

Filing Status [X] 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: VAISHNAVI
Last name: BHOMAGOU D VENKATESH
Your social security number: 832-61-9514
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.
515 PLYMOUTH RD
Apt. no. R4
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] You [] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [] Yes [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 with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for, and final taxable income calculation. Total taxable income: 59,154.

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 | 8,809. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 8,809. |
| 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 | 8,809. |
| 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 | 8,809. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 7,898. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 7,898. |
| 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 | 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 | 9,098. |

Refund

| | | | |
|------------|---|------------|---|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 289. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 289. |
| b | Routing number 1 0 2 0 0 1 0 1 7 | c | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
| d | Account number 1 3 7 6 1 6 0 0 6 | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |

Amount You Owe

| | | | |
|-----------|--|-----------|--|
| 37 | Subtract line 33 from line 24. This is the amount you owe now | 37 | |
| | Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. | | |
| 38 | Estimated tax penalty (see instructions) | 38 | |

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---|------|---|---|
| Your signature | Date | Your occupation SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (484) 685-2722 Email address vaishgoud@gmail.com

Paid Preparer Use Only

| | | | | |
|---|--|---------------------------|--------------------------|--|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 09/24/2021 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 2530 Pebble Creek Ln Cumming GA 30041 | | | Phone no. (678) 965-9522 Firm's EIN 30-1017196 |

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

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2020

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return
VAISHNAVI BHOOMAGOUND VENKATESH

Your social security number
832-61-9514

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes** **No**
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 134 . | 79 . | | 55 . |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | 7 55 . |

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

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | 1 . | 4 . | | -3 . |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back | | | | 15 -3 . |

Part III Summary

| | | | |
|-----------|--|-----------|-----|
| 16 | Combine lines 7 and 15 and enter the result | 16 | 52. |
| | <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | | |
| 17 | Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22. | | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶ | 18 | |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶ | 19 | |
| 20 | Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | | |
| 21 | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } | 21 | () |
| | Note: When figuring which amount is smaller, treat both amounts as positive numbers. | | |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | |

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

VAISHNAVI BHOOMAGOUD VENKATESH

Social security number or taxpayer identification number

832-61-9514

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

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

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

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

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

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|--|--|---|--|--|--|---|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | Robinhood Securities LLC | 03/21/19 | 03/03/20 | 134. | 79. | | | 55. |
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| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ► | | | | 134. | 79. | | | 55. |

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.

| | |
|--|---|
| Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side VAISHNAVI BHOMAGUOD VENKATESH | Social security number or taxpayer identification number 832-61-9514 |
|--|---|

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

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|---|--|---|--|--|--|---|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | Robinhood Securities LLC | 03/21/19 | 06/18/20 | 1. | 4. | | | -3. |
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| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶ | | | | 1. | 4. | | | -3. |

Note: If you checked Box D 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.

MAKE CHECK PAYABLE TO:
PENNSYLVANIA DEPARTMENT OF REVENUE
MAIL TO:
PENNSYLVANIA DEPARTMENT OF REVENUE
PAYMENT ENCLOSED
1 REVENUE PLACE
HARRISBURG, PA 17129-0001

NOTE:
WRITE THE LAST FOUR DIGITS OF YOUR SSN (AND SPOUSE'S SSN IF FILING JOINT),
DAYTIME PHONE NUMBER AND TAX YEAR ON YOUR CHECK.

2020 PA-40 V PA PAYMENT VOUCHER

1555
REV 04/06/21 PRO

832-61-9514 BH

2000918793

PAYMENT AMOUNT

BHOOMAGOUND VENKATESH
VAISHNAVI

484-685-2722

₹ 2.00

APT R4
515 PLYMOUTH RD
PLYMOUTH MEET
PA
19462

DEPARTMENT USE ONLY

Make check or money order
payable to the Pennsylvania
Department of Revenue

PA-40 - 2020
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (06-20)

832619514

BHOOMAGOUND VENKATESH

VAISHNAVI

Occupation SOFTWARE

Occupation

APT R4

515 PLYMOUTH RD

PLYMOUTH MEETING

PA 19462

484-685-2722

46030

N Extension. N Amended Return.

P Residency Status.
PA Resident/Nonresident/Part-Year Resident
from 070120 to 123120

S Single, Married/Filing Jointly,
Married/Filing Separately, Final Return

N Deceased

N Taxpayer Date of Death

N Spouse Date of Death

N Farmers.

School District Name ABINGTON

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
1b Unreimbursed Employee Business Expenses.
1c Net Compensation. Subtract Line 1b from Line 1a.
2 Interest Income. Complete PA Schedule A if required.
3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
4 Net Income or Loss from the Operation of a Business, Profession or Farm.
5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
7 Estate or Trust Income. Complete and submit PA Schedule J.
8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
10 Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.
11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

Table with 2 columns: Line Number, Amount. Rows: 1a (14662), 1b (0), 1c (14662), 2 (0), 3 (0), 4 (0), 5 (52), 6 (0), 7 (0), 8 (0), 9 (14714), 10 (0), 11 (14714)



EC OFFICIAL USE ONLY FC
[] [] [] [] [] [] [] []

PA-40 - 2020

Social Security Number

832619514

Name(s) VAISHNAVI BHOOMAGOUND VENKATESH

- 12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).
- 13 Total PA Tax Withheld. See the instructions.

- 14 Credit from your 2019 PA Income Tax return.
- 15 2020 Estimated Installment Payments. REV-459B included. N
- 16 2020 Extension Payment.
- 17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)
- 18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

- Tax Forgiveness Credit. Submit PA Schedule SP.**
- 19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased
- 19b Dependents, Section II, Line 2, PA Schedule SP
- 20 Total Eligibility Income from Section III, Line 11, PA Schedule SP.
- 21 Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.

- 22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.
- 23 Total Other Credits. Submit your PA Schedule OC.
- 24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.
- 25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.
- 26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.
- 27 Penalties and Interest. See the instructions. Enter Code:
If including form REV-1630/REV-1630A, mark the box. N

- 28 TOTAL PAYMENT DUE. See the instructions.
- 29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.
The total of Lines 30 through 36 must equal Line 29.
- 30 Refund - Amount of Line 29 you want as a check mailed to you. REFUND
- 31 Credit - Amount of Line 29 you want as a credit to your 2021 estimated account.

- 32 Refund donation line. Enter the organization code and donation amount. See instructions.
- 33 Refund donation line. Enter the organization code and donation amount. See instructions.
- 34 Refund donation line. Enter the organization code and donation amount. See instructions.
- 35 Refund donation line. Enter the organization code and donation amount. See instructions.
- 36 Refund donation line. Enter the organization code and donation amount. See instructions.

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| 30 | | 0 |
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| 32 | | |
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| 36 | | |

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

| | | | |
|---|--|---------------------------------------|--|
| Your Signature | | Spouse's Signature, if filing jointly | |
| Preparer's Name and Telephone Number | | Date | |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM 6789659522 | | 092421 | |

E-File Opt Out N

Firm FEIN 301017196

Preparer's PTIN P02082703



PA SCHEDULE D
Sale, Exchange or Disposition of Property

2001310024

PA-40 D (EX) 06-20 (I)
PA Department of Revenue

2020

OFFICIAL USE ONLY

If you need more space, you may photocopy.

Name of the taxpayer filing this schedule: **VAISHNAVI BHOOMAGOU D VENKATESH**
Social Security Number (shown first): **832-61-9514**

Taxpayer Spouse Joint

Important: A taxpayer and spouse must complete separate schedules to report their gains or losses or if any amounts are reported on Lines 3 through 10 of PA Schedule D. However, if all the gains and losses were realized on a joint basis, one schedule may be completed. Complete the oval to indicate whether the gains and losses included on the schedule are from the taxpayer, spouse or joint. One spouse may not use a loss to reduce the other spouse's gains. When reporting the sale of jointly owned property that is not reported on a joint PA Schedule D, each must show their share of the sale on their separate PA Schedule D. **Read the instructions.** Enter all sales, exchanges or other dispositions of real or personal tangible and intangible property, including inherited property. Amounts from Federal Schedule D may not be correct for PA income tax purposes. Nonresidents should read carefully the instructions concerning intangible property. If the result is a loss, fill in the oval next to the line.

| (a) Describe the property: 100 shares of XYZ stock, or 10 acres in Dauphin County | (b) Date acquired: Month/day/year | (c) Date sold: Month/day/year | (d) Gross sales price less expenses of sale | (e) Cost or adjusted basis of the property sold | (f) Gain or loss: (d) minus (e) (If a loss, fill in the oval). |
|--|---|-------------------------------------|--|--|---|
| 1. Robinhood Securities | 03/21/19 | 03/03/20 | 134. | 79. | <input type="checkbox"/> LOSS 55. |
| Robinhood Securities | 03/21/19 | 06/18/20 | 1. | 4. | <input checked="" type="checkbox"/> LOSS 3. |
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| | | | | | <input type="checkbox"/> LOSS |
| | | | | | <input type="checkbox"/> LOSS |
| | | | | | <input type="checkbox"/> LOSS |
| | | | | | <input type="checkbox"/> LOSS |
| | | | | | <input type="checkbox"/> LOSS |
| | | | | | <input type="checkbox"/> LOSS |
| | | | | | <input type="checkbox"/> LOSS |
| 2. Net gain (loss) from above sales. | | | | | <input type="checkbox"/> LOSS 2. 52. |
| 3. Gain from installment sales from PA Schedule D-1. | | | | | <input type="checkbox"/> 3. |
| 4. Taxable distributions from C corporations. Enter total distribution | | | | | |
| Minus adjusted basis | | | | | = <input type="checkbox"/> 4. |
| 5. Net gain (loss) from the sale of 6-1-71 property from PA Schedule D-71. | | | | | <input type="checkbox"/> LOSS 5. |
| 6. Net PA S corporation and partnership gain (loss) from your PA Schedule(s) RK-1 or NRK-1 | | | | | <input type="checkbox"/> LOSS 6. |

Taxable gain from selling a principal residence. Complete and submit PA Schedule 19. Complete Columns (a) through (e) and enter your total gain on Line 7.

| (a) Address of residence | (b) Date acquired: Month/day/year | (c) Date sold: Month/day/year | (d) Gross sales price less expenses of sale | (e) Cost or adjusted basis of the property sold | (f) Gain or loss: (d) minus (e) |
|--|---|-------------------------------------|---|---|---------------------------------------|
| 7. Taxable gain from the sale of your principal residence. If you realized a loss on the sale of your principal residence, enter a zero. If you realized a gain/loss on the sale of the nonresidential portion of your principal residence, enter the information on Line 1 | | | | | 7. |
| 8. Taxable distributions from partnerships from REV-999. | | | | | 8. |
| 9. Taxable distributions from PA S corporations from REV-998. | | | | | 9. |
| 10. Taxable gain from exchange of insurance contracts. | | | | | 10. |
| 11. Total PA Taxable Gain (Loss). Add Lines 2 through 10. Enter on Line 5 of your PA-40. (If a net loss, fill in the oval). | | | | | <input type="checkbox"/> LOSS 11. 52. |



Declaration Control Number/Submission ID

| | |
|---|---------------------------------------|
| Primary Taxpayer's Name VAISHNAVI BHOOMAGOUD VENKATESH | Social Security Number 832-61-9514 |
| Secondary Taxpayer's Name | Social Security Number |

SECTION I TAX RETURN INFORMATION – TAX YEAR ENDING DEC. 31, 2020 (whole dollars only)

| | | |
|---|----|--------|
| 1. Adjusted PA Taxable Income (Form PA-40, Line 11) | 1. | 14,714 |
| 2. PA Tax Liability (Form PA-40, Line 12) | 2. | 452 |
| 3. Total PA Tax Withheld (Form PA-40, Line 13) | 3. | 450 |
| 4. Refund (Form PA-40, Line 30) | 4. | |
| 5. Total Payment (Tax Due) (Form PA-40, Line 28) | 5. | 2 |

SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2020 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Section I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

Primary Taxpayer's Personal Identification Number (PIN): (mark one oval only)

- I authorize GLOBAL TAXES LLC to enter my PIN 19514 as my signature on my tax year 2020 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return.

Signature _____ Date _____

Secondary Taxpayer's PIN: (mark one oval only)

- I authorize _____ to enter my PIN _____ as my signature on my tax year 2020 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return.

Signature _____ Date _____

Practitioner PIN Program Participants Only – Continue Below

SECTION III CERTIFICATION AND AUTHENTICATION

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 587278 / 61989

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2020 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's signature _____ Date _____

ERO must retain this form and the supporting documents for three years.

DO NOT SUBMIT THIS FORM TO THE PENNSYLVANIA DEPARTMENT OF REVENUE

Name
VAISHNAVI BHOMAGAUD VENKATESH

Social Security Number
832-61-9514

Federal Forms W-2

| # of W2 | * N T / T X B L | TS | N R H | Employer Name Employer identification number from box B | Federal wages from box 1 Medicare wages from box 5 | Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax withheld from box 17 | ST ID |
|---------|-----------------|----|-------|--|---|---|-------|
| 1 | | T | | TECHSMART GLOBAL INC 81-2273516 | 71,502. 71,502. | 14,662. 450. | PA |
| 1 | X | T | | TECHSMART GLOBAL INC 81-2273516 | | 56,840. 0. | IA |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | Taxpayer | Spouse |
|---|----------|--------|
| Pennsylvania W-2 | 14,662. | 0. |
| Pennsylvania W-2 to Schedule NRH, line 9 | | |
| Federal Form 4137, Unreported Tips, line 6 | | |
| Non-Pennsylvania W-2 to Schedule SP, line 6 | 56,840. | |
| Withholding | 450. | |

Federal Forms W-2: Local Tax

| # of W2 | * | TS | Employer identification number from box B | Locality name | Local wages, tips, etc. (local) from box 18 | Local income tax (local) from box 19 | ST ID |
|---------|---|----|---|---------------|---|--------------------------------------|-------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | Taxpayer | Spouse |
|--|----------|--------|
| Pennsylvania Local W-2 | | |
| Federal Form 4137, Unreported Tips, line 6 | | |
| Withholding | | |

Excess Reimbursements

| * | Description | Employer's EIN | T/S | Amount |
|---|-------------|----------------|-----|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | Taxpayer | Spouse |
|---------------------------------|----------|--------|
| Excess Reimbursements | | |

Miscellaneous Compensation from Federal Forms 1099MISC, 1099K, 1099NEC, and other statements

| * | Payer Name | Payer EIN | T/S | Code | PA Taxable Comp. | PA Tax Withheld | Fed. Income |
|--------------------------|------------|-----------|-----|------|------------------|-----------------|-------------|
| <input type="checkbox"/> | | | | | | | |
| <input type="checkbox"/> | | | | | | | |
| <input type="checkbox"/> | | | | | | | |

Pennsylvania Payment type:

- | | |
|---|--|
| A Executor fee | H Other nonemployee compensation. Describe: _____ |
| B Jury duty pay | I Employer sponsored retirement/pension/deferred compensation plan |
| C Director's fee | J Distribution from IRA (Traditional or Roth) |
| D Expert witness fee | K Distribution from Life Insurance, Annuity or Endowment Contracts |
| E Honorarium | L Distribution from Charitable Gift Annuities |
| F Covenant not to compete | M Distribution from Employee Stock Ownership Plan. Describe: _____ |
| G Damages or settlement for lost wages, other than personal injury | N Fiduciary fees from a trust |
| | O Other income not listed above Describe: _____ |

| | | |
|--|-----------------|---------------|
| | Taxpayer | Spouse |
| Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC. | _____ | _____ |
| Withholding | _____ | _____ |

Compensation from Federal Forms 1099R

| * | Payer's EIN Payer's Name | T S | Fed # | PA Type | Gross Distribution | Basis | PA Taxable | PA Tax Withheld |
|--------------------------|-----------------------------|--------|----------|------------|-----------------------|-------|------------|--------------------|
| <input type="checkbox"/> | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | |

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax - PA Part-Year and Nonresidents Only.

Pennsylvania Distribution type:

- | | |
|---|---|
| N No entry | I22 I'm not eligible yet; plan is eligible in PA |
| I31 PA school, state, or municipal employee plan | J1 Traditional or Roth IRA; I'm over 59.5 |
| I11 United Mine Workers pension | J2 Traditional or Roth IRA; I'm under 59.5 |
| I32 Military pension | K2 Non-qualified deferred compensation plan |
| I33 U.S. Civil service retirement/disability/annuity | K3 Life insurance or endowment |
| K1 Annuity or Non-civil service disability (including Qual Joint Survivorship Annuity) | L Distribution from Charitable Gift Annuities |
| I21 Early distribution from a retirement plan | M1 ESOP: Allocated ESOP Stock Dividend |
| I12 Rollover | M2 ESOP: Non-Allocated ESOP Stock Dividend |
| I13 I'm eligible; plan is eligible (no PA tax) | M3 KSOP: Taxable ESOP within a 401(k) |
| | M4 KSOP: Nontaxable ESOP within a 401(k) |

| | | |
|--|-----------------|---------------|
| | Taxpayer | Spouse |
| Distribution from Life Insurance, Annuity, Endowment Contracts or ineligible retirement plans (see Tax Help FAQ's for more info) | _____ | _____ |
| Distribution from Charitable Gift Annuities | _____ | _____ |
| Compensation from Form 1099R (eligible retirement plans) | _____ | _____ |
| Withholding | _____ | _____ |

Total Gross Compensation

| | | |
|---|-----------------|---------------|
| | Taxpayer | Spouse |
| Total gross compensation to Form PA-40 line 1a | 14,662. | 0. |
| Total Schedule NRH gross compensation to PA-40, line 12 | _____ | _____ |
| Withholding to Form PA-40 line 13 | 450. | _____ |

| | |
|--|---------|
| Total gross compensation to Form PA-40 line 1a | 14,662. |
|--|---------|

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.

Your first name, middle initial, and last name VAISHNAVI BHOOMAGAUD VENKATESH

Spouse's first name, middle initial, and last name _____

Your Social Security number 832-61-9514

Spouse's Social Security number _____

Home address, City, State, ZIP 515 PLYMOUTH RD , R4

PLYMOUTH MEETING PA 19462

Part I Tax Return Information

| | | B. Spouse (filing status 3) | A. You or Joint |
|----|--|--------------------------------|---------------------------|
| 1. | Iowa Net Income (IA 1040, line 26 A & B)..... | 1B <u> </u> .00 | 1A <u>71,554</u> .00 |
| 2. | Total Tax (IA 1040, line 42 A & B)..... | 2B <u> </u> .00 | 2A <u>3,396</u> .00 |
| 3. | Iowa Income Tax Withheld (IA 1040, line 63 A & B)..... | 3B <u> </u> .00 | 3A <u>2,558</u> .00 |
| 4. | Amount to be Refunded (IA 1040, line 68)..... | | 4. <u> </u> .00 |
| 5. | Total Amount Due (IA 1040, line 73)..... | | 5. <u> </u> 107.00 |

Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return.)

6. I do not want direct deposit or direct debit.
7. I consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

I authorize the Iowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated below for payment of my individual Iowa taxes owed on this return, and the financial institution to debit the entry to this account on _____ (the payment/settlement date). I also authorize the financial institution 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. This authorization is to remain in full force and effect until I notify IDR to terminate the authorization. To revoke (cancel) a payment, I must contact IDR at (515) 281-3114 or idreft@iowa.gov. Payment cancellation requests must be received no later than five business days prior to the payment/settlement date. Note: This electronic withdrawal from your bank account will be identified with the ACH Company ID 4426004574. If you currently have a debit block on this account, contact your financial institution to request that they allow a withdrawal from your bank account by this ACH Company ID.

Name of financial institution: _____

Routing Number The first two digits must be 01 through 12 or 21 through 32.

Account Number

Type of Account: Savings Checking

Will this refund go to (or payment come from) an account outside the United States? Yes No

Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and statements for tax year ending December 31, 2020 and certify 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 shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedules, attachments, and statements be sent to the Iowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originator (ERO). In addition, by using software to prepare and transmit my return electronically, I consent to the disclosure to IDR of all information pertaining to the transmission of my tax return electronically. I authorize IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize IDR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if IDR does not receive full and timely payment of my tax liability I will remain liable for the tax liability and all applicable penalties and interest. I consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my return, refund, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. I understand that this declaration with required attachments must be forwarded upon request to IDR.

Your Signature _____ Date _____

Spouse Signature. If a joint return, both must sign. _____ Date _____

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

I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with IDR and have followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form IA 8453-IND should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whichever is later, to which the IA 8453-IND relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I have based this declaration on all information available to me.

| ERO Signature | Date | Check if also paid preparer <input type="checkbox"/> | Check if self- employed <input type="checkbox"/> | ERO PTIN |
|--|------------------------|--|---|--------------------------------------|
| Firm's name (or yours if self-employed) <u>GLOBAL TAXES LLC</u> | | | | FEIN <u>30-1017196</u> |
| Address, City, State, ZIP <u>2530 PEBBLE CREEK LN CUMMING GA 30041</u> | | | | Phone Number <u>(678)965-9522</u> |
| Paid Preparer Signature <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u> | Date <u>09/24/2021</u> | Check if self- employed <input type="checkbox"/> | | Preparer PTIN <u>P02082703</u> |
| Firm's name (or yours if self-employed) <u>GLOBAL TAXES LLC</u> | | | | FEIN <u>30-1017196</u> |
| Address, City, State, ZIP <u>2530 PEBBLE CREEK LN CUMMING GA 30041</u> | | | | Phone Number <u>(678)965-9522</u> |

Pay electronically using e-File & Pay on the Department's website: tax.iowa.gov

Instructions for Payment Vouchers

1. Complete using blue or black ink. Do not use gel pens on checks. **Do not staple.**
2. **SSN:** Enter the Social Security Number in the boxes provided below.
3. **Period ending:** Enter the date of the calendar or fiscal year end. Use MMDDYY format. MM: two-digit month. DD: two-digit day. YY: last two digits of the tax year. The period ending for December 31, 2020, would be entered as: 123120.
4. **Payment amount:** Enter dollars and cents. The two boxes separated to the right on the amount line are for cents. Do not enter any punctuation or symbols (for example ", or \$").
5. When paying by check, **make checks payable to** Iowa Department of Revenue.
6. Mail your payment on or before the due date with this voucher to:

Iowa Department of Revenue
PO Box 9187
Des Moines IA 50306-9187

Note: Penalties can only be waived under limited circumstances, as described in Iowa Code section 421.27.

Failure to Timely File a Return: A penalty of 10% will be added to the tax due for failure to timely file a return if the return is filed after the original due date of the return and if at least 90% of the correct amount of tax is not paid by the original due date of the return.

Failure to Timely Pay the Tax Due or Penalty for Audit Deficiency: A penalty of 5% will be added to the tax due if the return is filed by the original due date and at least 90% of the correct amount of tax is not paid by the original due date of the return.

When the failure to file penalty and the failure to pay penalty are both applicable, only the failure to file penalty will apply.

Penalty for Willful Failure to File: A penalty of 75% will be added to the tax due for willful failure to file a return or for filing with intent to evade tax.

cut here

Iowa Department of Revenue

INT REV 07/30/21 PRO

IA 1040V

Individual Income Tax Payment Voucher

200683261951411231208208 6

SSN:

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 8 | 3 | 2 | 6 | 1 | 9 | 5 | 1 | 4 |
|---|---|---|---|---|---|---|---|---|

Print name: BHOOMAGOUD VENKATESH VAISHNAVI
(Last, first MI)

Period ending:

| | | | | | |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 1 | 2 | 0 |
|---|---|---|---|---|---|

Address: 515 PLYMOUTH RD , R4

Payment amount:

| | | | | | | | | |
|--|--|--|--|---|---|---|---|---|
| | | | | 1 | 0 | 7 | 0 | 0 |
|--|--|--|--|---|---|---|---|---|

City, state, ZIP: PLYMOUTH MEETING PA 19462

Phone: 484-685-2722

Mail to:

Iowa Department of Revenue
PO Box 9187
Des Moines IA 50306-9187

Make checks payable to:

Iowa Department of Revenue. When you pay by check, you authorize the Department of Revenue to convert your check to a one-time electronic banking transaction. 41-137 (06/18/2020)



2020 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning _____ and ending _____

Step 1: Fill in all spaces. You must fill in your Social Security number (SSN).

Your last name: _____ Your first name/middle initial: _____

BHOOMAGOUD VENKATESH **VAISHNAVI**

Spouse's last name: _____ Spouse's first name/middle initial: _____



Current mailing address (number and street, apartment, lot, or suite number) or PO Box:
515 PLYMOUTH RD , R4

City, State, ZIP:
PLYMOUTH MEETING PA 19462

Spouse SSN: _____ Your SSN: **832-61-9514**

Step 2 Filing Status: Mark one box only

| | | |
|---|--|--|
| 1 | <input checked="" type="checkbox"/> Single: Were you claimed as a dependent on another person's Iowa return? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Email Address: _____ |
| 2 | <input type="checkbox"/> Married filing a joint return. (Two-income families may benefit by using status 3 or 4.) | Check this box if you or your spouse were 65 or older as of 12/31/20. <input type="checkbox"/> |
| 3 | <input type="checkbox"/> Married filing separately on this combined return. Spouse use column B. | Residence on 12/31/20: County No. 00 School District No. 9999 |
| 4 | <input type="checkbox"/> Married filing separate returns. Spouse's name: _____ ▲ SSN: _____ Net Income: \$ _____ | |
| 5 | <input type="checkbox"/> Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below. | |
| 6 | <input type="checkbox"/> Qualifying widow(er) with dependent child. Name: _____ SSN: _____ | |

Step 3 Exemptions

| | B. Spouse (Filing Status 3 ONLY) | A. You or Joint |
|--|----------------------------------|-----------------------------------|
| a. Personal Credit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3..... ▲ | _____ X \$ 40 = \$ _____ | ▲ <u>1</u> X \$ 40 = \$ <u>40</u> |
| b. Enter 1 for each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind..... ▲ | _____ X \$ 20 = \$ _____ | ▲ _____ X \$ 20 = \$ _____ |
| c. Dependents: Enter 1 for each dependent..... ▲ | _____ X \$ 40 = \$ _____ | ▲ _____ X \$ 40 = \$ _____ |
| d. Enter first names of dependents here _____ | e. Total \$ _____ | e. Total \$ <u>40</u> |

Step 4 Reportable Social Security benefits as calculated on line 13 of Iowa Social Security Worksheet

| | B. Spouse/Status 3 ▲ | A. You or Joint ▲ |
|--|----------------------|----------------------|
| | <input type="text"/> | <input type="text"/> |

Step 5 Gross Income

| | B. Spouse/Status 3 | A. You or Joint | B. Spouse/Status 3 | A. You or Joint |
|--|--------------------|------------------|--------------------|------------------|
| 1. Wages, salaries, tips, etc.....1. | _____ | <u>71,502.00</u> | | |
| 2. Taxable interest income. If more than \$1,500, complete Sch. B.....2. | _____ | _____ | | |
| 3. Ordinary dividend income. If more than \$1,500, complete Sch. B.....3. | _____ | _____ | | |
| 4. Taxable alimony received.....4. | _____ | _____ | | |
| 5. Business income/(loss). See instructions.....5. | _____ | _____ | | |
| 6. Capital gain/(loss). See instructions.....6. | _____ | <u>52.00</u> | | |
| 7. Other gains/(losses). See instructions.....7. | _____ | _____ | | |
| 8. Taxable IRA distributions.....8. | _____ | _____ | | |
| 9. Taxable pensions and annuities.....9. | _____ | _____ | | |
| 10. Rents, royalties, partnerships, estates, etc. See instructions.....10. | _____ | _____ | | |
| 11. Farm income/(loss). See instructions.....11. | _____ | _____ | | |
| 12. Unemployment compensation. See instructions.....12. | _____ | _____ | | |
| 13. Gambling winnings.....13. | _____ | _____ | | |
| 14. Other income, bonus depreciation, and section 179 adjustment.....14. | _____ | _____ | | |
| 15. Gross Income. Add lines 1-14.....15. | _____ | _____ | _____ | <u>71,554.00</u> |

NOTE: Use only blue or black ink, no pencils or red ink.

Step 6 Adjustments to Income

| | | | | |
|--|---------|-------------|-------|------------------|
| 16. Payments to an IRA, Keogh, or SEP.....16. | _____ | _____ | | |
| 17. Deductible part of self-employment tax.....17. | _____ | _____ | | |
| 18. Health insurance premium.....18. | _____ | <u>0.00</u> | | |
| 19. Penalty on early withdrawal of savings.....19. | _____ | _____ | | |
| 20. Alimony paid.....20. | _____ | _____ | | |
| 21. Pension/retirement income exclusion.....21. | _____ ▲ | _____ | | |
| 22. Moving expense deduction from federal form 3903.....22. | _____ | _____ | | |
| 23. Iowa capital gain deduction; Include corresponding IA 100 schedule.....23. | _____ ▲ | _____ | | |
| 24. Other adjustments.....24. | _____ | _____ | | |
| 25. Total adjustments. Add lines 16-24.....25. | _____ | _____ | _____ | <u>0.00</u> |
| 26. Net Income. Subtract line 25 from line 15.....26. | _____ | _____ | _____ | <u>71,554.00</u> |

Step 7 Federal Taxes and Qualified Deductions

| | | | | |
|--|---------|-------|-------|------------------|
| 27. Federal income tax refund/overpayment received in 2020.....27. | _____ | _____ | | |
| 28. Self-employment/household employment/other federal taxes.....28. | _____ ▲ | _____ | | |
| 29. Addition for federal taxes. Add lines 27 and 28.....29. | _____ | _____ | | <u>0.00</u> |
| 30. Total. Add lines 26 and 29.....30. | _____ | _____ | | <u>71,554.00</u> |
| 31. Federal tax withheld in 2020, federal estimated tax payments made in 2020, and federal taxes paid in 2020 for 2019 and prior years.....31. | _____ | _____ | _____ | <u>7,898.00</u> |
| 32. Qualified business income deduction. 25.0% (.25) of federal amount. See instructions.....32. | _____ ▲ | _____ | | |
| 33. DPAD 199A(g) deduction. 25.0% (.25) of federal amount.....33. | _____ ▲ | _____ | | |
| 34. Total federal tax and other qualified deductions. Add lines 31, 32, and 33.....34. | _____ | _____ | _____ | <u>7,898.00</u> |
| 35. Balance. Subtract line 34 from line 30. Enter here and on line 36, page 2.....35. | _____ | _____ | _____ | <u>63,656.00</u> |



2020 IA 1040, page 2

| | B. Spouse/Status 3 | A. You or Joint | B. Spouse/Status 3 | A. You or Joint |
|--|--------------------|---------------------|-----------------------------------|----------------------------------|
| Step 8 Taxable Income | | | | |
| 36. BALANCE. From side 1, line 35..... | | 36. | .00 | 63,656.00 |
| 37. Deduction. Check one box <input checked="" type="checkbox"/> Itemized.(Include IA Schedule A) <input type="checkbox"/> Standard <input checked="" type="checkbox"/> | | 37. | .00 | 2,110.00 |
| 38. TAXABLE INCOME. SUBTRACT line 37 from line 36..... | | 38. | .00 | 61,546.00 |
| Step 9 Tax, Credits, and Check-off Contributions | | | | |
| 39. Tax from tables or alternate tax..... | .00 | ▲ | 3,396.00 | |
| 40. Iowa lump-sum tax. See instructions..... | .00 | ▲ | .00 | |
| 41. Iowa alternative minimum tax. Include IA 6251..... | .00 | ▲ | .00 | |
| 42. Total tax. ADD lines 39, 40, and 41..... | .00 | | | 3,396.00 |
| 43. Total exemption credit amount(s) from Step 3, side 1..... | .00 | | 40.00 | |
| 44. Tuition and textbook credit for dependents K-12..... | .00 | ▲ | .00 | |
| 45. Volunteer firefighter/EMS/reserve peace officer credit..... | .00 | ▲ | .00 | |
| 46. Total credits. ADD lines 43, 44, and 45..... | .00 | | | 40.00 |
| 47. BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter zero..... | .00 | ▲ | 3,356.00 | |
| 48. Credit for nonresident or part-year resident. Must include IA 126 and federal return..... | .00 | ▲ | 691.00 | |
| 49. BALANCE. SUBTRACT line 48 from line 47. If less than zero, enter zero..... | .00 | ▲ | 2,665.00 | |
| 50. Out-of-state tax credit. Must include IA 130..... | .00 | ▲ | .00 | |
| 51. BALANCE. SUBTRACT line 50 from line 49. If less than zero, enter zero..... | .00 | ▲ | 2,665.00 | |
| 52. Other nonrefundable Iowa credits. Must include IA 148 Tax Credits Schedule..... | .00 | ▲ | .00 | |
| 53. BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter zero..... | .00 | ▲ | 2,665.00 | |
| 54. School district surtax or EMS surtax. Take percentage from table; multiply by line 53..... | .00 | ▲ | 0.00 | |
| 55. Total state and local tax. ADD lines 53 and 54..... | .00 | ▲ | 2,665.00 | |
| 56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here..... | | 56. | | 2,665.00 |
| 57. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars. | | | | |
| Fish/Wildlife 57a: <input checked="" type="checkbox"/> State Fair 57b: <input type="checkbox"/> Firefighters/Veterans 57c: <input type="checkbox"/> Child Abuse Prevention 57d: <input type="checkbox"/> Enter here..... | | 57. | | .00 |
| 58. TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 56 and line 57 and enter here..... | | 58. | ▲ | 2,665.00 |
| Step 10 Credits | | | | |
| 59. Iowa fuel tax credit. Include IA 4136..... | .00 | ▲ | .00 | |
| 60. Check One: Child and dependent care credit <input type="checkbox"/> OR <input checked="" type="checkbox"/> Early childhood development credit <input type="checkbox"/> | .00 | ▲ | .00 | |
| 61. Iowa earned income tax credit. 15.0% (.15) of federal credit..... | .00 | ▲ | 0.00 | |
| 62. Other refundable credits. Include IA 148 Tax Credits Schedule..... | .00 | ▲ | .00 | |
| 63. Iowa income tax withheld..... | .00 | ▲ | 2,558.00 | |
| 64. Estimated and voucher payments made for tax year 2020..... | .00 | ▲ | .00 | |
| 65. TOTAL. ADD lines 59 through 64 and enter here..... | .00 | ▲ | 2,558.00 | |
| 66. TOTAL CREDITS. ADD columns A and B on line 65 and enter here..... | | 66. | | 2,558.00 |
| Step 11 Refund | | | | |
| 67. If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid..... | | 67. | ▲ | .00 |
| 68. Amount of line 67 to be REFUNDED..... | | REFUND 68. | ▲ | .00 |
| 68a. Routing number: <input type="text"/> | | 68b. Type | Checking <input type="checkbox"/> | Savings <input type="checkbox"/> |
| 68c. Account number: <input type="text"/> | | | | |
| 69. Amount of line 67 to be applied to your 2021 estimated tax..... | .00 | ▲ | .00 | |
| Step 12 Pay | | | | |
| 70. If line 66 is less than line 58, subtract line 66 from line 58. This is the AMOUNT OF TAX YOU OWE..... | | 70. | ▲ | 107.00 |
| 71. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. Check if annualized income method is used. <input type="checkbox"/> | | 71. | ▲ | .00 |
| 72. Penalty and interest <input checked="" type="checkbox"/> 72a. Penalty <input type="text"/> .00 <input checked="" type="checkbox"/> 72b. Interest <input type="text"/> .00 ADD. Enter total..... | | 72. | | .00 |
| 73. TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here..... | | PAY THIS AMOUNT 73. | ▲ | 107.00 |

Step 13 I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct, and complete.

| | | | | | |
|--------------------|--------------------------|--------------------------|---------------|--------------------------|-------------|
| SIGN HERE | <input type="checkbox"/> | | | | |
| Your signature | Date | Check if deceased | Date of death | Preparer's signature | Date |
| SIGN HERE | <input type="checkbox"/> | | | | |
| Spouse's signature | Date | Check if deceased | Date of death | Preparer's PTIN | Firm's FEIN |
| | | (484) 685-2722 | | | |
| | | Daytime telephone number | | | |
| | | | | P02082703 | 30-1017196 |
| | | | | Preparer's PTIN | Firm's FEIN |
| | | | | (678) 965-9522 | |
| | | | | Daytime telephone number | |

This return is due April 30, 2021. Sign, enclose W-2s, and verify SSNs.
MAILING ADDRESS: Iowa Income Tax Document Processing,
PO BOX 9187, Des Moines IA 50306-9187
Make check payable to Iowa Department of Revenue



Name(s): VAISHNAVI BHOMAGOU D VENKATESH Social Security number: 832-61-9514

Mark the appropriate box for you and your spouse

| | B. Spouse | A. You or Joint |
|--|----------------------------|---------------------------------------|
| A nonresident of Iowa for all of 2020 | <input type="checkbox"/> ▲ | <input type="checkbox"/> ▲ |
| A part-year resident of Iowa during 2020 | <input type="checkbox"/> ▲ | <input checked="" type="checkbox"/> ▲ |
| Date moved into Iowa: _____ | | |
| Date moved out of Iowa: _____ | | <u>06/30/20</u> |
| A full-year resident of Iowa during 2020 | <input type="checkbox"/> | <input type="checkbox"/> |

Iowa-Source Income

| | B. Spouse | A. You or Joint |
|---|---------------|-----------------|
| 1. Wages, salaries, tips, etc. | 1. _____ .00 | _____ 56,840.00 |
| 2. Taxable interest income | 2. _____ .00 | _____ .00 |
| 3. Ordinary dividend income..... | 3. _____ .00 | _____ .00 |
| 4. Taxable alimony received..... | 4. _____ .00 | _____ .00 |
| 5. Business income or (loss) | 5. _____ .00 | _____ .00 |
| 6. Capital gain or (loss) | 6. _____ .00 | _____ 0.00 |
| 7. Other gains or (losses) | 7. _____ .00 | _____ .00 |
| 8. Taxable IRA distributions | 8. _____ .00 | _____ .00 |
| 9. Taxable pensions and annuities..... | 9. _____ .00 | _____ .00 |
| 10. Rents, royalties, partnerships, estates, etc..... | 10. _____ .00 | _____ .00 |
| 11. Farm income or (loss) | 11. _____ .00 | _____ .00 |
| 12. Unemployment compensation..... | 12. _____ .00 | _____ .00 |
| 13. Gambling winnings..... | 13. _____ .00 | _____ .00 |
| 14. Other income, bonus depreciation, and section 179 adjustment..... | 14. _____ .00 | _____ .00 |
| 15. Iowa gross income. Add lines 1-14 | 15. _____ .00 | ▲ 56,840.00 |
| 16. Payments to an IRA, Keogh, or SEP..... | 16. _____ .00 | _____ .00 |
| 17. Deductible part of self-employment tax..... | 17. _____ .00 | _____ .00 |
| 18. Health insurance premium | 18. _____ .00 | _____ .00 |
| 19. Penalty on early withdrawal of savings | 19. _____ .00 | _____ .00 |
| 20. Alimony paid | 20. _____ .00 | _____ .00 |
| 21. Pension/retirement income exclusion..... | 21. _____ .00 | _____ .00 |
| 22. Moving expense deduction into Iowa only..... | 22. _____ .00 | _____ .00 |
| 23. Iowa capital gain deduction..... | 23. _____ .00 | _____ .00 |
| 24. Other adjustments..... | 24. _____ .00 | _____ .00 |
| 25. Total adjustments. Add lines 16-24..... | 25. _____ .00 | ▲ _____ .00 |
| 26. Iowa net income. Subtract line 25 from line 15 | 26. _____ .00 | _____ 56,840.00 |
| 27. All-source net income from IA 1040, line 26..... | 27. _____ .00 | _____ 71,554.00 |
| 28. Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0% | 28. _____ % | _____ 79.4 % |
| 29. Nonresident/part-year resident credit percentage: Subtract the percentage on line 28 from 100.0% | 29. _____ % | _____ 20.6 % |
| 30. Iowa tax on total income from IA 1040, line 39 | 30. _____ .00 | _____ 3,396.00 |
| 31. Total credits from IA 1040, line 46..... | 31. _____ .00 | _____ 40.00 |
| 32. Tax after credits. Subtract line 31 from line 30..... | 32. _____ .00 | _____ 3,356.00 |
| 33. Nonresident/part-year resident credit. Multiply line 32 by the percentage on line 29. Enter this amount on IA 1040, line 48..... | 33. _____ .00 | _____ 691.00 |

