Form **1040** Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return 2020

OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.
☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

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	Last name	Your social security number
MANOJ	BANDAPALLI RAJASEKAR	325-63-2967
If joint return, spouse's first name and middle initial	**Last name**	**Spouse's social security number**
NALINA KUMARI	PALAKUNTE NARASA RED	702-84-0859

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.
12224 LINCOLNSHIRE DR	

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
STERLING HEIGHTS	MI	48312

Foreign country name	Foreign province/state/county	Foreign postal code

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 ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1956 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1956 ☐ Is blind

Dependents (see instructions):
If more than four dependents, see instructions and check here ▶ ☐

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✔ if qualifies for (see instructions): Child tax credit	Credit for other dependents
RISHA	BANDAPALLI	728-55-0201	Daughter	☒	☐
				☐	☐
				☐	☐
				☐	☐

Attach Sch. B if required.

Standard Deduction for—
- Single or Married filing separately, $12,400
- Married filing jointly or Qualifying widow(er), $24,800
- Head of household, $18,650
- If you checked any box under *Standard Deduction,* see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	217,903.
2a	Tax-exempt interest	2a		2b	b Taxable interest: 302.
3a	Qualified dividends	3a	82.	3b	b Ordinary dividends: 174.
4a	IRA distributions	4a		4b	b Taxable amount
5a	Pensions and annuities	5a		5b	b Taxable amount
6a	Social security benefits	6a		6b	b Taxable amount
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐			7	6.
8	Other income from Schedule 1, line 9			8	10.
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** ▶			9	218,395.
10	Adjustments to income:				
a	From Schedule 1, line 22	10a			
b	Charitable contributions if you take the standard deduction. See instructions	10b	300.		
c	Add lines 10a and 10b. These are your **total adjustments to income** ▶			10c	300.
11	Subtract line 10c from line 9. This is your **adjusted gross income** ▶			11	218,095.
12	**Standard deduction or itemized deductions** (from Schedule A)			12	24,800.
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A			13	2.
14	Add lines 12 and 13			14	24,802.
15	**Taxable income.** Subtract line 14 from line 11. If zero or less, enter -0-			15	193,293.

16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐			16	34,541.
17	Amount from Schedule 2, line 3			17	
18	Add lines 16 and 17			18	34,541.
19	Child tax credit or credit for other dependents			19	2,000.
20	Amount from Schedule 3, line 7			20	
21	Add lines 19 and 20			21	2,000.
22	Subtract line 21 from line 18. If zero or less, enter -0-			22	32,541.
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	32,541.
25	Federal income tax withheld from:				
a	Form(s) W-2	25a	24,708.		
b	Form(s) 1099	25b	1.		
c	Other forms (see instructions)	25c			
d	Add lines 25a through 25c			25d	24,709.
26	2020 estimated tax payments and amount applied from 2019 return			26	
27	Earned income credit (EIC) No	27			
28	Additional child tax credit. Attach Schedule 8812	28			
29	American opportunity credit from Form 8863, line 8	29			
30	Recovery rebate credit. See instructions	30			
31	Amount from Schedule 3, line 13	31			
32	Add lines 27 through 31. These are your **total other payments and refundable credits** ▶			32	
33	Add lines 25d, 26, and 32. These are your **total payments** ▶			33	24,709.

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

Refund

Direct deposit? See instructions.

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**			34	
35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐			35a	
▶ b	Routing number XXXXXXXXX ▶ **c** Type: ☐ Checking ☐ Savings				
▶ d	Account number XXXXXXXXXXXXXXXXX				
36	Amount of line 34 you want **applied to your 2021 estimated tax** ▶	36			

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the **amount you owe now** ▶			37	7,912.
	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	80.		

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.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶
		SOFTWARE ENGINEER	
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.) ▶
		VALIDATION ENGINEER	
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	04/15/2021	P02082703	☐ Self-employed
Firm's name ▶ GLOBAL TAXES LLC			Phone no. (678) 965-9522	
Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041			Firm's EIN ▶ 30-1017196	

SCHEDULE 1 (Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074
2020
Attachment Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
M BANDAPALLI RAJASEKAR & N PALAKUNTE NARASA RED	325-63-2967

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ Substitute Payment from 1099-Misc 10.	8	10.
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	10.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your **adjustments to income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

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: M BANDAPALLI RAJASEKAR & N PALAKUNTE NARASA RED

Your social security number: 325-63-2967

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	98,482.	116,147.	4,197.	-13,468.
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	6.	285.		-279.

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	-13,747.

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	15,781.	2,047.		13,734.
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	19.
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	13,753.

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	6.
	• 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.		

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2020

Attachment Sequence No. **12A**

Name(s) shown on return	Social security number or taxpayer identification number
M BANDAPALLI RAJASEKAR & N PALAKUNTE NARASA RED	325-63-2967

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 *Column (e)* 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.** (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss).** Subtract column (e) from column (d) and combine the result with column (g)
Robinhood Securities LLC	01/01/20	12/31/20	98,482.	116,147.	W	4,197.	-13,468.
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) ▶			98,482.	116,147.		4,197.	-13,468.

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	Social security number or taxpayer identification number
M BANDAPALLI RAJASEKAR & N PALAKUNTE NARASA RED	325-63-2967

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 *Column (e)* 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.** (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss).** Subtract column (e) from column (d) and combine the result with column (g)
Robinhood Securities LLC	01/01/19	12/31/20	15,781.	2,047.			13,734.
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) ▶			15,781.	2,047.			13,734.

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.

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2020

Attachment Sequence No. **12A**

Name(s) shown on return: M BANDAPALLI RAJASEKAR & N PALAKUNTE NARASA RED

Social security number or taxpayer identification number: 325-63-2967

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 *Column (e)* 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.** (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss).** Subtract column (e) from column (d) and combine the result with column (g)
Robinhood Securities LLC	01/01/20	12/31/20	6.	285.			-279.
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) ▶			6.	285.			-279.

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.

Form **8889**

Department of the Treasury
Internal Revenue Service

Health Savings Accounts (HSAs)

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to *www.irs.gov/Form8889* for instructions and the latest information.

OMB No. 1545-0074

2020

Attachment Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶
NALINA KUMARI PALAKUNTE NARASA RED	702-84-0859

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I **HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions . . . ▶ ☐ Self-only ☒ Family				
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. **Do not** include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions			2	0.
3	If you were under age 55 at the end of 2020 and, on the first day of **every** month during 2020, you were, or were considered, an eligible individual with the **same** coverage, enter \$3,550 (\$7,100 for family coverage). **All others,** see the instructions for the amount to enter			3	7,100.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs			4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-			5	7,100.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter			6	7,100.
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions			7	
8	Add lines 6 and 7			8	7,100.
9	Employer contributions made to your HSAs for 2020	9	1,500.		
10	Qualified HSA funding distributions	10			
11	Add lines 9 and 10			11	1,500.
12	Subtract line 11 from line 8. If zero or less, enter -0-			12	5,600.
13	**HSA deduction.** Enter the **smaller** of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12			13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.				

Part II **HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
c	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	**Taxable HSA distributions.** Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	16	
17a	If any of the distributions included on line 16 meet any of the **Exceptions to the Additional 20% Tax** (see instructions), check here ▶ ☐		
b	**Additional 20% tax** (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b	

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	**Total income.** Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20	
21	**Additional tax.** Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box	21	

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

▶ Attach to your tax return.

▶ Go to *www.irs.gov/Form8995* for instructions and the latest information.

OMB No. 1545-2294

2020

Attachment Sequence No. 55

Name(s) shown on return	Your taxpayer identification number
M BANDAPALLI RAJASEKAR & N PALAKUNTE NARASA RED	325-63-2967

Note. *You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.*

Use this form if your taxable income, before your qualified business income deduction, is at or below $163,300 ($326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i			
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2			
3	Qualified business net (loss) carryforward from the prior year	3	( )		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4			
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	9.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	( )		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	9.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	2.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	2.
11	Taxable income before qualified business income deduction	11	193,295.		
12	Net capital gain (see instructions)	12	88.		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	193,207.		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	38,641.
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶			15	2.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	(0.)

Form **8867**

Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

▶ **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**
▶ **Go to *www.irs.gov/Form8867* for instructions and the latest information.**

OMB No. 1545-0074

2020

Attachment Sequence No. **70**

Taxpayer name(s) shown on return	Taxpayer identification number
M BANDAPALLI RAJASEKAR & N PALAKUNTE NARASA RED	325-63-2967

Enter preparer's name and PTIN	
SYAM PRIYA RAM SAGAR GUPTA TALLAM	P02082703

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V for the benefit(s) claimed (check all that apply). ☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

		Yes	No	N/A
1	Did you complete the return based on information for tax year 2020 provided by the taxpayer or reasonably obtained by you?	☒	☐	
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	☒	☐	☐
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	☒	☐	
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If **"Yes,"** answer questions 4a and 4b. If **"No,"** go to question 5.)	☐	☒	
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?	☐	☐	
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	☐	☐	
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	☒	☐	
	List those documents provided by the taxpayer, if any, that you relied on:			
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	☒	☐	
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?	☒	☐	☐
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			
a	Did you complete the required recertification Form 8862?	☐	☐	☐
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	☐	☐	☐

Part II **Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

		Yes	No	N/A
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? **(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)**	☐	☐	
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	☐	☐	
c	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	☐	☐	☐

Part III **Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

		Yes	No	N/A
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	☒	☐	
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	☐	☐	☐
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	☒	☐	☐

Part IV **Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

		Yes	No
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	☐	☐

Part V **Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

		Yes	No
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	☐	☐

Part VI **Eligibility Certification**

► **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);

B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;

C. Submit Form 8867 in the manner required; **and**

D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention.*

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

► **If you have not complied with all due diligence requirements, you may have to pay a $540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

		Yes	No
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	☒	☐

Michigan Department of Treasury (Rev. 05-20)
Issued under authority of Public Act 281 of 1967, as amended.

2021 MI-1040ES, Michigan Estimated Income Tax for Individuals

Important Information

If you are married and plan to file your annual return as "married filing separately," DO NOT use preprinted vouchers containing the Social Security numbers (SSN) or correspondence identification numbers (CID) for both you and your spouse; separate vouchers and payments must be submitted for each filer.

Failure to provide a complete Social Security number on Form MI-1040ES will result in processing delays.

Who Must File Estimated Tax Payments

You must make estimated income tax payments if you expect to owe more than $500 when you file your 2021 MI-1040 return. If you owe more than $500, you may not have to make estimated payments if you expect your 2021 withholding to be at least:

- 90 percent of your total 2021 tax (qualified farmers, fishermen and seafarers use 66 and 2/3 percent),
- 100 percent of your 2020 tax, or
- 110 percent of your total 2020 tax if your 2020 adjusted gross income is more than $150,000 ($75,000 for married filing separately).

Total 2020 tax is the amount on your 2020 MI-1040, line 21 less the sum of your tax credits on lines 25, 26, 27b, and 28.

Estimated tax payments are not needed if two-thirds of your gross income is from farming, fishing or seafaring and you meet the qualifications. Estimate filing requirements apply whether or not you are a Michigan resident.

Do not submit this form for any quarter that you do not have estimated tax due.

Payment Due Dates

You may pay in full with the first estimate voucher due April 15, 2021. You may also pay in equal installments due on or before April 15, 2021, June 15, 2021, September 15, 2021, and January 18, 2022.

NOTE: You will not receive reminder notices; save this set of forms for all of your 2021 payments.

How to Pay Estimated Tax

e-Payments

You may choose to make your estimated income tax payments electronically instead of mailing a payment with the personalized form provided. Paying electronically is easy, fast and secure. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card. If you choose to make your payment electronically, you do not need to mail the MI-1040ES form to Treasury. Visit www.michigan.gov/iit for more information.

Mail Your Payment

If you choose to mail your payment, make your check payable to "State of Michigan." Print the last four digits of your SSN and "2021 MI-1040ES" on the check. If paying on behalf of another filer, write the filer's name and the last four digits of the filer's SSN on the check. For accurate processing of your payment, do not combine this payment with any other payments. Send your check with the MI-1040ES voucher for that installment. Do not staple your check to the voucher.

Send your voucher and check to:

Michigan Department of Treasury
P.O. Box 30774
Lansing, MI 48909

DETACH HERE AND MAIL THE RETURN WITH YOUR PAYMENT. DO NOT FOLD OR STAPLE THE RETURN.

2021 MICHIGAN
MI-1040ES Estimated Individual Income Tax Voucher

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

		Due Date for Calendar Year Filers 04-15-2021
Filer's Name(s) M BANDAPALLI RAJASEKAR & N PALAKUNTE NARASA	Filer's Full Social Security Number 325-63-2967	Spouse's Full Social Security Number 702-84-0859
Address (Street, City, State, ZIP Code) 12224 LINCOLNSHIRE DR STERLING HEIGHTS MI 48312	**WRITE PAYMENT AMOUNT HERE**	$ 171 .00
	MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909	Enclose check payable to **"State of Michigan."** Write last four digits of filer's **SSN** and **"2021 MI-1040ES"** on the front of your check. Do not fold or staple.

DO NOT WRITE IN THIS SPACE

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Michigan Department of Treasury (Rev. 05-20)
Issued under authority of Public Act 281 of 1967, as amended.

2021 MI-1040ES, Michigan Estimated Income Tax for Individuals

Important Information

If you are married and plan to file your annual return as "married filing separately," DO NOT use preprinted vouchers containing the Social Security numbers (SSN) or correspondence identification numbers (CID) for both you and your spouse; separate vouchers and payments must be submitted for each filer.

Failure to provide a complete Social Security number on Form MI-1040ES will result in processing delays.

Who Must File Estimated Tax Payments

You must make estimated income tax payments if you expect to owe more than $500 when you file your 2021 MI-1040 return. If you owe more than $500, you may not have to make estimated payments if you expect your 2021 withholding to be at least:

- 90 percent of your total 2021 tax (qualified farmers, fishermen and seafarers use 66 and 2/3 percent),
- 100 percent of your 2020 tax, or
- 110 percent of your total 2020 tax if your 2020 adjusted gross income is more than $150,000 ($75,000 for married filing separately).

Total 2020 tax is the amount on your 2020 MI-1040, line 21 less the sum of your tax credits on lines 25, 26, 27b, and 28.

Estimated tax payments are not needed if two-thirds of your gross income is from farming, fishing or seafaring and you meet the qualifications. Estimate filing requirements apply whether or not you are a Michigan resident.

Do not submit this form for any quarter that you do not have estimated tax due.

Payment Due Dates

You may pay in full with the first estimate voucher due April 15, 2021. You may also pay in equal installments due on or before April 15, 2021, June 15, 2021, September 15, 2021, and January 18, 2022.

NOTE: You will not receive reminder notices; save this set of forms for all of your 2021 payments.

How to Pay Estimated Tax

e-Payments

You may choose to make your estimated income tax payments electronically instead of mailing a payment with the personalized form provided. Paying electronically is easy, fast and secure. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card. If you choose to make your payment electronically, you do not need to mail the MI-1040ES form to Treasury. Visit www.michigan.gov/iit for more information.

Mail Your Payment

If you choose to mail your payment, make your check payable to "State of Michigan." Print the last four digits of your SSN and "2021 MI-1040ES" on the check. If paying on behalf of another filer, write the filer's name and the last four digits of the filer's SSN on the check. For accurate processing of your payment, do not combine this payment with any other payments. Send your check with the MI-1040ES voucher for that installment. Do not staple your check to the voucher.

Send your voucher and check to:

Michigan Department of Treasury
P.O. Box 30774
Lansing, MI 48909

DETACH HERE AND MAIL THE RETURN WITH YOUR PAYMENT. DO NOT FOLD OR STAPLE THE RETURN.

2021 MICHIGAN
MI-1040ES Estimated Individual Income Tax Voucher

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

		Due Date for Calendar Year Filers 06-15-2021
Filer's Name(s) M BANDAPALLI RAJASEKAR & N PALAKUNTE NARASA	Filer's Full Social Security Number 325-63-2967	Spouse's Full Social Security Number 702-84-0859
Address (Street, City, State, ZIP Code) 12224 LINCOLNSHIRE DR STERLING HEIGHTS MI 48312	WRITE PAYMENT AMOUNT HERE	$ 171 .00
	MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909	Enclose check payable to **"State of Michigan."** Write last four digits of filer's **SSN** and **"2021 MI-1040ES"** on the front of your check. Do not fold or staple.

DO NOT WRITE IN THIS SPACE

1555 REV 04/06/21 PRO

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Michigan Department of Treasury (Rev. 05-20)
Issued under authority of Public Act 281 of 1967, as amended.

2021 MI-1040ES, Michigan Estimated Income Tax for Individuals

Important Information

If you are married and plan to file your annual return as "married filing separately," DO NOT use preprinted vouchers containing the Social Security numbers (SSN) or correspondence identification numbers (CID) for both you and your spouse; separate vouchers and payments must be submitted for each filer.

Failure to provide a complete Social Security number on Form MI-1040ES will result in processing delays.

Who Must File Estimated Tax Payments

You must make estimated income tax payments if you expect to owe more than $500 when you file your 2021 MI-1040 return. If you owe more than $500, you may not have to make estimated payments if you expect your 2021 withholding to be at least:

- 90 percent of your total 2021 tax (qualified farmers, fishermen and seafarers use 66 and 2/3 percent),
- 100 percent of your 2020 tax, or
- 110 percent of your total 2020 tax if your 2020 adjusted gross income is more than $150,000 ($75,000 for married filing separately).

Total 2020 tax is the amount on your 2020 MI-1040, line 21 less the sum of your tax credits on lines 25, 26, 27b, and 28.

Estimated tax payments are not needed if two-thirds of your gross income is from farming, fishing or seafaring and you meet the qualifications. Estimate filing requirements apply whether or not you are a Michigan resident.

Do not submit this form for any quarter that you do not have estimated tax due.

Payment Due Dates

You may pay in full with the first estimate voucher due April 15, 2021. You may also pay in equal installments due on or before April 15, 2021, June 15, 2021, September 15, 2021, and January 18, 2022.

NOTE: You will not receive reminder notices; save this set of forms for all of your 2021 payments.

How to Pay Estimated Tax

e-Payments

You may choose to make your estimated income tax payments electronically instead of mailing a payment with the personalized form provided. Paying electronically is easy, fast and secure. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card. If you choose to make your payment electronically, you do not need to mail the MI-1040ES form to Treasury. Visit www.michigan.gov/iit for more information.

Mail Your Payment

If you choose to mail your payment, make your check payable to "State of Michigan." Print the last four digits of your SSN and "2021 MI-1040ES" on the check. If paying on behalf of another filer, write the filer's name and the last four digits of the filer's SSN on the check. For accurate processing of your payment, do not combine this payment with any other payments. Send your check with the MI-1040ES voucher for that installment. Do not staple your check to the voucher.

Send your voucher and check to:

Michigan Department of Treasury
P.O. Box 30774
Lansing, MI 48909

DETACH HERE AND MAIL THE RETURN WITH YOUR PAYMENT. DO NOT FOLD OR STAPLE THE RETURN.

2021 MICHIGAN
MI-1040ES Estimated Individual Income Tax Voucher

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Due Date for Calendar Year Filers: 09-15-2021

Filer's Name(s)	Filer's Full Social Security Number	Spouse's Full Social Security Number
M BANDAPALLI RAJASEKAR & N PALAKUNTE NARASA	325-63-2967	702-84-0859

Address (Street, City, State, ZIP Code)
12224 LINCOLNSHIRE DR
STERLING HEIGHTS MI 48312

WRITE PAYMENT AMOUNT HERE $ 171 .00

MAIL TO:
Michigan Department of Treasury
P.O. Box 30774
Lansing, MI 48909

Enclose check payable to **"State of Michigan."** Write last four digits of filer's **SSN** and **"2021 MI-1040ES"** on the front of your check. Do not fold or staple.

DO NOT WRITE IN THIS SPACE

1555 REV 04/06/21 PRO

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2021 MI-1040ES, Michigan Estimated Income Tax for Individuals

Important Information

If you are married and plan to file your annual return as "married filing separately," DO NOT use preprinted vouchers containing the Social Security numbers (SSN) or correspondence identification numbers (CID) for both you and your spouse; separate vouchers and payments must be submitted for each filer.

Failure to provide a complete Social Security number on Form MI-1040ES will result in processing delays.

Who Must File Estimated Tax Payments

You must make estimated income tax payments if you expect to owe more than $500 when you file your 2021 MI-1040 return. If you owe more than $500, you may not have to make estimated payments if you expect your 2021 withholding to be at least:

- 90 percent of your total 2021 tax (qualified farmers, fishermen and seafarers use 66 and 2/3 percent),
- 100 percent of your 2020 tax, or
- 110 percent of your total 2020 tax if your 2020 adjusted gross income is more than $150,000 ($75,000 for married filing separately).

Total 2020 tax is the amount on your 2020 MI-1040, line 21 less the sum of your tax credits on lines 25, 26, 27b, and 28. Estimated tax payments are not needed if two-thirds of your gross income is from farming, fishing or seafaring and you meet the qualifications. Estimate filing requirements apply whether or not you are a Michigan resident.

Do not submit this form for any quarter that you do not have estimated tax due.

Payment Due Dates

You may pay in full with the first estimate voucher due April 15, 2021. You may also pay in equal installments due on or before April 15, 2021, June 15, 2021, September 15, 2021, and January 18, 2022.

NOTE: You will not receive reminder notices; save this set of forms for all of your 2021 payments.

How to Pay Estimated Tax

e-Payments

You may choose to make your estimated income tax payments electronically instead of mailing a payment with the personalized form provided. Paying electronically is easy, fast and secure. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card. If you choose to make your payment electronically, you do not need to mail the MI-1040ES form to Treasury. Visit www.michigan.gov/iit for more information.

Mail Your Payment

If you choose to mail your payment, make your check payable to "State of Michigan." Print the last four digits of your SSN and "2021 MI-1040ES" on the check. If paying on behalf of another filer, write the filer's name and the last four digits of the filer's SSN on the check. For accurate processing of your payment, do not combine this payment with any other payments. Send your check with the MI-1040ES voucher for that installment. Do not staple your check to the voucher.

Send your voucher and check to:

Michigan Department of Treasury
P.O. Box 30774
Lansing, MI 48909

DETACH HERE AND MAIL THE RETURN WITH YOUR PAYMENT. DO NOT FOLD OR STAPLE THE RETURN.

2021 MICHIGAN
MI-1040ES Estimated Individual Income Tax Voucher

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

		Due Date for Calendar Year Filers 01-18-2022
Filer's Name(s) M BANDAPALLI RAJASEKAR & N PALAKUNTE NARASA	Filer's Full Social Security Number 325-63-2967	Spouse's Full Social Security Number 702-84-0859
Address (Street, City, State, ZIP Code) 12224 LINCOLNSHIRE DR STERLING HEIGHTS MI 48312	**WRITE PAYMENT AMOUNT HERE**	$ 171 .00
	MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909	Enclose check payable to **"State of Michigan."** Write last four digits of filer's **SSN** and **"2021 MI-1040ES"** on the front of your check. Do not fold or staple.

DO NOT WRITE IN THIS SPACE

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Instructions for Form MI-1040-V
2020 Michigan Individual Income Tax Payment Voucher

Important Information

Use this voucher only if making your payment after you file your MI-1040 return.

Do not use this voucher to do any of the following:

- Make any other payments to the State of Michigan
- Make estimated income tax payments. Estimated income tax payments should be made using the MI-1040ES
- Pay tax owed on your City of Detroit return. The City of Detroit tax due should be paid using the CITY-V.

Failure to provide a complete Social Security number on Form MI-1040-V will result in processing delays.

Enter on Form MI-1040-V below the tax due as shown on your *Individual Income Tax Return* (MI-1040), line 33.

Your payment and MI-1040-V are due April 15, 2021. If your payment is late, you will owe interest and penalty in addition to the tax due. The annual interest rate is 1 percent above the current prime rate. Penalty is 5 percent of the tax due for the first two months, then 5 percent for each month thereafter until the full payment is received, up to a maximum penalty of 25 percent. If you pay late, you may calculate and add interest and penalty to your payment or Treasury will send you a bill for any additional amount due. Interest rates are adjusted on July 1 and January 1. For current interest rates visit **www. michigan.gov/taxes.**

If you do not owe any tax on your MI-1040, do not file this form.

Electronic Payments

You may choose to make your individual income tax payment electronically. Paying electronically is easy, fast and secure. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card.

You can also make your Individual Income Tax payment using direct debit when supported by your e-file software provider.

If you choose to make your payment electronically, you do not need to mail the MI-1040-V to Treasury. Visit **www.michigan.gov/iit** for more information.

Mailing Instructions

- Make your check payable to the **"State of Michigan."** Print **"2020 MI-1040-V"** and the last four digits of your **Social Security number** on the check. If paying on behalf of another filer, write the filer's name and the last four digits of the filer's Social Security number on the check.
- Detach Form MI-1040-V along the dotted line.
- Do not attach your payment to Form MI-1040-V. Instead, place both items loose in the envelope and mail to:

  Michigan Department of Treasury
  P.O. Box 30774
  Lansing, MI 48909
- Do not attach a copy of your return to the MI-1040-V. Attaching a copy of your return will delay the application of payment to your account.
- Do not write notes on the MI-1040-V or submit the voucher without payment.
- If you mail your payment with your paper filed return, you do not need to mail the MI-1040-V to Treasury.

If you have questions, you may call 517-636-4486. Assistance is available using TTY through the Michigan Relay Service by calling 711.

Visit **www.michigan.gov/taxes** for additional information.

Mail this form with payment for your MI-1040 return. Do not file with your paper return.

Detach here and mail with your payment. Do not fold or staple the voucher.

Michigan Department of Treasury (Rev. 03-20)

2020 MICHIGAN Individual Income Tax Payment Voucher — *MI-1040-V*

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Mail Form MI-1040-V with your payment after you file your MI-1040 return.
Do not use this form to make any other payments to the State of Michigan.

REV 04/06/21 PRO

Filer's Name(s) (First, Middle Initial, Last) and Home Address (Street, City, State, ZIP Code)	Filer's Full Social Security Number	Spouse's Full Social Security Number
MANOJ BANDAPALLI RAJASEKA NALINA KUMARI PALAKUNTE NARASA RE 12224 LINCOLNSHIRE DR STERLING HEIGHTS MI 48312	325-63-2967	702-84-0859
	WRITE PAYMENT AMOUNT HERE ⇨ $	292 .00
	MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909	Make check payable to **"State of Michigan."** Write the last four digits of filer's **Social Security number** and **"2020 MI-1040-V** on the check. Do not fold or staple.

DO NOT WRITE IN THIS SPACE

1555

66657868 02 2020 702840859 325632967 7

Issued under authority of Public Act 281 of 1967, as amended.

2020 MICHIGAN Individual Income Tax Return MI-1040

Amended Return ☐ (Include Schedule AMD)

Return is due April 15, 2021. Type or print in blue or black ink.

1. Filer's First Name	MANOJ
M.I.	
Last Name	BANDAPALLI RAJASEKAR
If a Joint Return, Spouse's First Name	NALINA KUMARI
M.I.	
Last Name	PALAKUNTE NARASA RED
Home Address (Number, Street, or P.O. Box)	12224 LINCOLNSHIRE DR
City or Town	STERLING HEIGHTS
State	MI
ZIP Code	48312
2. Filer's Full Social Security No. (Example: 123-45-6789)	325 — 63 — 2967
3. Spouse's Full Social Security No. (Example: 123-45-6789)	702 — 84 — 0859
4. School District Code (5 digits – see page 60)	81070

5. **STATE CAMPAIGN FUND**
Check if you (and/or your spouse, if filing a joint return) want $3 of your taxes to go to this fund. This will not increase your tax or reduce your refund.
a. ☐ Filer
b. ☐ Spouse

6. **FARMERS, FISHERMEN, OR SEAFARERS**
☐ Check this box if 2/3 of your income is from farming, fishing, or seafaring.

7. **2020 FILING STATUS.** Check one.
a. ☐ Single
b. ☒ Married filing jointly
c. ☐ Married filing separately*

* If you check box "c," complete line 3 and enter spouse's full name below:

8. **2020 RESIDENCY STATUS.** Check all that apply.
a. ☒ Resident
b. ☐ Nonresident *
c. ☐ Part-Year Resident *

* If you check box "b" or "c," you must complete and **include Schedule NR**.

9. **EXEMPTIONS. NOTE:** If someone else can claim you as a dependent, check box 9e, enter 0 on line 9a and enter $1,500 on line 9e (see instr.).

a.	Number of exemptions (see instructions)	3	x $4,750	9a. 14250 00
b.	Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled	9b.	x $2,800	9b. 00
c.	Number of qualified disabled veterans	9c.	x $400	9c. 00
d.	Number of Certificates of Stillbirth from MDHHS (see instructions)	9d.	x $4,750	9d. 00
e.	Claimed as dependent, see line 9 NOTE above	9e. ☐		9e. 00
f.	Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15			9f. 14250 00

10.	**Adjusted Gross Income** from your U.S. Forms *1040* or *1040NR* (see instructions)	1	218095 00
11.	Additions from Schedule 1, line 9. **Include Schedule 1**	11.	00
12.	**Total.** Add lines 10 and 11	12.	218095 00
13.	Subtractions from Schedule 1, line 29. **Include Schedule 1**	13.	00
14.	**Income subject to tax.** Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"	14.	218095 00
15.	**Exemption allowance.** Enter amount from line 9f or Schedule NR, line 19	15.	14250 00
16.	**Taxable income.** Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"	16.	203845 00
17.	**Tax.** Multiply line 16 by 4.25% (0.0425)	17	8663 00

NON-REFUNDABLE CREDITS

			AMOUNT		CREDIT
18.	Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions)	18a.	6291 00	18b.	4759 00
19.	Michigan Historic Preservation Tax Credit carryforward (see instructions)	1 a.	00	19b.	00
20.	**Income Tax.** Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0"			20.	3904 00

REV 04/06/21 PRO

+ 1555 2020 05 01 27 2

Continue on page 2. This form cannot be processed if page 2 is not completed and included.

Filer's Full Social Security Number: 325 — 63 — 2967

21.	Enter amount of Income Tax from line 20	21.	3904	00
22.	Voluntary Contributions from Form 4642, line 6. **Include Form 4642**	2		00
23.	**USE TAX.** Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions)	23.	0	00
24.	**Total Tax Liability.** Add lines 21, 22 and 23	24	3904	00

REFUNDABLE CREDITS AND PAYMENTS

		FEDERAL			MICHIGAN	
25.	**Property Tax Credit. Include MI-1040CR or MI-1040CR-2**			25.		00
26.	**Farmland Preservation Tax Credit. Include MI-1040CR-5**			26		00
27.	Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b. 2 a.		00	27b.		00
28.	Michigan Historic Preservation Tax Credit (refundable). **Include Form 3581**			2		00
29.	Michigan tax withheld from Schedule W, line 6. **Include Schedule W (do not submit W-2s)**			29.	3612	00
30.	Estimated tax, extension payments and 2019 credit forward			30.		00

31. **2020 AMENDED RETURNS ONLY.** Taxpayers completing an original 2020 return should skip to line 32. Amended returns must **include Schedule AMD (see instructions)**.

31a. ☐ If you had a refund and/or credit forward on the original return, check box 31a and enter this amount as a negative number on line 31c.

31b. ☐ If you paid with the original return, check box 31b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 31c. Do not include interest or penalty. 31c. ____ 00

32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c: 3612 00

REFUND OR TAX DUE

33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions.
Include interest ____ 00 and penalty ____ 00 **YOU OWE** 33. 292 00

34. **Overpayment.** If line 32 is greater than line 24, subtract line 24 from line 32 — 34. ____ 00

35. **Credit Forward.** Amount of line 34 to be credited to your 2021 estimated tax for your 2021 tax return — 35. ____ 00

36. Subtract line 35 from line 34. **REFUND** 36. ____ 00

DIRECT DEPOSIT
Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

a. Routing Transit Number	b. Account Number	c. Type of Account
		1. ☐ Checking 2. ☐ Savings

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2019, enter dates below. ***ENTER DATE OF DEATH ONLY.*** Example: 04-15-2020 (MM-DD-YYYY)

Filer: — — Spouse: — —

Taxpayer Certification. *I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.*

Filer's Signature	Date
Spouse's Signature	Date

☐ By checking this box, I authorize Treasury to discuss my return with my preparer.

Preparer Certification. *I declare under penalty of perjury that this return is based on all information of which I have any knowledge.*

Preparer's PTIN, FEIN or SSN: P02082703

Preparer's Name (print or type): SYAM PRIYA RAM SAGAR GUPTA TA

Preparer's Signature: SYAM PRIYA RAM SAGAR GUPTA TA

Preparer's Business Name, Address and Telephone Number:
GLOBAL TAXES LLC
2530 PEBBLE CREEK LN
CUMMING GA 30041
678-965-9522

Refund, credit, or zero returns. Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**
Pay amount on line 33 **(see instructions)**. Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

Schedule W

2020 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2020, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 29). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
MANOJ		BANDAPALLI RAJASEKAR	325 — 63 — 2967
If a Joint Return, Spouse's First Name	**M.I.**	**Last Name**	**3. Spouse's Full Social Security No. (Example: 123-45-6789)**
NALINA KUMARI		PALAKUNTE NARASA RED	702 — 84 — 0859

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

A Enter "X" for: Filer	A Spouse	B Employer's identification number (Example: 38-1234567)	C Box c — Employer's name	D Box 1 — Wages, tips, other compensation		E Box 17 — Michigan income tax withheld	
	X	27-0383222	GENERAL MOTORS L	84986	00	3612	00
					00		00
					00		00
					00		00
					00		00

Enter Table 1 Subtotal from additional Schedule W forms (if applicable).		0
4. **SUBTOTAL.** Enter total of Table 1, column E. 4.	3612	00

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

A Enter "X" for: Filer	A Spouse	B Payer's federal identification number (Example: 38-1234567)	C Payer's name	D Taxable pension distribution, misc. income, etc. (see inst.)		E Michigan income tax withheld	
					00		00
					00		00
					00		00
					00		00
					00		00

Enter Table 2 Subtotal from additional Schedule W forms (if applicable).		00
5. **SUBTOTAL.** Enter total of Table 2, column E. 5.		00
6. **TOTAL.** Add lines 4 and 5. Enter here and carry to MI-1040, line 29. 6.	3612	00

REV 04/06/21 PRO

MI-1040
Line 18

Credit for Income Tax Paid to Another State

2020
Statement NC

Name as Shown on Return	Social Security Number
M BANDAPALLI RAJASEKAR & N PALAKUNTE NARASA RED	325-63-2967

- **QuickZoom** to another copy of this worksheet . . . . ➡
- **Part-year residents**: You can claim this credit only when your income from another state was earned while you were a Michigan resident.
- Jurisdiction code . . . . . . ► NC
  Jurisdiction name . . . . North Carolina

1	Income earned in another state or locality subject to Michigan tax	**1**	119,830.
2	Enter the amount from Form MI-1040, line 14	**2**	218,095.
3	Divide line 1 by line 2	**3**	0.5494
4	Enter the amount from Form MI-1040, line 17	**4**	8,663.
5	Multiply line 4 by line 3	**5**	4,759.
6	Enter the amount of tax imposed by another state or locality	**6**	6,291.
7	Credit. Enter line 6 or the smaller of line 5 or line 6	**7**	4,759.

D-400 (50) 8-10-20 **2020 Individual Income Tax Return**
North Carolina Department of Revenue

< *Staple All Pages of Your Return and W-2s Here*

☐ Amended Return

DOR Use Only

For calendar year 2020, or fiscal year beginning 20 and ending

MANOJ BANDAPALLI RA NALINA KUMARI PALAKUNT
12224 LINCOLNSHIRE DR Your SSN: 325632967
STERLIN MI 48312 Spouse's SSN: 702840859

Are you a veteran? Yes ☐ No ☒
Is your spouse a veteran? Yes ☐ No ☒

Were you granted an automatic extension to file your 2020 federal income tax return (Form 1040)? Yes ☒ No ☐

Filing Status ☐ 1. Single ☒ 2. Married Filing Jointly ☐ 3. Married Filing Separately ☐ 4. Head of Household ☐ 5. Qualifying Widow(er)

Year spouse died:

Were you a resident of N.C. for the entire year? Yes ☐ No ☒
Was your spouse a resident for the entire year? Yes ☐ No ☒

☐ Return for deceased taxpayer. Date of death:
☐ Return for deceased spouse. Date of death:

N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of $ 0. To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. *(See instructions for information about the Fund.)*

☐ Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2021, and a U.S. citizen or resident.
☐ Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.

FS 2 PP Y DT N OC N TPRES N SPRES N VT N SVT N

BAND 1222 48312 DS N EA N TD SD FDEXT Y

MANOJ BANDAPALLI RA 325632967

NALINA KUMARI PALAKUNTE NAR 702840859 MI 48312

12224 LINCOLNSHIRE DR STERLING HEIGHTS

06	218095	16	0	26C	0
07	300	18 Y	0	26E	0
09	0	20A	6491	EU	
10A	1	20B	0	27	0
10B	0	21A	0	29	0
11 S Y I N		21B	0	30	0
11	21500	21C	0	31	0
13	06086	21D	0	32	0
14	119830	26A	0	34	200
15	6291	26B	0		
TN	6319882508	PN	6789659522	PP	P02082703

7020150022

Sign Return Below ☒ **Refund Due** 200 ☐ **Payment Due** 0

I declare and certify 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.

☐ Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.

Your Signature Date Spouse's Signature *(If filing joint return, both must sign.)* Date 6319882508 Contact Phone No. *(Include area code)*

PAID PREPARER USE ONLY *If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.*

SYAM PRIYA RAM SAGAR GUPT 04 15 21 6789659522 P02082703
Paid Preparer's Signature Date Preparer's Contact Phone Number *(Include area code)* Preparer's FEIN, SSN, or PTIN

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001
If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640

Last Name (First 10 Characters) BANDAPALLI Your Social Security Number 325632967

D-400 Line-by-Line Information

6.	Federal Adjusted Gross Income	6.	218095
7.	Additions to Federal Adjusted Gross Income	7.	300
8.	Add Lines 6 and 7	8.	218395
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	1
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	21500
12.	a. Add Lines 9, 10b, and 11	12a.	21500
	b. Subtract amount on Line 12a from Line 8	12b.	196895
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.6086
14.	N.C. Taxable Income	14.	119830
15.	N.C. Income Tax	15.	6291
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	6291
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	6291

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	6491
20b.	Spouse's tax withheld	20b.	0

Other Tax Payments

21a.	2020 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Amended Returns Only - Previous payments	22.	0
23.	Total Payments	23.	6491
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	6491
26a.	**Tax Due**	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	**Pay this Amount**	27.	**0**
28.	**Overpayment**	28.	200

Amount of Refund to Apply to:

29.	Amount of Line 28 to be applied to 2021 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	**Amount to be Refunded**	34.	**200**

D-400 Sch S (50)
9-14-20

2020 Supplemental Schedule
North Carolina Department of Revenue

DOR Use Only

If you are required to add certain items to Adjusted Gross Income on Form D-400, Line 7, or if you are entitled to take deductions from Adjusted Gross Income on Form D-400, Line 9, you must complete and attach this schedule to Form D-400. If you do not, the Department may be unable to process your return. Important: Refer to the instructions before completing Parts A or B of this form.

Last Name *(First 10 Characters)* BANDAPALLI

Your Social Security Number 325632967

01	0	11	0	22	0	24E	0
02	0	12	0	23A	0	25	0
03	0	13	0	23B	0	26	0
04	0	14	0	23C	0	27	0
05	0	15	0	23D	0	28	0
06	0	16	300	23E	0	29	0
07	0	18	0	24A	0	30	0
08	0	19	0	24B	0	31	0
09	0	20	0	24C	0	32	0
10	0	21	0	24D	0	33	0

Part A. Additions to Federal Adjusted Gross Income

1.	Interest Income From Obligations of States Other Than North Carolina	1.	0
2.	Deferred Gains Reinvested Into an Opportunity Fund Under IRC Section 1400Z-2	2.	0
3.	Bonus Depreciation	3.	0
4.	IRC Section 179 Expense	4.	0
5.	S-Corporation Shareholder Built-in Gains Tax	5.	0
6.	Amount by Which Federal Basis Exceeds State Basis for Property Disposed of in 2020	6.	0
7.	Unabsorbed Net Operating Loss Deduction	7.	0
8.	Excess Net Operating Loss Carryforward Deduction	8.	0
9.	Withdrawal of 529 Plan Contributions not Used for Permissible Purpose	9.	0
10.	Discharge of Qualified Principal Residence Indebtedness	10.	0
11.	Qualified Tuition and Related Expenses	11.	0
12.	Excess Business Loss	12.	0
13.	Qualified Education Loan Payments by Employer	13.	0
14.	Expenses Deducted Under a Forgiven PPP Loan	14.	0
15.	Business Interest Limitation	15.	0
16.	Above-the-line Qualified Charitable Contribution Deduction	16.	300
17.	Total additions - Add Lines 1 through 16	17.	300

7020750022

Last Name (First 10 Characters) BANDAPALLI Your Social Security Number 325632967

Part B. Deductions From Federal Adjusted Gross Income

18.	State or Local Income Tax Refund							18.	0
19.	Interest Income From Obligations of the United States or United States' Possessions							19.	0
20.	Taxable Portion of Social Security and Railroad Retirement Benefits							20.	0
21.	Bailey Settlement Retirement Benefits							21.	0
22.	Bonus Asset Basis							22.	0
23.	Bonus Depreciation								
23a.	2015	0	23b.	2016	0	23c.	2017	0	
23d.	2018	0	23e.	2019	0			23f. Total	0
24.	IRC Section 179 Expense								
24a.	2015	0	24b.	2016	0	24c.	2017	0	
24d.	2018	0	24e.	2019	0			24f. Total	0
25.	Recognized IRC Section 1400Z-2 Gain							25.	0
26.	Gain From the Disposition of Exempt N.C. Obligations Issued Before July 1, 1995							26.	0
27.	Exempt Income Earned or Received by a Member of a Federally Recognized Indian Tribe							27.	0
28.	Amount by Which State Basis Exceeds Federal Basis for Property Disposed of in 2020							28.	0
29.	Ordinary and Necessary Business Expense Reduced or not Allowed Due to Claiming a Federal Tax Credit in Lieu of a Deduction							29.	0
30.	Personal Education Savings Account Deposits							30.	0
31.	State Emergency Response and Disaster Relief Reserve Fund Payments							31.	0
32.	Certain Economic Incentives							32.	0
33.	Extra Credit Grant							33.	0
34.	Total Deductions - 18 through 22, 23f, 24f, and 25 through 33							34.	0

REV 03/17/21 PRO

This page must be filed with the first page of this form.

D-400 Sch PN (50)

8-12-20

2020 Part-Year Resident and Nonresident Schedule

North Carolina Department of Revenue

DOR Use Only

If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2020, you must attach this schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name *(First 10 Characters)* BANDAPALLI   Your Social Security Number 325632967

A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a **"part-year resident"** if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a **"nonresident"** if you were not a resident of N.C. at any time during the tax year.

Important: Refer to the Instructions before completing this form.

NRT Y PYT N 22 132917

NRS Y PYS N 23 218395

Part A. Residency Status

Taxpayer is: (Select applicable box)
☐ Full-Year Resident ☒ Nonresident ☐ Part-Year Resident
Date N.C. residency began   Date N.C. residency ended

Spouse is: (Select applicable box)
☐ Full-Year Resident ☒ Nonresident ☐ Part-Year Resident
Date N.C. residency began   Date N.C. residency ended

If you and your spouse were both full-year residents of N.C., **stop here**; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

Part B. Allocation of Income for Part-Year Residents and Nonresidents

Total Income		**COLUMN A** Total Income from all sources	**COLUMN B** Amount of Column A subject to N.C. tax
1. Wages, Salaries, Tips, Etc.	1.	217903	132917
2. Taxable Interest	2.	302	0
3. Taxable Dividends	3.	174	0
4. Taxable Refunds, Credits, or Offsets of State and Local Income Taxes	4.	0	0
5. Alimony Received	5.	0	0
6. Business Income or (Loss)	6.	0	0
7. Capital Gain or (Loss)	7.	6	0
8. Other Gains or (Losses)	8.	0	0
9. Taxable Amount of IRA Distributions	9.	0	0
10. Taxable Amount of Pensions and Annuities	10.	0	0
11. Rental Real Estate, Royalties, Partnerships, S-Corps, Estates, Trusts, Etc.	11.	0	0
12. Farm Income or (Loss)	12.	0	0
13. Unemployment Compensation	13.	0	0
14. Taxable Amount of Social Security Benefits or Railroad Retirement Benefits	14.	0	0
15. Other Income	15.	10	0
16. Total Income	16.	218395	132917

7020950022

North Carolina Adjustments		**COLUMN A** Enter the amount from Form D-400 Schedule S	**COLUMN B** Amount of Column A subject to N.C. tax
17. Additions			
a. Interest Income From Obligations of States Other Than N.C.	17a.	0	0
b. Deferred Gains Reinvested Into an Opportunity Fund Under IRC Section 1400Z-2	17b.	0	0
c. Bonus Depreciation	17c.	0	0
d. IRC Section 179 Expense	17d.	0	0
e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income	17e.	0	0
18. Total Additions	18.	0	0

Last Name (First 10 Characters) BANDAPALLI Your Social Security Number 325632967

Part B. Allocation of Income for Part-Year Residents and Nonresidents (continued)

			COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A subject to N.C. tax
19.	Deductions			
	a. State or Local Income Tax Refund	19a.	0	0
	b. Interest From Obligations of the United States or United States' Possessions	19b.	0	0
	c. Taxable Portion of Social Security or Railroad Retirement Benefits	19c.	0	0
	d. Bailey Retirement Benefits	19d.	0	0
	e. Bonus Depreciation	19e.	0	0
	f. IRC Section 179	19f.	0	0
	g. Recognized IRC Section 1400Z-2 Gain	19g.	0	0
	h. Other Deductions From Federal Adjusted Gross Income That Relate to Gross Income	19h.	0	0
20.	Total Deductions	20.	0	0
21.	Total Income Modified by N.C. Adjustments	21.	218395	132917

Part C. Part-Year Residents and Nonresidents Taxable Percentage

22.	Enter the Amount From Column B, Line 21	22.	132917
23.	Enter the Amount From Column A, Line 21	23.	218395
24.	Part-Year Residents and Nonresident Taxable Percentage	24.	0.6086