.

County where you lived 43 County where you worked 43 County where spouse lived 43 County where spouse worked 43

Round all entries

1. Enter your federal adjusted gross income from your federal income tax return, Form 1040 or Form 1040-SR, line 11 **Federal AGI** 1 62399.00
2. Enter amount from Schedule 1, line 7, and enclose Schedule 1 **Indiana Add-Backs** 2 250.00
3. Add line 1 and line 2 3 62649.00
4. Enter amount from Schedule 2, line 12, and enclose Schedule 2 **Indiana Deductions** 4 .00
5. Subtract line 4 from line 3 5 62649.00
6. You must complete Schedule 3. Enter amount from Schedule 3, line 6, and enclose Schedule 3 **Indiana Exemptions** 6 2000.00
7. Subtract line 6 from line 5 **Indiana Adjusted Gross Income** 7 60649.00
8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323) (if answer is less than zero, leave blank) 8 1959.00
9. County tax. Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank) 9 606.00
10. Other taxes. Enter amount from Schedule 4, line 4 (enclose sch.) 10 .00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back **Indiana Taxes** 11 2565.00



12. Enter credits from Schedule 5, line 10 (enclose schedule) .00

13. Enter offset credits from Schedule 6, line 8 (enclose schedule) .00

14. Add lines 12 and 13 _____ **Indiana Credits** .00

15. Enter amount from line 11 _____ **Indiana Taxes** .00

16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23) .00

17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16 .00

18. Subtract line 17 from line 16 _____ **Overpayment** .00

19. Amount from line 18 to be applied to your 2021 estimated tax account (see instructions).
 Enter your county code county tax to be applied _ \$.00
 Spouse's county code county tax to be applied _ \$.00
 Indiana adjusted gross income tax to be applied _____ \$.00
 Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) _____ .00

20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A _____ .00

21. **Refund:** Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 ___ **Your Refund** .00

22. **Direct Deposit** (see instructions)
 a. Routing Number
 b. Account Number
 c. Type: Checking Savings Hoosier Works MC
 d. Place an "X" in the box if refund will go to an account outside the United States

23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) _____ .00

24. Penalty if filed after due date (see instructions) _____ .00

25. Interest if filed after due date (see instructions) _____ .00

26. **Amount Due:** Add lines 23, 24 and 25 _____ **Amount You Owe** .00
 Do not send cash. Please make your check or money order payable to:
 Indiana Department of Revenue. Credit card payers must see instructions.

Sign and date this return after reading the Authorization statement on Schedule 7. You must enclose Schedule 7.

 Your Signature Date Spouse's Signature Date

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.



Name(s) shown on Form IT-40

Your Social Security Number

DILEEP K PARVATHA REDDY & BHARGAVI IRUGU

790 01 5273

Round all entries

1. Tax add back: certain taxes deducted from federal Schedules C, C-EZ, E and/or F _____	1		.00
2. Net operating loss carryforward from federal Form 1040, "Other income" line _____	2		.00
3. OOS municipal obligation interest add-back _____	3		.00
4. Bonus depreciation add-back _____	4		.00
5. Section 179 expense excess add-back _____	5		.00
6. Other Add-Backs: See instructions.			
a. Enter add-back name <u>CURRENT YEAR CONFORMITY</u>	code no. <u>120</u>	6a <u>250</u>	.00
b. Enter add-back name _____	code no. _____	6b _____	.00
c. Enter add-back name _____	code no. _____	6c _____	.00
d. Enter add-back name _____	code no. _____	6d _____	.00
e. Enter add-back name _____	code no. _____	6e _____	.00
f. Enter add-back name _____	code no. _____	6f _____	.00
g. Enter add-back name _____	code no. _____	6g _____	.00
h. Enter add-back name _____	code no. _____	6h _____	.00
i. Enter add-back name _____	code no. _____	6i _____	.00
j. Enter add-back name _____	code no. _____	6j _____	.00
k. Enter add-back name _____	code no. _____	6k _____	.00
l. Enter add-back name _____	code no. _____	6l _____	.00
m. Enter add-back name _____	code no. _____	6m _____	.00
n. Enter add-back name _____	code no. _____	6n _____	.00
o. Enter add-back name _____	code no. _____	6o _____	.00
7. Add lines 1 through 6 Enter total here and on Form IT-40, line 2	Total Indiana Add-Backs	7 <u>250</u>	.00



22820111030

Name(s) shown on Form IT-40

DILEEP K PARVATHA REDDY & BHARGAVI IRUGU

Your Social Security Number

790 01 5273

Complete and enclose Schedule IN-DEP: Dependent Information and Additional
Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below.

Round all entries

1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000

1 2000 .00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 6 x \$1000
You **MUST** enclose Schedule IN-DEP.

2 .00

3. You may claim an additional exemption for each qualifying dependent child:

- who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom you are a legal guardian,
- who was under the age of 19 by Dec. 31, 2020,
- or a full-time student who was under the age of 24 by Dec. 31, 2020, and
- who you are eligible to claim as a dependent on line 2 above.

Enter the number of additional dependents listed on Schedule IN-DEP, Box 7.

x \$1500

3 .00

4. Place "X" in box(es) below if, by December 31, 2020

You were age 65 or older and/or blind

Spouse was 65 or older and/or blind

Total number of boxes with Xs x \$1000

4 .00

5. If age 65 or older, enter amount from Form IT-40, line 1.

If this amount is less than \$40,000, place "X" in box(es) below if:

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs x \$500

5 .00

6. Add lines 1, 2, 3, 4 and 5. Enter here and on Form IT-40, line 6 **Total Exemptions**

6 2000 .00



23020111030

Name(s) shown on Form IT-40

Your Social Security Number

DILEEP K PARVATHA REDDY & BHARGAVI IRUGU

790 01 5273

Round all entries

1. Indiana state tax withheld: enclose W-2s, 1099s showing state tax withholding amounts _____	1	2195	.00
2. Indiana county tax withheld: enclose W-2s, 1099s showing county tax withholding amounts _____	2	680	.00
3. Estimated tax paid for 2020: include any extension payment made with Form IT-9 _____	3		.00
4. Unified tax credit for the elderly _____	4		.00
5. Earned income credit: enclose Schedule IN-EIC and enter amount from line A-3 _____	5		.00
6. Lake County residential income tax credit _____	6		.00
7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____	7		.00
8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) _____	8		.00
9. Headquarters relocation credit (refundable portion - see instructions) _____	9		.00
10. Add lines 1 through 9. Enter total here and on Form IT-40, line 12 _____ Total Credits	10	2875	.00

Schedule IN-DONATE

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

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

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



23120111030

Name(s) shown on Form IT-40

Your Social Security Number

DILEEP K PARVATHA REDDY & BHARGAVI IRUGU

790 01 5273

1. Federal filing information

Are you filing a federal income tax return for 2020? Place "X" in appropriate box. Yes No

2. Out-of-state income Complete if you and/or your spouse (if filing a joint return) received any salary, wage, tip and/or commission income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or Wisconsin. Enter two-digit code number from the back of Schedule CT-40 for state where you and/or your spouse worked.

State where you worked Your income \$. State where spouse worked Spouse's income \$.

3. Extension of time to file

- a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.
- b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

4. Farm / Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.
Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

5. MFJ filers. If you are eligible for a refund and you do not want it applied to an existing state income tax liability of your spouse, or to another debt of your spouse to which the state tax refund may be applied, place an "X" in the box and see instructions.

6. Date of death

If any individual listed at the top of the IT-40 died during 2020, enter date of death (MM/DD).

Taxpayer's date of death 2020 Spouse's date of death 2020

Authorization Sign Form IT-40 after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

7. Your daytime

telephone number 5745494823

Your

email address PRDILEEP1@GMAIL.COM

I authorize the Department to discuss my return with my personal representative.

Yes No If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State Zip Code

Paid Preparer: Firm's Name (or yours if self-employed)

GLOBAL TAXES LLC

IN-OPT on file with paid preparer if not filing electronically

PTIN P02082703

Address 2530 PEBBLE CREEK LN

City CUMMING

State GA Zip Code 30041

Preparer's signature SYAM PRIYA RAM SAGAR GUPTA



Name(s) shown on Form IT-40

Your Social Security Number

DILEEP K PARVATHA REDDY & BHARGAVI IRUGU

790 01 5273

1. Enter the amount from IT-40, line 7. Note: If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40, line 7 on line 1A (do not complete Column B). See instructions _____

Column A - Yourself		Column B - Spouse's	
1A	60649.00	1B	.00

2. Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2020 _____

2A	.0100000	2B	.
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3. Multiply line 1 by the rate on line 2 (leave blank if less than zero) _____

3A	606.00	3B	.00
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4. Add lines 3A and 3B. Enter the total here. **Note: Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 5 and 6.** Otherwise, enter the total here and on line 7 below (see instructions) _____

4	606.00
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5. Enter the amount of income that was taxed by certain Kentucky localities (see instructions) _____

5	.00
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6. Multiply line 5 by .0181 and enter total here _____

6	.00
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7. Enter total of line 4 minus line 6. Enter this amount on line 9 of Form IT-40 _____

7	606.00
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