

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 SRAVYA VENKATA SAI	Last name BADHIRAJU	Your social security number 723-78-0962
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. 340 WOODALE DRIVE		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. MONROE		State LA
Foreign country name		ZIP code 71203
Foreign province/state/county		Foreign postal code

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

Attach Sch. B if required. 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.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	75,559.
	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"/>	7	
	8	Other income from Schedule 1, line 9	8	-5,860.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	69,699.
	10 Adjustments to income:			
	a	From Schedule 1, line 22	10a	
	b	Charitable contributions if you take the standard deduction. See instructions	10b	300.
	c	Add lines 10a and 10b. These are your total adjustments to income ▶	10c	300.
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶	11	69,399.
	12	Standard deduction or itemized deductions (from Schedule A)	12	12,400.
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13		
14	Add lines 12 and 13	14	12,400.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	56,999.	

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	8,325.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	8,325.
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	8,325.
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	8,325.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	8,420.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	8,420.
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	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	8,420.

• 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	95.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	95.
b	Routing number 081000032 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 355008503500		
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	
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 COMPUTER PROGRAMMER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
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.) <input type="text"/>
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 04/02/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name <input type="checkbox"/> GLOBAL TAXES LLC	Firm's address <input type="checkbox"/> 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
				Firm's EIN <input type="checkbox"/> 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
SRAVYA VENKATA SAI BADHIRAJU

Your social security number
723-78-0962

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	-5,860.
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	-5,860.

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

Your social security number

SRAVYA VENKATA SAI BADHIRAJU

723-78-0962

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	SRT 488, 1ST FLOOR SANATHNAGAR HYDERABAD, TELANGANA IN 500018					
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"/>

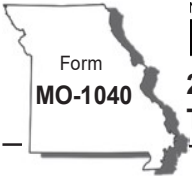
Type of Property:

- 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	580.		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	1,000.		
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11	1,100.		
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14	1,400.		
15 Supplies	15	1,340.		
16 Taxes	16			
17 Utilities	17	1,600.		
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	6,440.		
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	-5,860.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-5,860.)	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a		580.	
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		6,440.	
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	(5,860.)		
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	-5,860.		

For Paperwork Reduction Act Notice, see the separate instructions.

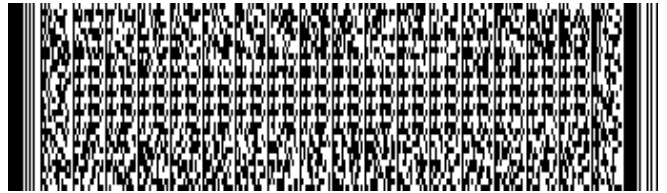
Schedule E (Form 1040) 2020



MISSOURI DEPARTMENT OF
REVENUE
2020 Individual Income
Tax Return - Long Form

For Calendar Year January 1 - December 31, 2020

Print in BLACK ink only and DO NOT STAPLE.



Amended Return Composite Return
(For use by S corporations or Partnerships)

Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY)			Fiscal Year Ending (MM/DD/YY)			Vendor Code	Department Use Only		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1555	<input type="text"/>	<input type="text"/>	<input type="text"/>

Filing Status

Single Claimed as a Dependent Married Filing Combined Married Filing Separately Head of Household Qualifying Widow(er)

Age 62 through 64	Age 65 or Older	Blind	100% Disabled	Non-Obligated Spouse
Yourself <input type="checkbox"/> Spouse <input type="checkbox"/>	Yourself <input type="checkbox"/> Spouse <input type="checkbox"/>	Yourself <input type="checkbox"/> Spouse <input type="checkbox"/>	Yourself <input type="checkbox"/> Spouse <input type="checkbox"/>	Yourself <input type="checkbox"/> Spouse <input type="checkbox"/>

Name

Social Security Number: 723 - 78 - 0962

Deceased in 2020: Spouse's Social Security Number: - - Deceased in 2020:

First Name: SRAVYA VENKATA SAI M.I.: Last Name: BADHIRAJU Suffix:

Spouse's First Name: M.I.: Spouse's Last Name: Suffix:

In Care Of Name (Attorney, Executor, Personal Representative, etc.):

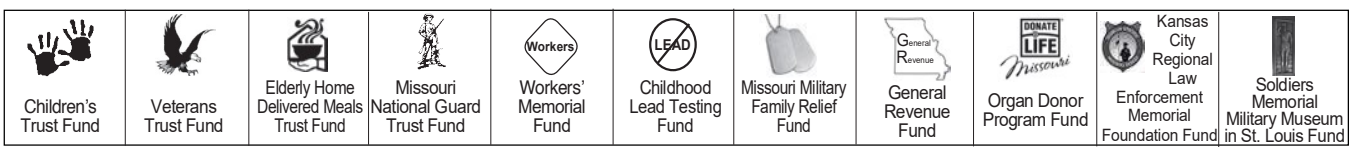
Address

Present Address (Include Apartment Number or Rural Route): 340 WOODALE DRIVE

City, Town, or Post Office: MONROE State: LA ZIP Code: 71203 -

County of Residence: NONR

You may contribute to any one or all of the trust funds on Line 47. See pages 11-12 of the instructions for more trust fund information.



Income

	Yourself (Y)	Spouse (S)
1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y 69399 .00	1S .00
2. Total additions (from Form MO-A , Part 1, Line 7)	2Y .00	2S .00
3. Total income - Add Lines 1 and 2	3Y 69399 .00	3S .00
4. Total subtractions (from Form MO-A, Part 1, Line 18)	4Y .00	4S .00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3	5Y 69399 .00	5S .00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6 69399 .00	
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y 100 %	7S .00 %

Exemptions and Deductions

8. Pension, Social Security, Social Security Disability, and Military exemption (from Form MO-A, Part 3, Section E)	8 .00
9. Tax from federal return	9 8325 .00
10. Other tax from federal return	10 .00
11. Total tax from federal return. Do not enter federal income tax withheld.	11 8325 .00
12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage	12 15.00 %

Missouri Adjusted Gross Income Range, Line 6: Federal Tax Percentage:

\$25,000 or less	35%
\$25,001 to \$50,000	25%
\$50,001 to \$100,000	15%
\$100,001 to \$125,000	5%
\$125,001 or more	0%

13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers.	13 1249 .00
14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$12,400 • Head of Household-\$18,650 • Married Filing Combined or Qualifying Widow(er)-\$24,800 Note: If age 65 or older, blind, or claimed as a dependent, see page 6.	14 12400 .00
15. Long-term care insurance deduction	15 .00
16. Health care sharing ministry deduction	16 .00
17. Active Duty Military income deduction	17 .00
18. Inactive Duty Military income deduction	18 .00
19. Bring jobs home deduction	19 .00
20. Transportation facilities deduction	20 .00

A. Port Cargo Expansion B. International Trade Facility C. Qualified Trade Activities



Deductions Continued

21. First Time Home Buyers deduction.	A. <input style="width: 80px;" type="text"/>	B. <input style="width: 80px;" type="text"/>	21	<input style="width: 80px;" type="text"/>	.00
22. Total deductions - Add Lines 8 and 13 through 21			22	13649	.00
23. Subtotal - Subtract Line 22 from Line 6			23	55750	.00
24. Multiply Line 23 by appropriate percentages (%) on Lines 7Y and 7S			24Y	55750	.00
			24S	<input style="width: 80px;" type="text"/>	.00
25. Enterprise zone or rural empowerment zone income modification			25Y	<input style="width: 80px;" type="text"/>	.00
			25S	<input style="width: 80px;" type="text"/>	.00

Tax

26. Taxable income - Subtract Line 25 from Line 24			26Y	55750	.00
			26S	<input style="width: 80px;" type="text"/>	.00
27. Tax (see tax chart on page 22 of the instructions)			27Y	2826	.00
			27S	<input style="width: 80px;" type="text"/>	.00
28. Resident credit - Attach Form MO-CR and other states' income tax return(s)			28Y	<input style="width: 80px;" type="text"/>	.00
			28S	<input style="width: 80px;" type="text"/>	.00
29. Missouri income percentage - Enter 100% unless you are completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100%			29Y	100 %	.00
			29S	<input style="width: 80px;" type="text"/> %	.00
30. Balance - Subtract Line 28 from Line 27; OR multiply Line 27 by percentage on Line 29			30Y	2826	.00
			30S	<input style="width: 80px;" type="text"/>	.00
31. Other taxes - Select box and attach federal form indicated.					
<input type="checkbox"/> Lump sum distribution (Form 4972)					
<input type="checkbox"/> Recapture of low income housing credit (Form 8611)					
			31Y	<input style="width: 80px;" type="text"/>	.00
			31S	<input style="width: 80px;" type="text"/>	.00
32. Subtotal - Add Lines 30 and 31			32Y	2826	.00
			32S	<input style="width: 80px;" type="text"/>	.00
33. Total Tax - Add Lines 32Y and 32S			33	2826	.00

Payments and Credits

34. MISSOURI tax withheld - Attach Forms W-2 and 1099			34	3189	.00
35. 2020 Missouri estimated tax payments - Include overpayment from 2019 applied to 2020			35	<input style="width: 80px;" type="text"/>	.00
36. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP			36	<input style="width: 80px;" type="text"/>	.00
37. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT			37	<input style="width: 80px;" type="text"/>	.00
38. Amount paid with Missouri extension of time to file (Form MO-60)			38	<input style="width: 80px;" type="text"/>	.00
39. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC			39	<input style="width: 80px;" type="text"/>	.00
40. Property tax credit - Attach Form MO-PTS			40	<input style="width: 80px;" type="text"/>	.00
41. Total payments and credits - Add Lines 34 through 40			41	3189	.00



Skip Lines 42 through 44 if you are not filing an amended return.

42. Amount paid on original return 42 . 00
43. Overpayment as shown (or adjusted) on original return 43 . 00

Indicate Reason for Amending

- A. Federal audit Enter date of IRS report (MM/DD/YY)
B. Net Operating Loss carryback Enter year of loss (YY)
C. Investment tax credit carryback Enter year of credit (YY)
D. Correction other than A, B, or C Enter date of federal amended return, if filed. (MM/DD/YY)

44. Amended return total payments and credits - Add Lines 41 and 42; subtract from Line 43. Enter on Line 44. 44 . 00

45. If Line 41, or if amended return, Line 44, is larger than Line 33, enter the difference. Amount of OVERPAYMENT 45 363 . 00

46. Amount of Line 45 to be applied to your 2021 estimated tax 46 . 00

47. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

- 47a. Children's Trust Fund . 00
47b. Veterans Trust Fund . 00
47c. Elderly Home Delivered Meals Trust Fund . 00
47d. Missouri National Guard Trust Fund . 00
47e. Workers' Memorial Fund . 00
47f. Childhood Lead Testing Fund . 00
47g. Missouri Military Family Relief Fund . 00
47h. General Revenue Fund . 00
47i. Organ Donor Program Fund . 00
47j. Kansas City Regional Law Enforcement Memorial Foundation Fund . 00
47k. Soldiers Memorial Military Museum in St. Louis Fund . 00
47l. Additional Fund Code . Additional Fund Amount . 00
47m. Additional Fund Code . Additional Fund Amount . 00

Total Donation - Add amounts from Boxes 47a through 47m and enter here 47 . 00

48. Amount of Line 45 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from Form 5632. 48 . 00

49. REFUND - Subtract Lines 46, 47, and 48 from Line 45 and enter here 49 363 . 00

a. Routing Number 081000032 c. [X] Checking [] Savings
b. Account Number 355008503500



Amount Due

50. If Line 33 is larger than Line 41 or Line 44, enter the difference. Amount of UNDERPAYMENT 50 . 00

51. Underpayment of estimated tax penalty - Attach Form MO-2210. Enter penalty amount here . . . 51 . 00

Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

52. AMOUNT DUE - Add Lines 50 and 51. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically 52 . 00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under Section 143.561, RSMo. Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in Chapter 143, RSMo., a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

Signature

Signature Date (MM/DD/YY) [Signature Box] [Date Box] [Date Box] [Date Box]

Spouse's Signature (If filing combined, BOTH must sign) Date (MM/DD/YY) [Signature Box] [Date Box] [Date Box] [Date Box]

E-mail Address Daytime Telephone SYAM@GTAXFILE.COM 3145852946

Preparer's Signature Date (MM/DD/YY) SYAM PRIYA RAM SAGAR GUPTA TALLAM 04 02 21

Preparer's FEIN, SSN, or PTIN Preparer's Telephone 30-1017196 6789659522

Preparer's Address State ZIP Code 2530 PEBBLE CREEK LN CUMMING GA 30041

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm Yes No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. Yes No

Department Use Only

A FA E10 DE F [] . []

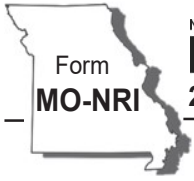
(Revised 12-2020)

Mail To: Balance Due: Missouri Department of Revenue P.O. Box 329 Jefferson City, MO 65105-0329

Refund or No Amount Due: Missouri Department of Revenue P.O. Box 500 Jefferson City, MO 65105-0500

Phone (Balance Due): (573) 751-7200 Phone (Refund or No Amount Due): (573) 751-3505 Fax: (573) 522-1762 E-mail: income@dor.mo.gov





Resident/Nonresident Status - Select your status in the appropriate box below.

Social Security Number

723 - 78 - 0962

Name

BADHIRAJU, SRAVYA VENKATA SAI

Address

340 WOODALE DRIVE

City, State, ZIP Code

MONROE LA 71203

1. Nonresident of Missouri
State of residence during 2020 LOUISIANA

Remote Work (See instructions on Form MO-NRI, page 3)

2. Part-Year Missouri Resident

Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2020.

A. Date From: _____ Date To: _____

B. Indicate the other state of residence and dates you resided there _____

Date From: _____ Date To: _____

Spouse's Social Security Number

_____ - _____ - _____

Spouse's Name

Address

City, State, ZIP Code

1. Nonresident of Missouri
State of residence during 2020 _____

Remote Work (See instructions on Form MO-NRI, page 3)

2. Part-Year Missouri Resident

Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2020.

A. Date From: _____ Date To: _____

B. Indicate the other state of residence and dates you resided there _____

Date From: _____ Date To: _____

Part A

Based on the **Military Spouse's Residency Relief Act**, if you are the spouse of a military servicemember residing outside of Missouri solely because your spouse is there on military orders, and Missouri is your state of residence, any income you earn is taxable to Missouri. **Do not complete Form MO-NRI.** You must report 100% on Line 29 of Form MO-1040.

3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

Missouri Home of Record
I did not at any time during the tax year 2020 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.

Non-Missouri Home of Record
I resided in Missouri during 2020 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.

3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

Missouri Home of Record
I did not at any time during the tax year 2020 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.

Non-Missouri Home of Record
I resided in Missouri during 2020 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.

Worksheet for Missouri Source Income

Part B

Adjusted Gross Income Computations	Federal Form 1040 or Federal Form 1040-SR Line No.	Yourself or One Income Filer		Spouse (On A Combined Return)	
		Missouri Sources		Missouri Sources	
A. Wages, salaries, tips, etc.	1	A	75559 .00	A	.00
B. Taxable interest income.	2b	B	.00	B	.00
C. Dividend income.	3b	C	.00	C	.00
D. State and local income tax refunds (from schedule 1, part 1)	1	D	.00	D	.00
E. Alimony received (from schedule 1, part 1)	2a	E	.00	E	.00
F. Business income or (loss) (from schedule 1, part 1)	3	F	.00	F	.00
G. Capital gain or (loss)	7	G	.00	G	.00
H. Other gains or (losses) (from schedule 1, part 1)	4	H	.00	H	.00
I. Taxable IRA distributions.	4b	I	.00	I	.00
J. Taxable pensions and annuities.	5b	J	.00	J	.00
K. Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1)	5	K	0 .00	K	.00
L. Farm income or (loss) (from schedule 1, part 1)	6	L	.00	L	.00
M. Unemployment compensation (from schedule 1, part 1)	7	M	.00	M	.00
N. Taxable social security benefits.	6b	N	.00	N	.00
O. Other income (from schedule 1, part 1)	8	O	.00	O	.00
P. Total - Add Lines A through O.		P	75559 .00	P	.00
Q. Less: federal adjustments to income.	10c	Q	.00	Q	.00
R. SUBTOTAL (Line P - Line Q) If no modifications to income, enter this amount on Part C, Line 1.	11	R	75559 .00	R	.00
S. Missouri modifications - additions to federal adjusted gross income (Missouri source from Form MO-1040, Line 2)		S	.00	S	.00
T. Missouri modifications - subtractions from federal adjusted gross income (Missouri source from Form MO-1040, Line 4)		T	.00	T	.00
U. MISSOURI INCOME (Missouri sources) Line R plus Line S, less Line T. Enter this amount on Part C, Line 1.		U	.00	U	.00

Missouri Income Percentage

Part C

	Yourself or One Income Filer		Spouse (On A Combined Return)	
1. Missouri Income - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600)	1Y	75559 .00	1S	.00
2. Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y and 5S or from your federal form if you are a military nonresident and you are not required to file a Missouri return)	2Y	69399 .00	2S	.00
3. Missouri Income Percentage - Divide Line 1 by Line 2. If greater than 100%, enter 100%. (Round to a whole percent such as 91% instead of 90.5% and 90% instead of 90.4%. However, if percentage is less than 0.5%, use the exact percentage.) Enter percentage here and on Form MO-1040, Lines 29Y and 29S.	3Y	100 %	3S	%

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and believe it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.

Signature

Signature	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>
Spouse's Signature (if filing combined, BOTH must sign)	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>

LOUISIANA

DEPARTMENT of REVENUE

Your first name and initial SRAVYA VENKATA SAI BADHIRAJU	Last name	Your Social Security Number 1 7 2 3 7 8 0 9 6 2	2020
Spouse's first name and initial	Last name	Spouse's Social Security Number 2	
Present home address (number and street including apartment number or rural route) 340 WOODALE DRIVE		Daytime Telephone Number 3 1 4 5 8 5 2 9 4 6	
City, town, or post office MONROE		State ZIP LA 71203	

Part A Tax Return Information

Balance Due , , 4 5 6 . Refund Due , , .

Part B Direct Deposit of Refund (Optional) or Direct Debit (Optional)

Routing Number The first 2 digits of the routing number must be 01 through 12 or 21 through 32.

Direct Debit Payment

 , , .

Account Number

Withdrawal Date

MM DD YYYY

Type of Account: Checking Savings
(Check one.)

Full Payment Partial Payment
 Payment made/will be made by credit card.

PART C Declaration of Taxpayer

REV 03/17/21 PRO

- I consent that my refund be directly deposited as designated in Part B, and declare that the information shown in Part B is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- I do not want direct deposit of my refund, am a first-time filer with Louisiana, or am not receiving a refund. I understand that by not having my refund direct deposited I will receive my refund by paper check.
- I authorize the Louisiana Department of Revenue and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in Part B for payment of my state taxes owed on this return. I also authorize the financial institutions involved in processing the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I understand that if I have filed a balance due return and if the Louisiana Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

I declare that I have examined my state income tax return prepared for electronic transmission to the State of Louisiana and, to the best of my knowledge and belief, it is true and complete.

Please sign here. _____
Your signature Date Spouse's signature (if joint return) Date

Part D Declaration and Signature of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that the entries on the return are complete and correctly represented to the best of my knowledge based on the information submitted/furnished by the taxpayer. I also declare that I have complied with all of the requirements of the Louisiana Department of Revenue and in the Louisiana Handbook for Electronic Filers.

Please sign here. _____
Preparer's signature Social Security Number or ID Number Date Telephone

Mark box if also ERO. _____
Electronic Return Originator's signature Social Security Number or ID Number Date Telephone

This form is to be maintained by ERO.

IMPORTANT NOTICE

Taxpayers who file electronically and owe additional Louisiana individual income tax for 2020 must complete the payment voucher at the bottom of this form, detach the voucher, and mail it by **May 15, 2021**, in order to avoid the assessment of penalties and interest. The top portion of this form should also be completed and retained by the taxpayer as a record of payment.

- **DO NOT SEND CASH.** You can make payments electronically at www.revenue.louisiana.gov/latap
- Complete and retain this portion as a record of payment
- Complete the voucher below. If you have a foreign address, enter the city name in the appropriate space. Follow the country's practice for entering the postal code and the name of the province, county, or state. Enter the foreign country name in the appropriate space. Don't abbreviate the country name.

Your Name SRAVYA VENKATA SAI BADHIRAJU		
If Joint Return, Spouse's Name		
Address 340 WOODALE DRIVE		
City MONROE	State LA	ZIP 71203

Enter in order as listed on tax return

Your Social Security Number 723-78-0962
Spouse's Social Security Number

Amount of Payment 456
Check Number
Date Sent

Detach and submit the voucher below with your payment by May 15, 2021.

Your Name SRAVYA VENKATA SAI BADHIRAJU		
If Joint Return, Spouse's Name		
Address 340 WOODALE DRIVE	Unit Type and Number	
City MONROE	State LA	ZIP 71203
Foreign Nation, if not United States (do not abbreviate)		

Amount of payment (DO NOT SEND CASH)

\$ 456

Please include the last four digits of your Social Security Number on your payment

Enter in order as listed on tax return

Your Social Security Number 723-78-0962
Spouse's Social Security Number

Make payment to:
Louisiana Department of Revenue
P.O. Box 3550
Baton Rouge, LA 70821-3550



Mail date

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1903

For office use only

19034 7237809624 600 12312020 00000000 0000000000 00000456004 7

Name Change

2020 LOUISIANA RESIDENT - 2D

Decedent Filing

SRAVYA VENKATA SAI BADHIRAJU

Your SSN 723780962

Spouse Decedent

Spouse's SSN

Address Change

340 WOODALE DRIVE

Amended Return

MONROE

LA 71203

Telephone 3145852946

NOL Carryback

08191993
Your Date of Birth

Spouse's Date of Birth

FILING STATUS: Enter the appropriate number in the filing status box. It must agree with your federal return.

- Enter a "1" in box if **single**.
- Enter a "2" in box if **married filing jointly**.
- Enter a "3" in box if **married filing separately**.
- Enter a "4" in box if **head of household**.
If the qualifying person is not your dependent, enter name here. _____
- Enter a "5" in box if **qualifying widow(er)**.
If the qualifying person is not your dependent, enter name here. _____

6 EXEMPTIONS:

6A	<input checked="" type="checkbox"/>	Yourself	65 or older	Blind	Qualifying Widow(er)	Total of 6A & 6B	1
6B	<input type="checkbox"/>	Spouse	65 or older	Blind			

6C DEPENDENTS – Enter dependent information below. If you have more than 6 dependents, attach a statement to your return with the required information. Enter the number of dependents claimed on your Federal Form 1040 or 1040-SR here.

6C 0

First Name	Last Name	Social Security Number	Relationship to you	Birth Date (mm/dd/yyyy)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IMPORTANT!

All four (4) pages of this return **MUST** be mailed in together along with your W-2s and completed schedules. Please paperclip. **Do not staple.**

6D TOTAL EXEMPTIONS – Total of 6A, 6B, and 6C **6D** 1



FOR OFFICE USE ONLY

<input type="checkbox"/>	Field Flag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

If you are not required to file a federal return, indicate wages here.

Mark this box and enter zero "0" on Lines 2.

7	FEDERAL ADJUSTED GROSS INCOME – If your Federal Adjusted Gross Income is less than zero, enter "0".	X	From Louisiana Schedule E, attached	7	69399
8A	FEDERAL ITEMIZED DEDUCTIONS			8A	0
8B	FEDERAL STANDARD DEDUCTION			8B	0
8C	EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 8B from Line 8A.			8C	0
9	FEDERAL INCOME TAX – If your federal income tax has been decreased by a federal disaster credit allowed by the IRS, see Schedule H.			9	8325
10	YOUR LOUISIANA TAX TABLE INCOME – Subtract Lines 8C and 9 from Line 7. If less than zero, enter "0". Use this figure to find your tax in the tax tables.			10	61074
11	YOUR LOUISIANA INCOME TAX—Enter the amount from the tax table that corresponds with your filing status.			11	2317
12	NONREFUNDABLE PRIORITY 1 CREDITS – From Schedule C, Line 6			12	1861
13	TAX LIABILITY AFTER NONREFUNDABLE PRIORITY 1 CREDITS – Subtract Line 12 from Line 11. If the result is less than zero, or you are not required to file a federal return, enter zero "0".			13	456
14	2020 LOUISIANA REFUNDABLE CHILD CARE CREDIT – Your federal Adjusted Gross Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. See the instructions and the Refundable Child Care Credit Worksheet.			14	0
14A	Enter the qualified expense amount from the Refundable Child Care Credit Worksheet, Line 3.			14A	0
14B	Enter the amount from the Refundable Child Care Credit Worksheet, Line 6.			14B	0
15	2020 LOUISIANA REFUNDABLE SCHOOL READINESS CREDIT – Your federal Adjusted Gross Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. See the instructions the Refundable School Readiness Credit Worksheet.			15	0
	5 0 4 0 3 0 2 0				
16	EARNED INCOME CREDIT – See Louisiana Earned Income Credit (LA EIC) worksheet, Line 3.			16	0
17	OTHER REFUNDABLE PRIORITY 2 CREDITS – From Schedule F, Line 9			17	0
18	TOTAL REFUNDABLE PRIORITY 2 CREDITS – Add lines 14, and 15 through 17. Do not include amounts on Lines 14A and 14B.			18	0
19	TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS			19	456
20	OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS			20	0
21	NONREFUNDABLE PRIORITY 3 CREDITS – From Schedule J, Line 16			21	0



22	ADJUSTED LOUISIANA INCOME TAX- Subtract Line 21 from Line 19.	22	456
23	CONSUMER USE TAX – You must mark one of these boxes. <input checked="" type="checkbox"/> No use tax due.	23	0
	Amount from the Consumer Use Tax Worksheet.		
24	TOTAL INCOME TAX AND CONSUMER USE TAX – Add Lines 22 and 23.	24	456
25	OVERPAYMENT OF REFUNDABLE PRIORITY 2 CREDITS – Enter the amount from Line 20.	25	0
26	REFUNDABLE PRIORITY 4 CREDITS – From Schedule I, Line 6	26	0

PAYMENTS

27	AMOUNT OF LOUISIANA TAX WITHHELD FOR 2020 – Attach Forms W-2 and 1099.	27	0
28	AMOUNT OF CREDIT CARRIED FORWARD FROM 2019	28	0
29	AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2020	29	0
30	AMOUNT PAID WITH EXTENSION REQUEST	30	0
31	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 25 through 30	31	0
32	OVERPAYMENT – If Line 31 is greater than Line 24, subtract Line 24 from Line 31. Your overpayment may be reduced by the Underpayment of Estimated Tax Penalty. Otherwise, go to Line 39.	32	0
33	UNDERPAYMENT PENALTY – See the instructions for Underpayment Penalty and Form R-210R. If you are a farmer, check the box.	33	0
34	ADJUSTED OVERPAYMENT – If Line 32 is greater than Line 33, subtract Line 33 from Line 32, and enter on Line 34. If Line 33 is greater than Line 32, subtract Line 32 from Line 33, and enter the balance on Line 39.	34	0
35	TOTAL DONATIONS – From Schedule D, Line 19	35	0

REFUND DUE

36	SUBTOTAL – Subtract Line 35 from Line 34. This amount of overpayment is available for credit or refund.	36	0
37	AMOUNT OF LINE 36 TO BE CREDITED TO 2021 INCOME TAX CREDIT	37	0
38	AMOUNT TO BE REFUNDED – Subtract Line 37 from Line 36. If mailing to LDR, use Address 2 on the next page. Enter a "2" in box if you want to receive your refund by paper check. Enter a "3" in box if you want to receive your refund by direct deposit. Complete information below. If information is unreadable, you are filing for the first time, or if you do not make a refund selection, you will receive your refund by paper check.	38	0

REFUND

DIRECT DEPOSIT INFORMATION

Type:	Checking	Savings	Will this refund be forwarded to a financial institution located outside the United States?	Yes	No	<input checked="" type="checkbox"/>
Routing Number			Account Number			



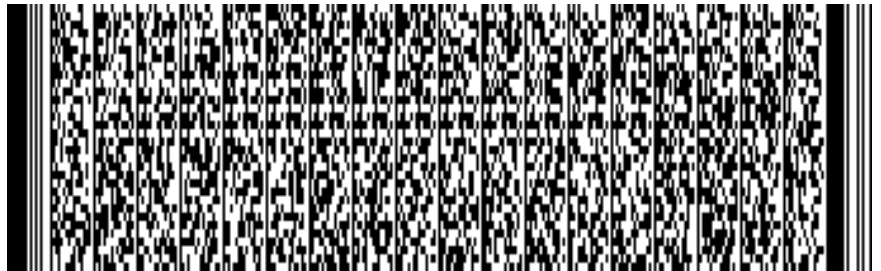
AMOUNTS DUE LOUISIANA

39	AMOUNT YOU OWE – If Line 24 is greater than Line 31, subtract Line 31 from Line 24.	39	456
40	ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND	40	0
41	ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND	41	0
42	ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION	42	0
43	INTEREST – From the Interest Calculation Worksheet, Line 5.	43	0
44	DELINQUENT FILING PENALTY – From the Delinquent Filing Penalty Calculation Worksheet, Line 7.	44	0
45	DELINQUENT PAYMENT PENALTY – From Delinquent Payment Penalty Calculation Worksheet, Line 7.	45	0
46	UNDERPAYMENT PENALTY – See the instructions from Underpayment Penalty and Form R-210R. If you are a farmer, check the box.	46	0
47	BALANCE DUE LOUISIANA – Add Lines 39 through 46. If mailing to LDR, use address 1 below. For electronic payment options, see instructions.	PAY THIS AMOUNT. 47	456

DO NOT SEND CASH.

IMPORTANT!

All four (4) pages of this return **MUST** be mailed in together along with your W-2s and completed schedules. Please paperclip. **Do not staple.**



Status 001

Contribution and Donation 0000

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. If I made a contribution to the START Savings Program, I consent that my Social Security Number may be given to the Louisiana Office of Student Financial Assistance to properly identify the START Savings Program account holder. If married filing jointly, both Social Security Numbers may be submitted. I understand that by submitting this form I authorize the disbursement of individual income tax refunds through the method as described on Line 38.

Your Signature	Date (mm/dd/yyyy)	Spouse's Signature (If filing jointly, both must sign.)	Date (mm/dd/yyyy)
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PAID PREPARER USE ONLY	Print/Type Preparer's Name	Preparer's Signature	Date (mm/dd/yyyy)	Check <input type="checkbox"/> if Self-employed
	SYAM PRIYA RAM SAGAR GUP		SYAM PRIYA RAM SAGAR GUP	04/02/2021
	Firm's Name ▶	GLOBAL TAXES LLC		Firm's FEIN ▶ 30-1017196
Firm's Address ▶	2530 PEBBLE CR CUMMING GA 30041		Telephone ▶	678-965-9522

Name
BADH

Individual Income Tax Return
Calendar year return due 5/15/2021

P02082703

Mail to: Department of Revenue
PO BOX 3550
BATON ROUGE, LA 70821-355

PTIN, FEIN, or LDR
Account Number
of Paid Preparer


For Office
Use Only.



SCHEDULE C – 2020 NONREFUNDABLE PRIORITY 1 CREDITS

1 CREDIT FOR TAX LIABILITIES PAID TO OTHER STATES – A copy of the return filed with the other states return and Form R-10606 must be submitted with this schedule.

1A Enter the total of Net Tax Liability Paid to Other States from Form R-10606. **1A** 2826

1B Enter the Credit for Taxes Paid to Other States from Form R-10606. **1B** 1861

Additional Nonrefundable Priority 1 Credits

Enter credit description and associated code, along with the dollar amount of credit claimed. *See the instructions.*

	Credit Description	Credit Code	Amount of Credit Claimed
2		2	0
3		3	0
4		4	0
5		5	0
6	Add Lines 1B, and 2 through 5. Also, enter this amount on Form IT-540, Line 12.	6	1861



SCHEDULE E – 2020 ADJUSTMENTS TO INCOME

Social Security Number **723780962**

1	FEDERAL ADJUSTED GROSS INCOME – Enter the amount from your Federal Form 1040 or 1040-SR, Line 11. Check box if amount is less than zero.	1	69399
2A	INTEREST AND DIVIDEND INCOME FROM OTHER STATES AND THEIR POLITICAL SUBDIVISIONS	2A	0
2B	RECAPTURE OF START CONTRIBUTIONS	2B	0
2C	ADD BACK OF DONATION TO SCHOOL TUITION ORGANIZATION CREDIT	2C	0
2D	ADD BACK OF PASS-THROUGH ENTITY LOSS	2D	0
3	TOTAL – Add Lines 1, 2A, 2B, 2C, and 2D.	3	69399

EXEMPT INCOME – Enter on Lines 4A through 4G the amount of exempted income included in Line 1 above. Enter description and associated code, along with the dollar amount. See the instructions.

	Exempt Income Description	Code	Amount
4A	_____	4A	0
4B	_____	4B	0
4C	_____	4C	0
4D	_____	4D	0
4E	_____	4E	0
4F	_____	4F	0
4G	_____	4G	0
4H	EXEMPT INCOME BEFORE APPLICABLE FEDERAL TAX – Add Lines 4A through 4G.	4H	0
4I	FEDERAL TAX APPLICABLE TO EXEMPT INCOME – Use Option 1 or Option 2, see instructions.	4I	0
4J	EXEMPT INCOME – Subtract Line 4I from Line 4H.	4J	0
5A	LOUISIANA ADJUSTED GROSS INCOME BEFORE IRC 280C EXPENSE ADJUSTMENT – Subtract Line 4J from Line 3.	5A	69399
5B	IRC 280C EXPENSE ADJUSTMENT	5B	0
5C	LOUISIANA ADJUSTED GROSS INCOME – Subtract Line 5b from Line 5A. Also, enter this amount on Form IT-540, Line 7. Mark the box on Form IT-540, Line 7, indicating that Schedule E was used.	5C	69399

Description	Code	Description	Code
Interest and Dividends on US Government Obligations.....	01E	Taxable Amount of Social Security	07E
Louisiana State Employees' Retirement Benefits (Date Retired).....	02E	Native American Income	08E
Taxpayer _____ Spouse _____		START Savings Program Contribution	09E
Louisiana State Teachers' Retirement Benefits (Date Retired).....	03E	Military Pay Exclusion	10E
Taxpayer _____ Spouse _____		Road Home	11E
Federal Retirement Benefits (Date Retired).....	04E	Recreation Volunteer	13E
Taxpayer _____ Spouse _____		Volunteer Firefighter	14E
Other Retirement Benefits (Date Retired).....	05E	Voluntary Retrofit Residential Structure	16E
Provide name or statute: _____		Elementary and Secondary School Tuition	17E
Taxpayer _____ Spouse _____		Educational Expenses for Home-Schooled Children	18E
Annual Retirement Income Exemption for Taxpayers 65 or over	06E	Educational Expenses for Quality Public Education	19E
Provide name of pension or annuity: _____		Capital Gain from Sale of Louisiana Business	20E
		Employment of Certain Qualified Disabled Individuals	21E
		S Bank Shareholder Income Exclusion	22E
		Entity Level Taxes Paid to Other States	23E
		Pass-Through Entity Exclusion	24E
		COVID-19 Educational Expenses	26E
		Other (Identify: _____)	49E



 **ATTACH THIS WORKSHEET TO YOUR RETURN IF COMPLETED.**

Your Name	SRAVYA VENKATA SAI BADHIRAJU	Social Security Number	723-78-0962
-----------	------------------------------	------------------------	-------------

2020 Louisiana Nonrefundable Child Care Credit Worksheet (For use with Form IT-540)											
1	Enter Federal Child Care Credit from Federal Form 1040 or 1040-SR, Schedule 3, Line 2. NOTE: Retain copies of canceled checks, receipts and other documentation in order to support the amount of qualifying expenses.	1	.00								
1A	Enter the applicable percentage from the chart shown below. <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>Federal Adjusted Gross Income</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>\$25,001 – \$35,000</td> <td>30% (.30)</td> </tr> <tr> <td>\$35,001 – \$60,000</td> <td>10% (.10)</td> </tr> <tr> <td>over \$60,000</td> <td>10% (.10)</td> </tr> </tbody> </table>	Federal Adjusted Gross Income	Percentage	\$25,001 – \$35,000	30% (.30)	\$35,001 – \$60,000	10% (.10)	over \$60,000	10% (.10)	1A	X <u>.10</u>
Federal Adjusted Gross Income	Percentage										
\$25,001 – \$35,000	30% (.30)										
\$35,001 – \$60,000	10% (.10)										
over \$60,000	10% (.10)										
2	Multiply your Federal Child Care Credit shown on Line 1 by the percentage shown on Line 1A. If your Federal Adjusted Gross Income is less than or equal to \$60,000 , this is your available Nonrefundable Child Care Credit for 2020. Proceed to Line 3.	2	.00								
2A	Important! If your Federal Adjusted Gross Income is greater than \$60,000 , the amount on Line 2 is limited to the LESSER of \$25.00, or 10 percent of the federal credit. If Line 2 is greater than \$25.00, enter \$25 here. This is your available Nonrefundable Child Care Credit for 2020.	2A	.00								
3	Enter the amount of Louisiana income tax from Form IT-540, Line 19.	3	456 .00								
4	If Line 3 is equal to zero, your entire Child Care Credit for 2020 (Line 2 or 2A above) will be carried forward to 2021. Also, any available carryforward from 2015 through 2019 will be carried forward to 2021. If Line 3 is equal to zero, enter zero "0" on Form IT-540, Schedule J, Lines 2 and 3. Stop here; you are finished with the worksheet.	4									
Use Lines 5 through 8 to determine the amount of Nonrefundable Child Care Credit Carryforward from 2015 through 2019 utilized for 2020.											
5	If Line 3 above is greater than zero, enter the amount from Line 3.	5	456 .00								
6	Enter the amount of any Child Care Credit Carryforward from 2015 through 2019.	6	.00								
7	Subtract Line 6 from Line 5.	7	456 .00								
8	If Line 7 is less than or equal to zero, the amount of Child Care Credit Carryforward used for 2020 is equal to Line 5 above. Enter the amount from Line 5 above on Form IT-540, Schedule J, Line 3. If Line 7 is less than zero, subtract Line 5 from Line 6 and enter the result here. This amount is your unused Child Care Credit Carryforward from 2015 through 2019 that can be carried forward to 2021. Also, your entire Child Care Credit for 2020 (Line 2 or 2A above) will be carried forward to 2021. Stop here; you are finished with the worksheet.	8	.00								
Use Lines 9 through 13 to determine the amount of Child Care Credit Carryforward utilized from 2015 through 2019 plus any amount of your 2020 Child Care Credit.											
9	If Line 7 above is greater than zero, enter the amount of carryforward shown on Line 6 above on Form IT-540, Schedule J, Line 3.	9									
10	If Line 7 above is greater than zero, enter the amount from Line 7.	10	456 .00								
11	Enter the amount of your 2020 Child Care Credit (Line 2 or Line 2A above).	11	.00								
12	Subtract Line 11 from Line 10.	12	456 .00								
13	If Line 12 is greater than or equal to zero, your entire Child Care Credit for 2020 (Line 2 or 2A above) has been utilized. Enter the amount from Line 11 above on Form IT-540, Schedule J, Line 2. Stop here; you are finished with the worksheet.	13									
Use Line 14 to determine what amount of your 2020 Child Care Credit you can claim.											
14	If Line 12 above is less than zero, the amount on Line 10 above is the amount of your 2020 Child Care Credit. Enter the amount from Line 10 above on Form IT-540, Schedule J, Line 2.	14									
Use Line 15 to determine the amount of your 2020 Child Care Credit to be carried forward to 2021.											
15	If Line 12 above is less than zero, subtract Line 10 from Line 11 to compute your Child Care Carryforward to 2021. Enter the result here and keep this amount for your records.	15	.00								

