Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Subm	nission Identification Number (SID)	
Taxpay	er's name	Social security number
MOU	NIKA VALLABHANENI	757-93-1895
Spouse	's name	Spouse's social security number
Par	Tax Return Information — Tax Year Ending December 31, (Ente	r year you are authorizing.)
	whole dollars only on lines 1 through 5.	year you are authorizing.)
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1	Adjusted gross income	1 74,718.
2	Total tax	2 9,502.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 12,514.
4	Amount you want refunded to you	4 4,812.
5	Amount you owe	
Part		
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended	
to sen for any Agent payme author payme busine taxes persor	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, transhing my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for regarded and in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Lato initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account incent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation receives days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the nalidentification number (PIN) below is my signature for the income tax return (original or amended) I applic Funds Withdrawal Consent.	ection of the transmission, (b) the reason I.S. Treasury and its designated Financial icated in the tax preparation software for on to debit the entry to this account. This e the authorization. To revoke (cancel) a uests must be received no later than 2 processing of the electronic payment of payment. I further acknowledge that the
	ayer's PIN: check one box only	
	I authorize GLOBAL TAXES LLC to enter or generate	my PIN 3 1 8 9 5 as my
2	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	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 if you are entering your own PIN and your return is filed using the Practitioner PIN methodow.	
Your	signature ▶ Date ▶	
Spou	se's PIN: check one box only	
L	l authorize to enter or generate	-
	Signature on the income tax return (original or amended) I am now authorizing.	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 i	now authorizing. Chook this how ank
L	if you are entering your own PIN and your return is filed using the Practitioner PIN methodow.	
Spour	se's signature ▶ Date ▶	
Ороц	Practitioner PIN Method Returns Only—continue below	,
Part		
	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
author	by that the above numeric entry is my PIN, which is my signature for the electronic individual income to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am substant and Pub. 1345, Handbook for Authorized IRS e-file Providers of I	nitting this return in accordance with the
FR∩'	s signature ▶ Date ▶	
	ERO Must Retain This Form — See Instructions	

Don't Submit This Form to the IRS Unless Requested To Do So

£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly understand Married filing jointly understand the MFS box, enter the nonis a child but not your dependent	ame of y	d filing separately (Nour spouse. If you cl	. —		•	_		. , . ,	
Your first name	and m	ddle initial	Last nar	ne				Your	social secur	ity number	
MOUNIKA			VALL	ABHANENI				757	757-93-1895		
If joint return, s	pouse's	first name and middle initial	Last nar	me				Spou	Spouse's social security number		
Home address 2596 PA	•	r and street). If you have a P.O. box, see CHAPEL	instructio	ons.			Apt. no.	Chec	k here if you	tion Campaign u, or your intly, want \$3	
					State OH		P code :3219	to go	to this fund	. Checking a	
Foreign country name			F	Foreign province/state/county Foreign postal code					elow will no tax or refund You	d	
At any time du	ring 20	20, did you receive, sell, send, excl	nange, o	r otherwise acquire	any financia	l interest	in any virtual	currency	? Yes	⊠ No	
Standard Deduction	_	eone can claim:	•			ndent					
Age/Blindness	You:	☐ Were born before January 2, 1	956	Are blind Spo	use: 🗌 V	Vas born I	oefore Janua	ry 2, 1956	6 ☐ Is b	olind	
Dependents If more		instructions): rst name Last name		(2) Social security number	_ ` '	lationship o you	(4) V Child ta		for (see instr	ructions): other dependents	
than four											
dependents, see instruction	s										
and check							<u> </u>			ऱ	
here ▶										<u> </u>	
Attach	_1_	Wages, salaries, tips, etc. Attach F	1` ′					· •	1	79,820.	
Sch. B if	2a	· —	2a		b Taxable i			· · ⊢	2b		
required.	3a		3a		b Ordinary		3	–	3b		
	4a		4a		b Taxable				4b		
	5a		5a		b Taxable				5b		
Standard Deduction for—	6a 7	Social security benefits Le Capital gain or (loss). Attach Sche	6a Dif		b Taxable			`	6b 7	-202.	
Single or	8	Other income from Schedule 1, lin			irea, crieck	nere .			8	$\frac{-202.}{-4,650.}$	
Married filing separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,		his is your total inco					9	74,968.	
\$12,400 Married filing	10	Adjustments to income:	and b. 1	ins is your total inco					9	71,000.	
jointly or	а	From Schedule 1, line 22				10a					
Qualifying widow(er),	b	Charitable contributions if you take	the stan	dard deduction. See	instructions			250.			
\$24,800 Head of	C	Add lines 10a and 10b. These are				100		-	0c	250.	
household,	11	Subtract line 10c from line 9. This		•					11	74,718.	
\$18,650 If you checked	12	Standard deduction or itemized	7	-					12	12,400.	
any box under Standard	13	Qualified business income deduct							13	,	
Deduction,	14	Add lines 12 and 13						_	14	12,400.	
see instructions.	15	Taxable income. Subtract line 14	from line	e 11. If zero or less,	enter -0			—	15	62,318.	

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

Form **1040** (2020)

116 117 118 119 20 221 222 23 224 225 a b c c d 26 27 28 29 30 31 31 33 32	Tax (see instructions). Check if any from Form Amount from Schedule 2, line 3	ts	e 2, line 10	25a 12 25b 25c		16 17 18 19 20 21 22 23 24 25d 26	9,502. 9,502. 9,502. 0. 9,502.
118 119 220 221 222 223 224 225 a b c c d 226 227 228 229 330 331	Add lines 16 and 17	enter -0- from Schedule	2, line 10	25a 12 25b 25c 27 28 29		18 19 20 21 22 23 24	9,502. 0. 9,502.
119 220 221 222 233 224 225 a b c d 226 227 228 229 330 331	Child tax credit or credit for other dependent Amount from Schedule 3, line 7 Add lines 19 and 20 Subtract line 21 from line 18. If zero or less, Other taxes, including self-employment tax, Add lines 22 and 23. This is your total tax Federal income tax withheld from: Form(s) W-2	ts	e 2, line 10	25a 12 25b 25c 27 28 29		19 20 21 22 23 24	9,502. 0. 9,502.
220 221 222 223 224 225 a b c c d 226 227 228 229 330 331	Amount from Schedule 3, line 7 Add lines 19 and 20 Subtract line 21 from line 18. If zero or less, Other taxes, including self-employment tax, Add lines 22 and 23. This is your total tax Federal income tax withheld from: Form(s) W-2 Form(s) 1099 Other forms (see instructions) Add lines 25a through 25c 2020 estimated tax payments and amount at Earned income credit (EIC) Additional child tax credit. Attach Schedule American opportunity credit from Form 8863 Recovery rebate credit. See instructions Amount from Schedule 3, line 13	enter -0 from Schedule	e 2, line 10	25a 12 25b 25c 25c 28 29		20 21 22 23 24 25d	0. 9,502.
21 222 23 24 25 a b c c d 226 227 228 229 330 331 332	Add lines 19 and 20	enter -0 from Schedule	e 2, line 10	25a 12 25b 25c 25c 27 28 29	 . ▶	21 22 23 24 25d	0. 9,502.
222 223 224 225 a b c c d d 226 227 228 229 330 331 332 333	Subtract line 21 from line 18. If zero or less, Other taxes, including self-employment tax, Add lines 22 and 23. This is your total tax Federal income tax withheld from: Form(s) W-2	enter -0 from Schedule	e 2, line 10	25a 12 25b 25c	 . ▶ ,514.	22 23 24 25d	0. 9,502.
23 24 25 a b c d 26 27 28 29 30 31 32 33	Other taxes, including self-employment tax, Add lines 22 and 23. This is your total tax Federal income tax withheld from: Form(s) W-2	from Schedule	e 2, line 10	25a 12 25b 25c	 . ▶ ,514.	23 24 25d	0. 9,502.
224 225 a b c d 226 227 228 229 330 331	Add lines 22 and 23. This is your total tax Federal income tax withheld from: Form(s) W-2 Form(s) 1099 Other forms (see instructions) Add lines 25a through 25c 2020 estimated tax payments and amount a Earned income credit (EIC) Additional child tax credit. Attach Schedule American opportunity credit from Form 8863 Recovery rebate credit. See instructions Amount from Schedule 3, line 13			25a 12 25b 25c	,514.	24 25d	9,502.
25 a b c d 26 27 28 29 30 31 32 33	Federal income tax withheld from: Form(s) W-2			25a 12 25b 25c 25c 27 28 29	,514.	25d	
a b c d 26 27 28 29 30 31 32	Form(s) W-2	pplied from 20 		25b 25c 			12,514.
b c d 26 27 28 29 30 31 32	Form(s) 1099	pplied from 20 		25b 25c 			12,514.
c d 26 27 28 29 30 31 32	Other forms (see instructions)			25c 			12,514.
d 26 27 28 29 30 31 32	Add lines 25a through 25c			27 28 29			12,514.
26 27 28 29 30 31 32 33	2020 estimated tax payments and amount at Earned income credit (EIC) Additional child tax credit. Attach Schedule American opportunity credit from Form 8863 Recovery rebate credit. See instructions . Amount from Schedule 3, line 13	npplied from 20 8812 3, line 8	019 return 	27 28 29			12,514.
27 28 29 30 31 32 33	Earned income credit (EIC) Additional child tax credit. Attach Schedule American opportunity credit from Form 8863 Recovery rebate credit. See instructions . Amount from Schedule 3, line 13	8812 3, line 8		27 28 29		26	
28 29 30 31 32 33	Additional child tax credit. Attach Schedule American opportunity credit from Form 8863 Recovery rebate credit. See instructions . Amount from Schedule 3, line 13	8812 3, line 8		28 29			
29 30 31 32 33	American opportunity credit from Form 8863 Recovery rebate credit. See instructions . Amount from Schedule 3, line 13	3, line 8		29			
30 31 32 33	Recovery rebate credit. See instructions . Amount from Schedule 3, line 13					P	
31 32 33	Amount from Schedule 3, line 13		/		000	4	
32 33					,800.	-	
33	Add lines 27 through 31. These are your tot			31		-	1 000
	Addition Of door and OO There are a long to					32	1,800.
					. •	_	14,314. 4,812.
							·
					_	35a	4,812.
					Savings		
						37	
31						07	
				of the taxes you	owe for		
38				38			
					omplete b	elow.	X No
Des	signee's	Phone		Pers	onal identif	ication	
		M	1	ised on all illioinlation			,
TOU	ar signature	Date	Tour occupation				N, enter it here
			SOFTWARE E	ENGINEER			
Spo	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupati	ion			nt your spouse an
					1	,	ection PIN, enter it here
Dho	ano no	Email address			(444	, ,	
				Date	PTIN		Check if:
			GIIPTA TALLAM			2703	Self-employed
		Tuni biloint	001111 111111111	02/10/2021			678)965-9522
		n Cummin	g GA 30041				
		<u> </u>		DEV 02/07/21 DD		O Elit >	Form 1040 (2020)
			DO	KEV 6257/217 KK			10 10 (612)
3 3 3 3	Phoc SYAM Firm Firm	Add lines 25d, 26, and 32. These are your to life and line 34 is more than line 24, subtract line 25a. Amount of line 34 you want refunded to you be Routing number	Add lines 25d, 26, and 32. These are your total payments If line 33 is more than line 24, subtract line 24 from line 33. Amount of line 34 you want refunded to you. If Form 8888 b Routing number	Add lines 25d, 26, and 32. These are your total payments If line 33 is more than line 24, subtract line 24 from line 33. This is the amount of line 34 you want refunded to you. If Form 8888 is attached, check be Routing number	Add lines 25d, 26, and 32. These are your total payments If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid Amount of line 34 you want refunded to you. If Form 8888 is attached, check here b Routing number	Add lines 25d, 26, and 32. These are your total payments If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid Amount of line 34 you want refunded to you. If Form 8888 is attached, check here Bouting number	3 Add lines 25d, 26, and 32. These are your total payments

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

2020
Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

MOUNIKA VALLABHANENI

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. 01 Your social security number

757-93-1895

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 a	Alimony received	2 a	
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	-4,650.
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	4 650
Par	t II Adjustments to Income	9	-4,650.
		4.0	
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		
С	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, SP, or 1040 NP, line 102	22	
	on Form 1040, 1040-SR, or 1040-NR, line 10a		

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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 Your social security number 757-93-1895 MOUNIKA VALLABHANENI

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) Form(s) 8949, Part I, combine the result (or other basis) whole dollars. line 2, column (g) 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 2,479. 2,277. -202. 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 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -202. 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 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 Totals for all transactions reported on Form(s) 8949 with Box E checked . 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15

BAA

Schedule D (Form 1040) 2020 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -202. • 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 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. Are lines 15 and 16 both gains? 17 ☐ **Yes.** Go to line 18. 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? 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. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 202.) 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. 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.

OMB No. 1545-0074 Attachment Sequence No. 12A

Department of the Treasury Internal Revenue Service Name(s) shown on return

Social security number or taxpayer identification number

757-93-1895

MOUNIKA VALLABHANENI

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.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I 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★ (B) Short-term transactions★ (C) Short-term transactions	reported on	Form(s) 1099	9-B showing bas				e)		
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	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.		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)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(Mo., day, yr.) (see instructions) in the separate instructions (f)	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)			
ROBINHOOD SECURITIES LLC	10/07/20	10/08/20	2,277.	2,479.			-202.		
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	I here and inc is checked), lir	lude on your ne 2 (if Box B	2,277.	2,479.			-202.		

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.

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

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

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

Attachment Sequence No. **13**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

Your social security number

MOUN	IKA VALLABHANEN	II							757-9	93-189	5
Part	Income or Loss	From Rental Real Estate	e and Roy	yaltie	s Note	: If you a	are in th	e business of	renting p	ersonal p	roperty, use
		instructions. If you are an indi	-			-					
A Dic	d you make any payme	nts in 2020 that would requ	uire you to	file F	orm(s) 1	099? Se	e instr	uctions .		. 🗆 '	Yes 🛛 No
		ou file required Form(s) 109									Yes 🗌 No
1a		each property (street, city,									
Α	HYD HYDERABAD	IN									
В											7
С											
1b	Type of Property (from list below)	elow) above, report the number of fair rental and Days Days								QJV	
Α	3	personal use days. Check the QJV box only if you meet the requirements to file as a						365		0	
В		qualified joint venture	e. See inst	ructio	ns.	В					
С						С	_				
Type o	of Property:										
	gle Family Residence	3 Vacation/Short-Tern	n Rental	5 La	ınd	7	Self-	Rental			
2 Mul	ti-Family Residence	4 Commercial		6 Ro	oyalties	. 8	3 Othe	r (describe)			
Incom	e:	Pro	perties:			Α		В			С
3	Rents received			3			350.				
4				4							
Expen								<u> </u>			
5	Advertising			5							
6	Auto and travel (see in	nstructions)		6							
7	Cleaning and mainten	nance		7		(500.				
8	Commissions			8							
9	Insurance			9							
10	Legal and other profe	ssional fees		10							
11	Management fees .			11		8	300.				
12	Mortgage interest pai	d to banks, etc. (see instru	uctions)	12							
13	Other interest			13	7						
14	Repairs			14		1,1	100.				
15	Supplies			15		1,2	200.				
16	Taxes			16							
17	Utilities			17		1,3	300.				
18	Depreciation expense	or depletion		18							
19	Other (list)			19							
20	Total expenses. Add I	lines 5 through 19		20		5,0	000.				
21	Subtract line 20 from	line 3 (rents) and/or 4 (roy	alties). If								
	result is a (loss), see i	instructions to find out if y	ou must								
	file Form 6198			21		-4,6	550.				
22		estate loss after limitation									
		structions)		22	[(-4,6	50.)	()()
23a		eported on line 3 for all ren					23a		350.		
b		eported on line 4 for all roy		erties			23b				
С		eported on line 12 for all pr	-				23c				
d		eported on line 18 for all pr	-				23d				
е		eported on line 20 for all pr	-				23e		5,000.		
24	•	e amounts shown on line 2			,				. 24		
25	Losses. Add royalty lo	sses from line 21 and rental	real estate	losse	s from lin	e 22. Er	nter tota	al losses here	25	(4,650.)
26		ate and royalty income o									
		V, and line 40 on page 2 40), line 5. Otherwise, inclu							on . 26		-4,650.



2020 Ohio IT 1040

Individual Income Tax Return Use only black ink/UPPERCASE letters.



Sequence No. 1

Check here if this is an amended return. Include the Ohio IT RE.

Do **NOT** include a copy of the previously filed return.

Primary taxpayer's SSN (required) 757 93 1895

▶ If deceased

Spouse's SSN (if filing jointly)

▶ If deceased

School district # (see instructions).

check box

Nonresident |

Indicate state

check box

Check here if claiming an NOL carryback. Include Schedule IT NOL.

SD# ▶ 2503

First name

MOUNIKA

M.I. Last name

VALLABHANENI

Spouse's first name (only if married filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box

2596 PAZZI CHAPEL

Address line 2 (apartment number, suite number, etc.)

City

State

ZIP code

Ohio county (first four letters)

COLUMBUS

Resident

OH 43219

FRAN

Filing Status – Check one (as reported on federal income tax return)

Single, head of household or qualifying widow(er)

Foreign country (if the mailing address is outside the U.S.)

Part-year

resident

Residency Status - Check only one for primary

Foreign postal code

	Check only one for sp Resident	ouse (if married fil Part-year resident	ling jointly) Nonresident Indicate state		Married filing jointly Married filing separately	Spouse's SSN		
	Ohio Nonresider	nt Statement -	- See instructions for require	ed criteria				
	Primary meets th	e five criteria for irre	ebuttable presumption as no	nresident.	Check here if you filed the feder	al extension form 4868.		
	Spouse meets the	e five criteria for irre	ebuttable presumption as no	nresident.	Check here if someone else is a joint return) as a dependent.	ble to claim you (or your spouse if		
clip.	1. Federal adjusted gross income (federal 1040 and 1040-SR, line 11). Include page 1							
r c			s zero or negative. Place a			74718 00		
. paper						, _, _ 0		
e 01	2a. Additions – Ohio S	chedule A, line 10	(INCLUDE SCHEDULE)		2a.	00		
stapl	2b. Deductions - Ohio	Schedule A, line	39 (INCLUDE SCHEDULE))	2b.	00		
Do not			olus line 2a minus line 2b). Fero			74718 00		
			EDULE J if claiming dependents		4.	2150 00		
		3 ,	, ,	, 11	Τ			





72568 00

72568 00

0.0

0033

2020 Ohio IT 1040

Individual Income Tax Return



SSN 757 93 1895

7a. Amount from line 7 on page 1	72568	00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	1888	00
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE)8b		00
8c. Income tax liability before credits (line 8a plus line 8b)	1888	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 34 (INCLUDE SCHEDULE)	0	00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero)	1888	00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)		00
12. Use tax due on internet, mail order or other out-of-state purchases (see instructions)		00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)13	1888	00
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (INCLUDE SCHEDULE)14	. 2377	00
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return	i.	00
16. Refundable credits – Ohio Schedule of Credits, line 40 (INCLUDE SCHEDULE)	j.	00
17. Amended return only – amount previously paid with original and/or amended return		00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	2377	00
19. <u>Amended return only</u> – overpayment previously requested on original and/or amended return).	00
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero	2377	00
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21. 21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13		00
22. Interest due on late payment of tax (see instructions)	2	00
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP		
(if amended return) and make check payable to "Ohio Treasurer of State" AMOUNT DUE ▶ 23).	00
24. Overpayment (line 20 minus line 13)	489	00
25. Original return only – amount of line 24 to be credited toward next year's income tax liability	i.	00
00 00 00		
d. Wishes for Sick Children e. Wildlife species f. Military injury relief		00
00 00 00		
27. REFUND (line 24 minus lines 25 and 26g)		00
Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief the return and all enclosures are true, correct and complete.	f your refund is \$1.00 or less, no refund will be	

<u>Sign Here (required)</u>: I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Primary signature Phone number (805)396-3671

Spouse's signature Date (MM/DD/YY)

Check here to authorize your preparer to discuss this return with the Department.

Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522

Preparer's TIN (PTIN) P02082703

If your refund is \$1.00 or less, no refund will be issued If you owe \$1.00 or less, no payment is necessary.

NO Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679

Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057



2020 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.



Sequence No. 11

Primary taxpayer's SSN

757 93 1895

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms only if they have Ohio withholding. Complete all fields for each form entered. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. Complete additional copies if necessary. Place state copies of your income statements after the last page of your return.

Box 1 - Wages, tips, other compensation

Box 1 - Wages, tips, other compensation,

Box 1 - Wages, tips, other compensation

00

00 Box 1 - Wages, tips, other compensation

00

0.0

00

00

00

0.0

Box 1 - Wages, tips, other compensation

Box 1 - Wages, tips, other compensation

Box 1 - Wages, tips, other compensation

00

79820 00

Box 16 - Ohio wages, tips, etc.

79820 00

Part A - Total Withholding

Box b - EIN

651218462

527550859

Box 15 - Employer's Ohio ID number

Part B - W-2s

1. P/S

2. P/S

3. P/S

4. P/S

5. P/S

6. P/S

7. P/S

Ρ

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 10401. 2377 00

> Box 2 - Federal income tax withheld 12514 00 Box 17 - Ohio income tax 2377 00 Box 2 - Federal income tax withheld 00 Box 17 - Ohio income tax 0.0 Box 2 - Federal income tax withheld 00 Box 17 - Ohio income tax 0.0 Box 2 - Federal income tax withheld 0.0 Box 17 - Ohio income tax 0.0 Box 2 - Federal income tax withheld 0.0 Box 17 - Ohio income tax 0.0 Box 2 - Federal income tax withheld

> > 00

Box 17 - Ohio income tax

00

Box 17 - Ohio income tax

Box 2 - Federal income tax withheld

0.0

00

00

2020 Schedule of Ohio Withholding Primary taxpayer's SSN

757 93 1895



20350298

Sequence No. 12

Dowt C	4000 Pa	757 93 1895		Sequence No. 12
	<u>1099-Rs</u> Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld 0 0	Вох	c 14 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld 0 0	Вох	14 - Ohio tax withheld0 0
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld 0 0	Box	14 - Ohio tax withheld
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld 0 0	Воз	x 14 - Ohio tax withheld
Part D -	W-2Gs			
1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fed	deral income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Вох	x 15 - Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fed	deral income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Вох	x 15 - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fed	deral income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Вох	x 15 - Ohio income tax withheld
Part E -	1099-NECs			
	Payer's TIN	Box 1 - Nonemployee compensation 0 0	Box 4 - Fed	deral income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	Вох	x 5 - Ohio tax withheld
		00	20.	00
0 0/0	Davier's TINI	Box 1 - Nonemployee compensation	Poy 4 Foo	deral income tax withheld
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	DUX 4 - F80	0 0
	Day 6 Dayor's Ohio		D.	
	Box 6 - Payer's Ohio number	Box 7 - State income	80)	c 5 - Ohio tax withheld
		00		00