E1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

2020

OMB No. 1545-007

IBS Use Only—Do not write or staple in this space

_	_							-			
Filing Status Check only		Single Married filing jointly use the MFS box, enter the r		ed filing separately your spouse. If you							
one box.	pers	son is a child but not your dependen	t ▶								
Your first name	and m	iddle initial	Last na	me				,	Your so	cial securit	y number
VIJAY B	HASK.	AR	GUDI	IBOINA					005-8	33-212	1
If joint return, s	pouse's	s first name and middle initial	Last na	me				;	Spouse's	s social sec	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.				Apt. no.	Presider	ntial Election	on Campaign
TEKSKY :	LLC	22636 GLENN DR STE 20	3							ere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete s	paces below.	Sta	te	ZIP				tly, want \$3 Checking a
STERLING	G				V	A	20	1 (1 1 1 1 1 1	0	w will not	0
Foreign country	y name			Foreign province/state	e/count	ty	Fore	eign postal code	your tax	or refund.	
										You	Spouse
At any time du	ıring 20	020, did you receive, sell, send, exc	hange, d	or otherwise acquir	e any	financial interes	st in	any virtual curr	rency?	Yes	⋈ No
		eone can claim: You as a de		<u>_</u>		a dependent					
Standard Deduction						•					
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you	were a dual-status	salleri						
Age/Blindness	s You	: Were born before January 2, 1	956	Are blind S	oouse	: Uas borr	n be	fore January 2,	1956	☐ Is bli	ind
Dependent	s (see	instructions):		(2) Social securi	ty	(3) Relationshi	р	(4) 🗸 if qua	alifies for	(see instru	ctions):
If more	(1) F	irst name Last name		number		to you		Child tax cre	dit	Credit for oth	ner dependents
than four										[
dependents, see instruction	s ——										
and check										[
here ▶ 🗌										[
	1	Wages, salaries, tips, etc. Attach l	orm(s)	W-2					1	9	91,831.
Attach	2 a	Tax-exempt interest	2a		b T	axable interest			2b		
Sch. B if required.	3a	Qualified dividends	3a		b C	rdinary dividen	nds		3b		
	4a	IRA distributions	4a		b T	axable amount			4b		
	5a	Pensions and annuities	5a		b T	axable amount			5b		
Standard	6a	Social security benefits	6a		b T	axable amount			6b		
Deduction for Single or	7	Capital gain or (loss). Attach Sche	dule D i	f required. If not red	quired	, check here		▶ 🗆	7		19.
Married filing	8	Other income from Schedule 1, lin	e9.						8		
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 1	his is your total in	come			🕨	9	9	91,850.
Married filing	10	Adjustments to income:					,				
jointly or Qualifying	а	From Schedule 1, line 22				10a	1				
widow(er), \$24,800	b	Charitable contributions if you take	the star	ndard deduction. Se	e inst	ructions 10b		300			
Head of	С	Add lines 10a and 10b. These are	your to	tal adjustments to	incor	ne		🕨	10c	_	300.
household, \$18,650	11	Subtract line 10c from line 9. This	is your	adjusted gross ind	come			🕨	11	9	91,550.
If you checked	12	Standard deduction or itemized	deduct	ions (from Schedul	e A)				12	1 1	12,400.
any box under Standard	13	Qualified business income deduct	ion. Atta	ach Form 8995 or F	orm 8	995-A			13		
Deduction, see instructions.	14	Add lines 12 and 13							14		12,400.
	15	Taxable income Subtract line 14	from lin	e 11 If zero or less	ente	r -0-			15	1 7	79.150.

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

Form **1040** (2020)

Form 1040 (2020	0)									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌			16	13,209.
	17	Amount from Schedule 2, lin	e3						17	
	18	Add lines 16 and 17							18	13,209.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	e7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	13,209.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10				23	0.
	24	Add lines 22 and 23. This is	your total tax					. •	24	13,209.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	14	,977		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	14,977.
If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	19 return				26	
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit. A				28				
nontaxable combat pay, see instructions.	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Recovery rebate credit. See	instructions .			30				
	31	Amount from Schedule 3, lin	ie 13			31				
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and refunda	able cre	edits	.)	32	
	33	Add lines 25d, 26, and 32. These are your total payments								14,977.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid								1,768.
neiuliu	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ▶ □						35a	1,768.	
Direct deposit?	▶b	Routing number 2 1 1 3 9 1 8 2 5 ▶ c Type: ★ Checking Savings							s	
See instructions.	▶d	Account number 4 0 9	5 2 2 5	1						
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax ►	36	_			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe	now			. •	37	
You Owe		Note: Schedule H and Sch		-					or	
For details on		2020. See Schedule 3, line 1					arioo you	0		
how to pay, see instructions.	38	Estimated tax penalty (see in	nstructions) .		🕨	38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See			•	
Designee	ins	structions					Yes. C	omplet	e below.	X No
		signee's		Phone					ntification	
		me ►		no. ►				ber (PIN	,	
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com								
Here		ur signature	pioto. Boolaration	Date	Your occupation	2000 011	an innormati			nt you an Identity
	, 10	ur signature		Date	Tour occupation					IN, enter it here
Joint return?					SOFTWARE I	ENGIN	IEER	(s	ee inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, I	Date	Spouse's occupat	ion			the IRS sent your spouse an		
Keep a copy for your records.	,							entity Prot ee inst.) ▶	ection PIN, enter it here	
•			<u> </u>					50 III3t.) >		
		one no. eparer's name	Preparer's signat	Email address		Data		PTIN		Check if:
Paid		•							00700	Self-employed
Preparer						11/2021		82703		
Use Only								eno. (678) 965-9522 SEIN ► 30-1017196		
-	⊢ır	mis address ▶ ZDDU PCDD.	те ствек т	от Сипппі П	J GA SUU41			1 F1	rm's HIN	> 3U−1U1/196

REV 03/25/21 PRO

SCHEDULE D

Department of the Treasury

Internal Revenue Service (99)

(Form 1040)

Capital Gains and Losses

► 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.

OMB No. 1545-0074

2020

Attachment Sequence No. **12**

Name(s) shown on return Your social security number VIJAY BHASKAR GUDIBOINA 005-83-2121 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. 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 (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) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2. column (a) with column (a) 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 239. 220. 19. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with 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 7 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 19. 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 (g) (h) Gain or (loss) Adjustments Subtract column (e) (d) (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 (sales price) (or other basis) Form(s) 8949, Part II, 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	19.
	• 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? ☐ 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.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	• 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?		
	☐ 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.		

8949

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

2020 Attachment Sequence No. 12A

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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
VIJAY BHASKAR GUDIBO

Social security number or taxpayer identification number

005-83-2121

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

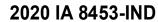
Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

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(B) Short-term transactions(C) Short-term transactions	reported on	Form(s) 1099	9-B showing bas				e)
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Securities LLC	11/12/20	12/12/20	239.	220.			19.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above shave is checked) or line 3 (if Box A)	al here and inc is checked), lir	lude on your ne 2 (if Box B	230	220			10

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.





Iowa Individual Income Tax Declaration for an e-File Return

tax.iowa.gov

2. Total Tax (IA 1040, line 42 A & B.)	Spouse's Social Security number 0.05 = 83 - 2121 Spouse's Social Security number 4.2016 44443 Spouse's	irst name, middle initial, and last name, T/T T/V DU//C	KYB CIIDIBOIN	A Spouse's first see	ma middle initial a	and last name		
Part I Tax Return Information 1. Iowa Net Income (IA: 1040, line 29 A & B)	Part I Tax Return Information 1. Iowa Net Income (IA 1040, line 26 A 8 B)		WINGING CONTROLL	•				
Part I Tax Return Information 1. Iowa Net Income (IA 1040, line 28 A & B)	Part IT Tax Return Information 1. Iowa Net Income (IA 1040, line 26 A & B)	·		•	· -			
Part Tax Return Information (filing slatus 3) A You or Joint	Part I zar Return information ((liing status 3) A You or Joint I, lows Net Income (A 1040, line 28 A & B)	address, City, State, ZIP TEKSKY LLC 22636	GLENN DR ST	E 203 STERI	LING VA 201	644443		
1. lows Net Income (IA 1040, line 28 A & B)	1. lowe Net Income (IA 1040, line 26 A & B)	Doubl Tay Debium Information						A Vou er leint
2. Total Tax (IA 1040, line 42 A & B.)	2. Total Tax (IA 1040, line 42 A & B)				, ,	,		
3. lows income Tax Withheld (IA 1040, line 63 A & B)	3. lows income Tax Withheld (IA 1040, line 63 A & B)							
4. Amount to be Refunded (IA 1040, line 68)	4. Amount to be Refunded (k1 1040, line 68)							
5. Total Amount Due (IA 1040, line 73)	5. Total Amount Due (IA 1040, line 73)							•
Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return.) 6.	art II Declaration of Taxpayer (Be sure to keep a copy of the tax return.) 6.	·						
6.	6.						5	101
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 s as an agent to receive the refund. Lathbridge the lower Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry financial institution account indicated below for payment of my individual lowa taxes owed on this return, and the financial institution to this account on	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 s as an agent to receive the refund. □ I authorize the lowe Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry financial institution account indicated below for payment of my individual lows taxes owed on this return, and the financial institution to debit the to this account on. (the paymentsettlement date). I also authorize the financial institution involved in the processing electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment authorization is to remain in full force and effect until I notify IDR to terminate the authorization. To revoke capile payment, I must contact I (515) 281-3114 or identification and incomplete and incomplete in the payment is date. Note: This electronic withdrawal from your bank account will be identified with the ACH Company 16 payment. Further than the payment of financial institution: Routing Number 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, attachment and statements for tax year ending December 31, 2022 and actify to the best of my knowledge and belief, it is true, correct and complete. If urther declare if 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 any schedules, attachment and statements for tax year ending December 31, 2022 and actify to the best of my knowledge and belief, it is true, correct and complete. If urther declare it the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I c							
as an agent to receive the refund. authorize the lowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry individual lowa taxes owed on this return, and the financial institution to debit the to this account on account indicated below for payment of my individual lowa taxes owed on this return, and the financial institution to debit the to this account on carbon account indicated below for payment of taxes to receive confidential information necessary to answer inquires and review issues related to the payment 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 I (515):281-3114 or identification and payment, I must contact I (515):281-3114 or identification and the payment state of the payment 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 I (515):281-3114 or identification is contact I (515):281-3114 or identification in the payment is contact I (515):281-3114 or identification in the payment of the payment is contact I (515):281-3114 or identification in the payment is contact I (515):381-381-381 or identification in the payment is contact I (515):381-381-381 or identification in the payment is contact I (515):381-381-381 or identification in the payment is contact I (515):381-381-381 or identification in the payment is contact I (515):381-381-381 or identification in the payment is contact I (515):381-381-381 or identification in the payment is contact I (515):381-381-381 or identification in the payment is contact I (515):381-381-381 or identification in the payment is contact I (515):381-381-381 or identificati	as an agent to receive the refund.			alassa (f. l. l. assa fila da				
Inflancial institution account indicated below for payment of twent date). I also authorize the financial institution to debit the to this account on the payment settlement date). I also authorize the financial institution involved in the processing electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment authorization is to remain in full force and effect until I notify IRDR to terminate the authorization are required. (515) 281-3114 or identification is to remain in full force and effect until I notify IRDR to terminate the authorization. To remain in full force and effect until 1 notify IRDR to terminate the authorization. To advance (cancel) a payment, I must contact (515) 281-3114 or identification in the control of the	Infancial institution account indicated below for payment of my individual lowa taxes owed on this return, and the financial institution involved in the processing electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment authorization is to remain in full force and effect until Indify IRN to terminate the authorization. To revoke (cancel) a payment, I must contact I (515) 281-3114 or interligiovas gov. Payment cancellation requests must be received no later than five business days prior to the payment/setflit date. Note: This electronic withdrawal from your bank account will be identified with the ACH Company 120 currently have 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 Account Number A		osited as designated b	elow. If I have filed a	joint return, this is	an irrevocable	appointmer	it of the other sp
Routing Number Account Number Type of Account: Savings	Account Number Type of Account: Savings Checking Checkin	(515) 281-3114 or idreft@iowa.gov. Pay date. Note: This electronic withdrawal fr block on this account, contact your finan	ment cancellation requorment cancellation requ	ests must be receive will be identified with	ed no later than fiven the ACH Compar	e business day ny ID 4426004	s prior to the	e payment/settle currently have a
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, attachment 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 the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I consent that fur yeturn, including accompanying schedule statechments, and statements be sent to the lowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Origina (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 I ransmission 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 this 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 understand that if IDR does not receive full and timely payment of my tax liability I will remain liable for that liability and all applicable penalties and interest 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 returefund, 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 sen understand that this declaration with required attachments must be forwarded upon request to IDR. Your Signature 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 t	Account Number Type of Account: Savings Checking Checkin	Name of financial institution:						
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, attachment 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 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 schedulatachments, and statements be sent to the lowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Origina (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 Itransmission of my tax return electronically. I authorize IDR to inform my ERO and/or transmitter my electronic return has been accepted. In the event this 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 understand that if IDR does not receive full and timely payment of my tax iliability I will remain liable for the tax liability and all applicable penalties and interest 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 returefund, 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 sen understand that this declaration with required attachments must be forwarded upon request to IDR. Your Signature Your Signature Your 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 has taxpayer's signature before submitting this return	Type of Account: Savings	Routing Number	The firs	t two digits must be	e 01 through 12 o	or 21 through	32.	
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, attachmen 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 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 schedule attachments, and statements be sent to the lowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Origina (ERO). In addition, by using software to prepare and transmit my return electronically, I consent to the discolsure to IDR of all information pertaining to I transmission of my tax return electronically, I authorize IDR to inform my ERO and/or transmitter when my electronic letturn has been accepted. In the event the 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 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 interes consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II II so correct. If the processing of my return derstand 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 entiries on form IA 8453-IND are complete and correct to the best of my knowledge. If I alxipayer'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 had followed all other requirements descr	Account Number						
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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 a 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 to 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 has followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form 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 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 declar that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, the are true, correct, and complete. I have based this declaration on all information available to me. Check if also paid Check if self-employed ERO PTIN	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 a 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 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 ha followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form 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 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 declarate to which the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, the are true, correct, and complete. I have based this declaration on all information available to me. ERO Check if also paid Check if self-employed ERO PTIN	the amounts in Part I above are the amounts shown or attachments, and statements be sent to the Iowa Dep (ERO). In addition, by using software to prepare and transmission of my tax return electronically. I authorize is rejected, I authorize IDR to identify the reasons fo understand that if IDR does not receive full and timely consent that my refund be directly deposited as desig refund, or direct debit is delayed, I authorize IDR to	n the copy of my electricartment of Revenue (II transmit my return el IDR to inform my ERC rejection so that the payment of my tax lianated in Part II and de disclose to my ERO	onic income tax retur DR) through the Inte ectronically, I conse and/or transmitter w return can be corre- bility I will remain liat clare that the inform and/or transmitter the	m. I consent that m mal Revenue Serv nt to the disclosur then my electronic cted and re-transn ble for the tax liabil ation shown in Par ne reason(s) for th	ny return, including (IRS) by more to IDR of all return has been itted. If I have ity and all applict II is correct.	ling accomp y Electronic I informatior n accepted. e filed a bal- icable penal If the proces	eanying schedule: Return Originaton pertaining to the In the event that ance due return, Ities and interest. ssing of my return
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 a 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 to 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 filled with IDR and hat followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form 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 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 declar that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, the are true, correct, and complete. I have based this declaration on all information available to me. Check if also paid Check if self-giption Check if self-gip	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 a 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 to 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 hat followed all other requirements described in the lowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form 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 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 declarate true, correct, and complete. I have based this declaration on all information available to me. Check if also paid	Your Signature	Date	Spouse Signal	ture. If a joint return	n, both must siç	gn.	Date
ERO Signature Date Date Date Check if self- employed □ ERO PTIN FEIN 30-1017196 Self-employed)	ERO Signature Date Preparer ☐ Also paid preparer ☐ Check if self-employed ☐ ERO PTIN Firm's name (or yours if GLOBAL TAXES LLC self-employed) Address, City, State, ZIP ₂₅₃₀ PEBBLE CREEK LN CUMMING GA 30041 Paid Preparer Check if self-	I declare that I have reviewed the above taxpayer's re only a collector, I am not responsible for reviewing the taxpayer's signature before submitting this return to the followed all other requirements described in the Iowal 8453-IND should not be sent to IDR, but must be retailed, to which the IA 8453-IND relates was filed. I will that I have examined the above taxpayer's return and	eturn and that entries of the return and only de- e IRS. I have provided Modernized e-File (Me ined by the ERO for a make a copy availabl accompanying schedu	on form IA 8453-IND clare that this form a the taxpayer with a F) Information for e-I period of three years e to IDR upon reque les, attachments, an available to me.	accurately reflects copy of all forms a File Providers publ s from the due date st. If I am a paid p	the data on the data information ication. I under the of the return oreparer, under	te return. I leto be filed we stand that the filing penalties of	have obtained the with IDR and has he original form date, whichever f perjury, I decla
self-employed)	Self-employed) Address, City, State, ZIP ₂₅₃₀ PEBBLE CREEK LN CUMMING GA 30041 Phone Number (678) 965-9522 Paid Preparer Check if self-		Date	also paid	1 -		IN	
	Address, City, State, ZIP ₂₅₃₀ PEBBLE CREEK LN CUMMING GA 30041 Paid Preparer Check if self-	Firm's name (or yours if GLOBAL TAXES LLC				FEIN	30-101	7196
· · · ZOOU PEBBLE CKEEN IN COMMINICA CA SUU41 I NOMBER (0707) 900 9022	Paid Preparer Check if self-	self-employed)		C7 20041		Phone		

self-employed)

Firm's name (or yours if

Address, City, State, ZIP

GLOBAL TAXES LLC

2530 PEBBLE CREEK LN CUMMING GA 30041

30-1017196

Number (678) 965-9522

FEIN

Phone



tax.iowa.gov

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

Instructions for Payment Vouchers

- 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.
- 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.
- 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 \$").
- When paying by check, make checks payable to lowa Department of Revenue. 5.
- 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 lowa 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.

	Cl	ut here									
Iowa Department of Revenue	INT	REV 03/17/21 PRO Individ	ual	Inco	me	Тах	(Pa			04 Vou	-
500600283575787537508508 6											
		SSN:	0	0	5	8	3	2	1	2	1
Print name: GUDIBOINA VIJAY BHASKAR (Last, first MI)		Period ending:				-		2	1		•
Address: TEKSKY LLC 22636 GLENN DR STE	203	-				1	2	3	1	2	0
City, state, ZIP: STERLING VA 201644443		Payment amount:					1	0	1	0	0
Phone: 724-381-4356											

Mail to:

PO Box 9187 Des Moines IA 50306-9187 Make checks payable to:

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



202		1040 Iowa Individua		'n								
	•	beginning	and ending				COLERON ECONOMIS		447 IV. 1. RUPL IV. I B	.evun m.um	- 10.00 10.0 10	o e nn
Your las		•	name/middle initial:		_							Ç
GUDI			IJAY BHASKAR					WAE				#
Spouse'	's last na	me: Spouse's	first name/middle initial:			RARWK	YRXYYARXXXX	Wil	aran in	WDKB		¥ III
		address (number and street, apartment, lot, LLC 22636 GLENN DR										
City, Sta		G VA 201644443										
Spouse			N: 005-83-2121		_							
Step 2 F	iling Sta	atus: Mark one box only										
	_	Nere you claimed as a dependent on anoth	er person's lowa return? Yes	No X	Email Add	dress:						
2	Married	filing a joint return. (Two-income families m	ay benefit by using status 3 or 4.)		Check thi	s box if you o	or your spouse were	e 65 or	older as of 12/31/	20.		
3	Married	filing separately on this combined return. S	pouse use column B.		Residence	e on 12/31/2	0: County No. 77		School Dist	rict No. 3	231	
4	Married	filing separate returns. Spouse's name	:	≜ SS	SN:			١	Net Income: \$			
5	Head of	household with qualifying person. If qualify	ing person is not claimed as a depender	nt on this return,	enter the pers	son's name a	and SSN below.					
6	Qualifyii	ng widow(er) with dependent child. Name	: :			SSN:						
Step 3 E	Exempti	ons		B. S	pouse (Filing	Status 3 ONI	_Y)		A. You or Joint			
a. Pe	rsonal C	redit: Col. A: Enter 1 (enter 2 if filing status	2 or 5); Col. B: Enter 1 if filing status 3.	🛦		X \$ 40 =	\$	_ 🛦	1	X \$ 40 =	\$	40
		each taxpayer who is 65 or older and/or 1 f				X \$ 20 =	\$	A		X \$ 20 =	\$	
		s: Enter 1 for each dependent		········ <u> </u>		X \$ 40 =	·	_ 🔺 _		X \$ 40 =	-	
d. En	ter first r	ames of dependents here				e. Total	 			e. Tot	al \$	40
Step 4 F	Reportal	ole Social Security benefits as calculated	d on line 13 of Iowa Social Security W	orksheet	B. Spous	se/Status 3	A		A. You or J	loint ▲		
Step 5				B. Spouse		A. \	ou or Joint	B. Sp	ouse/Status 3		A. You or	r Joint
Gross	1. 2.	Wages, salaries, tips, etc Taxable interest income. If more th			00		91,831.00					
Income	3.	Ordinary dividend income. If more th	•		00		.00					
	4.		•				.00					
_	5.	Business income/(loss). See instru			.00		.00		No	OTE: Use	only	
	6.	Capital gain/(loss). See instructions			00		00 19.00		blu	ue or blac	k Í	
	7.	Other gains/(losses). See instruction			.00					k, no pend red ink.	cils	
	8.	Taxable IRA distributions			.00		.00					
	9.	Taxable pensions and annuities		9.	.00		.00					
	10.	Rents, royalties, partnerships, esta	tes, etc. See instructions	10.	.00		.00					
	11.	Farm income/(loss). See instruction					.00					
	12.	Unemployment compensation. See					.00					
	13.	Gambling winnings					.00					
	14.	Other income, bonus depreciation,	and section 179 adjustment		.00		.00					
	15.	Gross Income. Add lines 1-14					15		.00	A	91,85	00.00
Step 6 Adjust-	16.	Payments to an IRA, Keogh, or SE			.00		.00					
ments to Income	o 17.	1 ,			.00		.00					
	18.	Health insurance premium			.00		<u> </u>					
	19.	Penalty on early withdrawal of savi	•				.00					
	20. 21.	Alimony paid Pension/retirement income exclusion		-	.00	_	.00					
	22.	Moving expense deduction from fe			.00		.00					
		lowa capital gain deduction; Include	corresponding IA 100	23.	.00	. —	00					
	23.	scheduleOther adjustments			.00		.00					
	24.	•			00		300.00				2.0	0
	25.	Total adjustments. Add lines 16-24							.00		30 91 , 55	00.00
Step 7	26. 27.	-							.00		91,33	.00
Federal Taxes and Qualified	28.		ument/other federal taxes	28	.00	^ —	.00					
	20	Addition for federal taxes. Add lines					00 29.		.00			0.00
Deduc-	u 30.										91,55	
tions	31.	Federal tax withheld in 2020, federal	al estimated tax payments made	31					00		<i>)</i> ⊥, ∫	<u>. U .</u> 00
	32	in 2020, and federal taxes paid in 2 Qualified business income deduction	020 for 2019 and prior years	-	.00		14,977.00					
	J2.	amount. See instructions	` ,	32.	.00	_	.00					
	33.	DPAD 199A(g) deduction. 25.0% (2 of federal amount	33.	.00	A	.00					
	34.	Total federal tax and other qualified							.00		14,9	
	35.	Balance. Subtract line 34 from line	30. Enter here and on line 36, pag	e 2			35		.00	_	76,5	<u>73</u> .00



2020 Step 8	IA 36.	1040, page 2 BALANCE. From side 1, line 35		B. Spouse/Status 3		B. Spouse/Status 3		A. You or Joint 76,573.00
Taxable Income	37.			ndard X		.00		2,110.00
	38.	TAXABLE INCOME. SUBTRACT line 37 from line 36			38.	.0		74,463.00
Step 9	39	Tax from tables or alternate tax	39.	.0 🛕	4,359			,
Tax, Credits,	40.	Iowa lump-sum tax. See instructions		00 ▲		00		
and Check-	41.		_	.00 🛕		.00		
off Contri-	42.	Total tax. ADD lines 39, 40, and 41					00	4,359.00
butions	43.	Total exemption credit amount(s) from Step 3, side 1		.00	40		_	17 333 .00
	44.	Tuition and textbook credit for dependents K-12.		.00		.00		
_	45.	Volunteer firefighter/EMS/reserve peace officer credit	45.	.00 4		.00		
	46.	Total credits. ADD lines 43, 44, and 45.				.00 .00	1	40 .00
_	47.					.00		4,319.00
	48.	Credit for nonresident or part-year resident. Must include IA 12				.00	_	.00.
	49.	BALANCE. SUBTRACT line 48 from 47. If less than zero, ente				.00		4,319.00
	50.	Out-of-state tax credit. Must include IA 130					_	
	51.					0		4,319.00
	52.	Other nonrefundable lowa credits. Must include IA 148 Tax Cr				0	_	
	53.	BALANCE. SUBTRACT line 52 from line 51. If less than zero,				0	_	4,319.00
	54.					0		
	55.	Total state and local tax. ADD lines 53 and 54		•		0	_	0.00
	56.	TOTAL state and local tax before contributions. Combine column						4,319.00
	57.						_	<u>4,319</u> .00
		,						
		n/Wildlife 5 a: ▲ State Fair 57b: ▲ Firefighters/Ve TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Ac		Child Abuse Pre				4,319.00
Step 10	59.							4,319.00
Credits	60.			.00 🛦		00		_
	00.	▲ Early childhood development credit	60.	aa 4				
	61.		_	.00 🛦		00		_
	62.	Other refundable credits. Include IA 148 Tax Credits Schedule	_	00. ▲		00		
	63.	lowa income tax withheld.			4,218	00		
	64.		_	00 ▲ 00 ▲	4,210	_		
	65.		_	.00 🛦	4,218	00		
	66.		_			_		4,218.00
Step 11		If line 66 is more than line 58, subtract line 58 from line 66. This						.00
Refund								.00
	6	8a. Routing number:		68h	. Type Checkir	ag T	Savings	00
	Ū	oa. Routing number.		000	. Турс Опсскії	19	Javings	_
	6	8c. Account number:						
	69.	Amount of line 67 to be applied to your 2021 estimated tax	69	.00 🛦		00		
Step 12 Pay	70.	If line 66 is less than line 58, subtract line 66 from line 58. This	s is the AMO	UNT OF TAX YOU OW	E	70.	_	<u>101</u> .00
,	71.	Penalty for underpayment of estimated tax from IA 2210, IA 22	210S, or IA 2	210F. Check if annualiz	ed income method	is used. ▲ 71.	A _	.00
	72.	Penalty and interest A 72a. Penalty	_{.00} ADD.	Enter total 72.	_	.00		
	73.	TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here	e		PAY	THIS AMOUNT 73.	A	101.00
Step 13		e undersigned, declare under penalties of perjury or false certific plete.	cate, that I ha	ve examined this return	, and, to the best o	f my knowledge and	belief, it	is true, correct, and
SIGN								
HERE		A				YA RAM SAGAR GUPT	A TALLAM	
SICN	You	r signature Date Ch	neck if decea	sed Date of death	Preparer	's signature		Date
SIGN HERE		A				82703	30-	-1017196
	Spor	use's signature Date Ch	neck if deceas		Preparer			Firm's FEIN
				31-4356 telephone number		(678) 9 Daytime tele		
			Dayuiile	resobute transper		Dayiii ile lele	יייטווטוויט Ilu	

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



Form IA 1040 Line 24

Other Adjustments Statement

Attach to return

2020 Statement ADJ

Name Social Security No. VIJAY BHASKAR GUDIBOINA 005-83-2121 Spouse/Status 3 You or Joint Active duty military pay included in line 15 Gross Income d Capital gains from installment sales reported on the 2001 lowa e Capital or ordinary gain from involuntary conversion related to Claim of right deduction may be taken on line 24, or you can calculate the tax reduction as a credit claimed on line 62, but g College Savings Iowa or Iowa Advisor 529 Plan contributions, **h** Disability income exclusion - Include Form IA 2440. RESERVED FOR FUTURE USE.......... First-time homebuyer savings account qualifying contributions up to \$2,137 per account holder. For joint account holders filing married filing jointly you may claim up to \$4,274 Employer social security credit from federal return Federal alcohol and cellulosic biofuel fuels credit from m Foreign-earned income exclusion and/or foreign housing **n** Gains or losses from distressed sale transactions **o** Health savings account deduction from federal form 1040, **p** Injured veterans program, contributions to (do not put on IA Sch. A) Military exemptions, not already excluded (see detailed w Partnership income and/or S corporation income: Modifications Student loan interest deduction from federal 1040, dd Other federal adjustments prior to calculation of federal 1040 line 8b (federal adjusted gross income) not already taken on IA 1040: 2 Other: gg Nonresident Electric Utility Worker Training and Emergency Response Work Reciprocity (see detailed IA 1040 instructions ii lowa ABLE savings plan trust, up to \$3,439 per beneficiary jj Charitable contribution for non-itemizers from Form 1040 ln 10b . 300. kk Federal, state or local grant to communications service provider . II Economic Development Authority Grant provided under the Iowa Small Business Grant Program (if included in Sch C, In 1) 300