

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial KRISHNA KANTH	Last name THOTTEMPUDI	Your social security number 846-64-4147
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 1237 COLGIN DR		Apt. no. 203	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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. VIRGINIA BEACH	State VA	ZIP code 23455	
Foreign country name	Foreign province/state/county	Foreign postal code	

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

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

	1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	75,266.
Attach Sch. B if required.	2a Tax-exempt interest	2a		
	3a Qualified dividends	3a	1.	
	4a IRA distributions	4a		
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.	5a Pensions and annuities	5a		
	6a Social security benefits	6a		
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here			-209.
	8 Other income from Schedule 1, line 9			-5,734.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			69,324.
	10 Adjustments to income:			
	a From Schedule 1, line 22	10a	2,500.	
	b Charitable contributions if you take the standard deduction. See instructions	10b		
	c Add lines 10a and 10b. These are your total adjustments to income			2,500.
	11 Subtract line 10c from line 9. This is your adjusted gross income			66,824.
	12 Standard deduction or itemized deductions (from Schedule A)			12,400.
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A			
	14 Add lines 12 and 13			12,400.
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			54,424.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	7,764.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	7,764.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	7,764.
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	7,764.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	9,848.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	9,848.
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	9,848.

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,084.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,084.
b	Routing number 1 1 1 0 0 0 0 2 5		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 4 8 8 0 6 0 8 1 3 0 9 5		
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	
Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

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

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

Sign Here

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

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 04/02/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522 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
KRISHNA KANTH THOTTEMPUDI

Your social security number
846-64-4147

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-5,734.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-5,734.

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	2,500.
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	2,500.

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2020

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

KRISHNA KANTH THOTTEMPUDI

Your social security number

846-64-4147

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	2,036.	2,338.	116.	-186.
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	225.	225.		0.
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 -186.

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	0.	23.		-23.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15 -23.

For Paperwork Reduction Act Notice, see your tax return instructions.

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-209.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } 	21	(209.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side
 KRISHNA KANTH THOTTEMPUDI

Social security number or taxpayer identification number
 846-64-4147

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

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

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Securities LLC	01/01/19	12/31/20	0.	23.			-23.
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) ▶				0.	23.			-23.

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.

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

KRISHNA KANTH THOTTEMPUDI

Social security number or taxpayer identification number

846-64-4147

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD CRYPTO LLC	Various	07/13/20	225.	225.			0.
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) ►				225.	225.			0.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

OMB No. 1545-0074

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

2020

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

KRISHNA KANTH THOTTEMPUDI

846-64-4147

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Yes No

B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)				
A	25-44/1 KABELA 4TH CR RD RR NAGAR, VIJAYAWADA ANDHRA PRADESH IN 520012				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	3		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	410.		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	1,050.		
8 Commissions.	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11	1,200.		
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest.	13			
14 Repairs.	14	1,104.		
15 Supplies	15	1,270.		
16 Taxes	16			
17 Utilities	17	1,520.		
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	6,144.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-5,734.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-5,734.)	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a		410.	
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e		6,144.	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(5,734.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26			-5,734.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

2020 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning _____ and ending _____

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

Your last name: THOTTEMPUDI Your first name/middle initial: KRISHNA KANTH
 Spouse's last name: _____ Spouse's first name/middle initial: _____



Current mailing address (number and street, apartment, lot, or suite number) or PO Box:
1237 COLGIN DR, 203

City, State, ZIP:
VIRGINIA BEACH VA 23455

Spouse SSN: _____ Your SSN: 846-64-4147

Step 2 Filing Status: Mark one box only

1	<input checked="" type="checkbox"/> Single: Were you claimed as a dependent on another person's Iowa return? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Email Address: _____
2	<input type="checkbox"/> Married filing a joint return. (Two-income families may benefit by using status 3 or 4.)	Check this box if you or your spouse were 65 or older as of 12/31/20. <input type="checkbox"/>
3	<input type="checkbox"/> Married filing separately on this combined return. Spouse use column B.	Residence on 12/31/20: County No. <u>00</u> School District No. <u>0000</u>
4	<input type="checkbox"/> Married filing separate returns. Spouse's name: _____ SSN: _____ Net Income: \$ _____	
5	<input type="checkbox"/> Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below.	
6	<input type="checkbox"/> Qualifying widow(er) with dependent child. Name: _____ SSN: _____	

Step 3 Exemptions

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

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

B. Spouse/Status 3 ▲ A. You or Joint ▲

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
1. Wages, salaries, tips, etc.....	1. _____	<u>75,266.00</u>		
2. Taxable interest income. If more than \$1,500, complete Sch. B.....	2. _____	_____		
3. Ordinary dividend income. If more than \$1,500, complete Sch. B.....	3. _____	<u>1.00</u>		
4. Taxable alimony received.....	4. _____	_____		
5. Business income/(loss). See instructions.....	5. _____	_____		
6. Capital gain/(loss). See instructions.....	6. _____	<u>-209.00</u>		
7. Other gains/(losses). See instructions.....	7. _____	_____		
8. Taxable IRA distributions.....	8. _____	_____		
9. Taxable pensions and annuities.....	9. _____	_____		
10. Rents, royalties, partnerships, estates, etc. See instructions.....	10. _____	<u>-5,734.00</u>		
11. Farm income/(loss). See instructions.....	11. _____	_____		
12. Unemployment compensation. See instructions.....	12. _____	_____		
13. Gambling winnings.....	13. _____	_____		
14. Other income, bonus depreciation, and section 179 adjustment.....	14. _____	_____		
15. Gross Income. Add lines 1-14.....	15. _____	_____	▲	<u>69,324.00</u>

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

Step 6 Adjustments to Income

16. Payments to an IRA, Keogh, or SEP.....	16. _____	_____		
17. Deductible part of self-employment tax.....	17. _____	_____		
18. Health insurance premium.....	18. _____	<u>0.00</u>		
19. Penalty on early withdrawal of savings.....	19. _____	_____		
20. Alimony paid.....	20. _____	_____		
21. Pension/retirement income exclusion.....	21. _____	▲ _____		
22. Moving expense deduction from federal form 3903.....	22. _____	_____		
23. Iowa capital gain deduction; Include corresponding IA 100 schedule.....	23. _____	▲ _____		
24. Other adjustments <u>STMT ADJ</u>	24. _____	<u>2,500.00</u>		
25. Total adjustments. Add lines 16-24.....	25. _____	_____	▲	<u>2,500.00</u>
26. Net Income. Subtract line 25 from line 15.....	26. _____	_____	▲	<u>66,824.00</u>

Step 7 Federal Taxes and Qualified Deductions

27. Federal income tax refund/overpayment received in 2020.....	27. _____	▲ _____		
28. Self-employment/household employment/other federal taxes.....	28. _____	▲ _____		
29. Addition for federal taxes. Add lines 27 and 28.....	29. _____	_____		<u>0.00</u>
30. Total. Add lines 26 and 29.....	30. _____	_____		<u>66,824.00</u>
31. Federal tax withheld in 2020, federal estimated tax payments made in 2020, and federal taxes paid in 2020 for 2019 and prior years.....	31. _____	▲ <u>9,848.00</u>		
32. Qualified business income deduction. 25.0% (.25) of federal amount. See instructions.....	32. _____	▲ _____		
33. DPAD 199A(g) deduction. 25.0% (.25) of federal amount.....	33. _____	▲ _____		
34. Total federal tax and other qualified deductions. Add lines 31, 32, and 33.....	34. _____	_____		<u>9,848.00</u>
35. Balance. Subtract line 34 from line 30. Enter here and on line 36, page 2.....	35. _____	_____	▲	<u>56,976.00</u>



2020 IA 1040, page 2

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
Step 8 Taxable Income				
36. BALANCE. From side 1, line 35		36.	.00	56,976.00
37. Deduction. Check one box <input checked="" type="checkbox"/> Itemized.(Include IA Schedule A) <input type="checkbox"/> Standard		37.	.00	3,025.00
38. TAXABLE INCOME. SUBTRACT line 37 from line 36		38.	.00	53,951.00
Step 9 Tax, Credits, and Check-off Contributions				
39. Tax from tables or alternate tax	.00	▲	2,834.00	
40. Iowa lump-sum tax. See instructions	.00	▲	.00	
41. Iowa alternative minimum tax. Include IA 6251	.00	▲	.00	
42. Total tax. ADD lines 39, 40, and 41		42.	.00	2,834.00
43. Total exemption credit amount(s) from Step 3, side 1	.00		40.00	
44. Tuition and textbook credit for dependents K-12	.00	▲	.00	
45. Volunteer firefighter/EMS/reserve peace officer credit	.00	▲	.00	
46. Total credits. ADD lines 43, 44, and 45		46.	.00	40.00
47. BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter zero		47.	.00	2,794.00
48. Credit for nonresident or part-year resident. Must include IA 126 and federal return	.00	▲	2,123.00	
49. BALANCE. SUBTRACT line 48 from 47. If less than zero, enter zero		49.	.00	671.00
50. Out-of-state tax credit. Must include IA 130	.00	▲	.00	
51. BALANCE. SUBTRACT line 50 from 49. If less than zero, enter zero		51.	.00	671.00
52. Other nonrefundable Iowa credits. Must include IA 148 Tax Credits Schedule	.00	▲	.00	
53. BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter zero		53.	.00	671.00
54. School district surtax or EMS surtax. Take percentage from table; multiply by line 53	.00	▲	0.00	
55. Total state and local tax. ADD lines 53 and 54		55.	.00	671.00
56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here		56.		671.00
57. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars.				
Fish/Wildlife 57a: <input type="checkbox"/> State Fair 57b: <input type="checkbox"/> Firefighters/Veterans 57c: <input type="checkbox"/> Child Abuse Prevention 57d: <input type="checkbox"/> Enter here		57.		.00
58. TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 56 and line 57 and enter here		58.	▲	671.00
Step 10 Credits				
59. Iowa fuel tax credit. Include IA 4136	.00	▲	.00	
60. Check One: <input type="checkbox"/> Child and dependent care credit OR <input type="checkbox"/> Early childhood development credit		60.	.00	.00
61. Iowa earned income tax credit. 15.0% (.15) of federal credit	.00	▲	0.00	
62. Other refundable credits. Include IA 148 Tax Credits Schedule	.00	▲	.00	
63. Iowa income tax withheld	.00	▲	689.00	
64. Estimated and voucher payments made for tax year 2020	.00	▲	.00	
65. TOTAL. ADD lines 59 through 64 and enter here		65.	.00	689.00
66. TOTAL CREDITS. ADD columns A and B on line 65 and enter here		66.		689.00
Step 11 Refund				
67. If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid		67.	▲	18.00
68. Amount of line 67 to be REFUNDED		68.	▲	18.00
68a. Routing number: 1 1 1 0 0 0 0 2 5		68b. Type	Checking <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>
68c. Account number: 4 8 8 0 6 0 8 1 3 0 9 5				
69. Amount of line 67 to be applied to your 2021 estimated tax	.00	▲	.00	
Step 12 Pay				
70. If line 66 is less than line 58, subtract line 66 from line 58. This is the AMOUNT OF TAX YOU OWE		70.	▲	.00
71. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. Check if annualized income method is used		71.	▲	.00
72. Penalty and interest <input type="checkbox"/> 72a. Penalty <input type="checkbox"/> 72b. Interest <input type="checkbox"/> ADD. Enter total	.00	72.		.00
73. TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here		73.	▲	.00

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

SIGN HERE	<input type="checkbox"/>				
Your signature	Date	Check if deceased	Date of death	SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/02/2021	Preparer's signature
SIGN HERE	<input type="checkbox"/>				
Spouse's signature	Date	Check if deceased	Date of death	P02082703 30-1017196	Preparer's PTIN Firm's FEIN
		(989) 980-6966		(678) 965-9522	Daytime telephone number

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



If you itemize deductions, include this schedule with your return. Use whole dollar amounts.

Name(s): KRISHNA KANTH THOTTEMPUDI Social Security Number: 846-64-4147

Medical and Dental Expenses	1. Medical and dental expenses (Exclude health insurance premiums claimed on IA 1040, line 18) 1. _____ 2. Multiply the amount on federal form 1040, line 11, as modified for Iowa purposes, by 7.5% (.075) Enter result here. See IA 10 expanded instructions 2. _____ 3. Subtract line 2 from line 1. If less than zero, enter 0. 3. _____
Taxes You Paid (Not subject to federal deduction dollar limitations)	4. State and local taxes. Check only one box. a <input checked="" type="checkbox"/> Other state and local income taxes. Do not include any general sales tax or Iowa Income Tax. Include School District Surtax and EMS Surtax from prior years paid in 2020, OR b <input type="checkbox"/> General sales tax from federal form 1040, Schedule A, line 5a 3,025 5. Real estate taxes 5. _____ 6. Personal property taxes, including annual vehicle registration _____ 7. Other taxes. List type and amount: 7. 0 8. Add lines 4 Enter total here 8. 3,025
Interest You Paid	9. Home mortgage interest and points. a. Interest and points reported on federal form 1098 a. _____ b. Interest not reported on federal form 1098 9b. _____ 10. Points not reported on federal form 1098 1 _____ 11. Mortgage insurance premiums 11. _____ 12. Investment interest. Include federal form 49 if required 12. _____ 13. Add lines 9a-12. Enter total here 13. _____
Gifts to Charity	14. Contributions by cash or check 14 _____ 15. Contributions other than by cash or check. Include federal form 8283 if more than \$500 15. _____ 16. Contributions carryover from prior year. See IA 1040 expanded instructions. 16. _____ 17. Add lines 14-16. Enter total here 17. _____
Casualty/Theft Loss	18. Casualty or theft loss(es). Include federal form 4684. See IA 10 expanded instructions. _____
Other Itemized Deductions	19. Other expenses. List type and amount: _____ _____ 19. _____
Total Itemized Deductions	20. Other Iowa deductions. See IA 1040 expanded instructions. 20. _____ 21. Total deductions. Add lines 3, 8, 13, 17 through 20. If using filing statuses 1, 2, 5, or 6, enter the amount on Step 8, line 37 of the IA 1040 21. 3,025
Proration of Deductions Between Spouses	Complete lines 22-26 only if you are using filing status 3 or 4. 22. Net income of both spouses from IA 1040, line 26 2 b. _____ Spouse 22a. _____ You 23. Total Iowa net income, add columns 22a and 22b. Enter total here _____ 24. Divide the amount on line 22a by the amount on line 23. Enter to the nearest tenth of a percent _____ % 25. Multiply line 21 by the percentage on line 24. Enter here and on IA 1040, line 37, column A.....(You) 25. _____ 26. Subtract line 25 from line 21. Enter here and on IA 1040, line 37, column B. If you are using filing status 4, enter this amount on line 37, column A of your spouse's return. (Spouse) 26. _____



Name(s): KRISHNA KANTH THOTTEMPUDI Social Security number: 846-64-4147

Mark the appropriate box for you and your spouse

A nonresident of Iowa for all of 2020

B. Spouse ▲ A. You or Joint ▲

A part-year resident of Iowa during 2020

▲ ▲

Date moved into Iowa: _____

Date moved out of Iowa: _____

A full-year resident of Iowa during 2020

Iowa-Source Income

	B. Spouse	A. You or Joint
1. Wages, salaries, tips, etc.	1. _____ .00	_____ 16,006.00
2. Taxable interest income	2. _____ .00	_____ .00
3. Ordinary dividend income	3. _____ .00	_____ 0.00
4. Taxable alimony received	4. _____ .00	_____ .00
5. Business income or (loss)	5. _____ .00	_____ .00
6. Capital gain or (loss)	6. _____ .00	_____ 0.00
7. Other gains or (losses)	7. _____ .00	_____ .00
8. Taxable IRA distributions	8. _____ .00	_____ .00
9. Taxable pensions and annuities	9. _____ .00	_____ .00
10. Rents, royalties, partnerships, estates, etc.	10. _____ .00	_____ 0.00
11. Farm income or (loss)	11. _____ .00	_____ .00
12. Unemployment compensation	12. _____ .00	_____ .00
13. Gambling winnings	13. _____ .00	_____ .00
14. Other income, bonus depreciation, and section 179 adjustment	14. _____ .00	_____ .00
15. Iowa gross income. Add lines 1-14	15. _____ .00	▲ _____ 16,006.00
16. Payments to an IRA, Keogh, or SEP	16. _____ .00	_____ .00
17. Deductible part of self-employment tax	17. _____ .00	_____ .00
18. Health insurance premium	18. _____ .00	_____ .00
19. Penalty on early withdrawal of savings	19. _____ .00	_____ .00
20. Alimony paid	20. _____ .00	_____ .00
21. Pension/retirement income exclusion	21. _____ .00	_____ .00
22. Moving expense deduction into Iowa only	22. _____ .00	_____ .00
23. Iowa capital gain deduction	23. _____ .00	_____ .00
24. Other adjustments	24. _____ .00	_____ 0.00
25. Total adjustments. Add lines 16-24	25. _____ .00	▲ _____ 0.00
26. Iowa net income. Subtract line 25 from line 15	26. _____ .00	_____ 16,006.00
27. All-source net income from IA 1040, line 26	27. _____ .00	_____ 66,824.00

28. Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0%

28. _____ % _____ 24.0 %

29. Nonresident/part-year resident credit percentage: Subtract the percentage on line 28 from 100.0%

29. _____ % _____ 76.0 %

30. Iowa tax on total income from IA 1040, line 39

30. _____ .00 _____ 2,834.00

31. Total credits from IA 1040, line 46

31. _____ .00 _____ 40.00

32. Tax after credits. Subtract line 31 from line 30

32. _____ .00 _____ 2,794.00

33. Nonresident/part-year resident credit. Multiply line 32 by the percentage on line 29. Enter this amount on IA 1040, line 48

33. _____ .00 _____ 2,123.00



Name(s): KRISHNA KANTH THOTTEMPUDI Social Security number: 846-64-4147

PART I - Iowa Adjustments and Preferences. See instructions.

If you itemized deductions on Schedule A (IA 1040), start on line 1. If you did not itemize on your IA 1040, start on line 2.

- 1. Taxes from IA 1040 Schedule A, line 8 1. 3,025.
- 2. Refunds of taxes (exclude Iowa income tax) 2. ()
- 3. Investment interest expense (difference between regular tax and AMT) 3.
- 4. Qualified small business stock 4.
- 5. Exercise of incentive stock options (excess of AMT income over regular tax income) . 5.
- 6. Estates and trusts [amount from federal Schedule K-1 (Form 1041)] 6.
- 7. Disposition of property (difference between AMT and regular tax gain or loss) 7.
- 8. Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 8.
- 9. Passive activities (difference between AMT and regular tax income or loss)..... 9.
- 10. Loss limitations (difference between AMT and regular tax income or loss) 10.
- 11. Circulation costs (difference between regular tax and AMT)..... 11.
- 12. Long-term contracts (difference between AMT and regular tax income)..... 12.
- 13. Mining costs (difference between regular tax and AMT)..... 13.
- 14. Research and experimental costs (difference between regular tax and AMT)..... 14.
- 15. Income from certain installment sales before January 1, 1987 15. ()
- 16. Other adjustments, including income-based related adjustments 16.
- 17. Total adjustments and preferences. Add lines 1 through 16 17. 3,025.

PART II - Iowa Alternative Minimum Taxable Income

- 18. Taxable income from IA 1040, line 38..... 18. 53,951.
- 19. Net operating loss deduction. Do not enter as a negative amount..... 19.
- 20. Add lines 17, 18, and 19 20. 56,976.
- 21. Iowa Alternative Minimum Tax net operating loss deduction. See instructions..... 21.
- 22. Iowa Alternative Minimum Taxable Income. Subtract line 21 from line 20 22. 56,976.



PART III - Iowa Exemption Amount and Iowa Alternative Minimum Tax Based on Iowa Filing Status

23. Enter the applicable amount below based on your Iowa filing status:

- If filing status 1, 5, or 6, enter \$26,000. ■
- If filing status 2, enter \$35,000.
- If filing status 3 or 4, enter \$17,500..... 23. 26,000.

24. Enter the applicable amount below based on your Iowa filing status:

- If filing status 1, 5, or 6, enter \$112,500.
- If filing status 2, enter \$150,000.
- If filing status 3 or 4, enter \$75,000..... 24. 112,500.

25. Subtract line 24 from line 22. If zero or less, enter zero..... 25. 0.

26. Multiply line 25 by 25% (.25)..... 26. 0.

27. Subtract line 26 from line 23. If zero or less, enter zero..... 27. 26,000.

28. Subtract line 27 from line 22. If zero or less, enter zero..... 28. 30,976.

29. Tentative Iowa Alternative Minimum Tax. Multiply line 28 by 6.4% (.064) 29. 1,982.

30. Regular tax less exemption credits. IA 1040 line 39, less IA 1040 line 43 30. 2,794.

31. Iowa Alternative Minimum Tax. Subtract line 30 from 29; enter here and on IA 1040, line 41. If zero or less, enter zero. See instructions for Iowa Alternative Minimum Tax Limited to Net Worth..... 31. 0.

PART IV - Nonresidents and Part-Year Residents Only – Complete Lines 32-35.

32. Enter Iowa net income plus Iowa adjustments and preferences. If zero or less, enter zero. See instructions. 32. 16,006.

33. Total net income plus total adjustments and preferences. See instructions..... 33. 69,849.

34. Divide line 32 by line 33 and enter the result to three decimal places. If greater than one, enter 1.000..... 34. .229

35. Iowa Alternative Minimum Tax. Multiply line 31 by 34. Enter here and on IA 1040, line 41. See instructions..... 35. 0.



Name
KRISHNA KANTH THOTTEMPUDI

Social Security No.
846-64-4147

	Spouse/Status 3	You or Joint
a Accrual method		
b Active duty military pay included in line 15 Gross Income (see detailed IA 1040 instructions online)		
c Alternative motor vehicle deduction		
d Capital gains from installment sales reported on the 2001 Iowa return using the accrual method		
e Capital or ordinary gain from involuntary conversion related to eminent domain		
f 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 not both		
g College Savings Iowa or Iowa Advisor 529 Plan contributions, up to \$3,439 per beneficiary		
h Disability income exclusion - Include Form IA 2440		
i RESERVED FOR FUTURE USE		
j 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		
k Employer social security credit from federal return		
l Federal alcohol and cellulosic biofuel fuels credit from federal return		
m Foreign-earned income exclusion and/or foreign housing deduction from federal return		
n Gains or losses from distressed sale transactions		
o Health savings account deduction from federal form 1040, Schedule 1		
p Injured veterans program, contributions to (do not put on IA Sch. A)		
q Injured veterans program, (only grants from)		
r In-home health care		
s Iowa Veterans Trust Fund		
t Military exemptions, not already excluded (see detailed IA 1040 instructions online)		
u Net operating loss, Iowa		
v Organ transplant expenses		
w Partnership income and/or S corporation income: Modifications that decreased the income		
x Segal Americorps Education Award Payments		
y Speculative shell buildings		
z Student loan interest deduction from federal 1040, Schedule 1, line 20		2,500.
aa Victim compensation awards		
bb Wages paid certain individuals		
cc Work Opportunity Credit from federal return		
dd Other federal adjustments prior to calculation of federal 1040 line 8b (federal adjusted gross income) not already taken on IA 1040: 1 Jury duty pay given to employer 2 Other: _____ _____ _____		
ee Educator expenses		
ff Tuition and Fees Deduction		
gg Nonresident Electric Utility Worker Training and Emergency Response Work Reciprocity (see detailed IA 1040 instructions online)		
hh Rapid Response to State Disasters		
ii Iowa ABLE savings plan trust, up to \$3,439 per beneficiary		
jj Charitable contribution for non-itemizers from Form 1040 In 10b		
kk Federal, state or local grant to communications service provider		
ll Economic Development Authority Grant provided under the Iowa Small Business Grant Program (if included in Sch C, In 1)		
Totals		2,500.

2020 NJ-1040NR
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040NR
2020
Page 1



040NV01200

For Taxable Year January 1, 2020 – December 31, 2020 or Other Tax Year
Beginning _____, 2020 Ending _____, 2021

1555

Your Social Security Number
846644147

Last Name, First Name, Initial (Joint filers enter first name and middle initial of each. Enter spouse/CU partner last name only if different.)
THOTTEMPUDI KRISHNA KANTH

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)
Virginia

Home Address (Number and Street, incl. apt. # or rural route)
1237 COLGIN DR, Apt. 203

Driver's License # (Voluntary)	State	City, Town, Post Office	State	ZIP Code
A62699237	VA	VIRGINIA BEACH	VA	23455

This is an amended return

Federal extension application attached or enter confirmation number _____

The address above is a foreign address

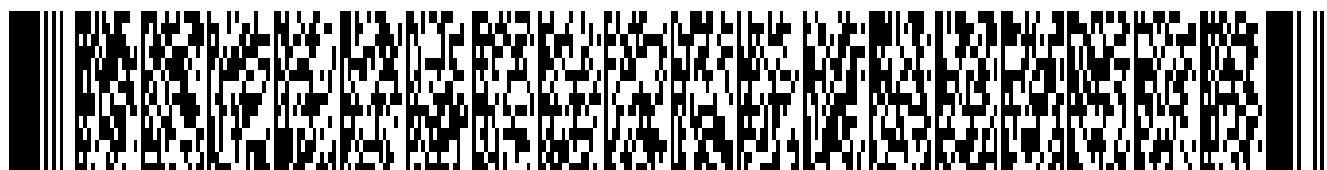
Your address has changed

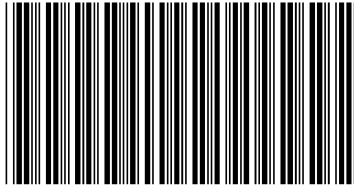
Death certificate for deceased taxpayer is attached (See instructions page 9)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer

NJ Residency Status If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency. From: To:

Gubernatorial Elections Fund	Do you wish to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner wish to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.	Yes	No
		Yes	No





040NV02200

Name(s) as shown on Form NJ-1040NR
THOTTEMPUDI KRISHNA KANTH

Your Social Security Number
846644147

1555

Filing Status
(Check only ONE box)

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Name and SSN of Spouse/CU Partner
- 5. Qualifying Widow(er)/Surviving CU Partner

Exemptions

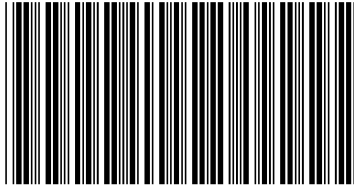
- 6. Regular Self Spouse/CU Partner Domestic Partner 6. 1
- 7. Age 65 or over Self Spouse/CU Partner 7.
- 8. Blind or Disabled Self Spouse/CU Partner 8.
- 9. Veteran Exemption Self Spouse/CU Partner 9.
- 10. Number of your qualified dependent children 10.
- 11. Number of other dependents 11.
- 12. Dependents attending colleges (See Instructions) 12.
- 13. For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 and 11. For line 13c – Enter amount from line 9. 13a. 1 13b. 13c.

Dependent Information

- | 14. Dependent's Last Name, First Name, Middle Initial | Dependent's Social Security Number | Birth Year |
|---|------------------------------------|------------|
| a. _____ | | |
| b. _____ | | |
| c. _____ | | |
| d. _____ | | |

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE) COL. B - AMOUNT FROM NEW JERSEY SOURCES

15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 66 through 72	15.	50666	.	15.	50666	.
16. Interest	16.		.	16.		.
17. Dividends	17.	1	.	17.	0	.
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18.		.	18.		.
19. Net gains or income from disposition of property (From line 65)	19.	0	.	19.	0	.
20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)	20.	0	.	20.	0	.
21. Net gambling winnings (See Instructions)	21.		.	21.		.
22. Pensions, Annuities, and IRA Withdrawals	22.		.	22.		.
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)	23.		.	23.		.
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)	24.		.	24.		.
25. Alimony and separate maintenance payments received	25.		.	25.		.
26. Other – State Nature and Source _____	26.		.	26.		.
27. TOTAL INCOME (Add lines 15 through 26)	27.	50667	.	27.	50666	.
28a. Pension Exclusion (See Instructions)	28a.		.	28a.		.
28b. Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.		.	28b.		.
28c. Total Exclusion Amount (Add line 28a and line 28b)	28c.		.	28c.		.
29. Gross Income (Subtract line 28c from line 27)	29.	50667	.	29.	50666	.
30. Total Exemption Amount (See Instructions)	30.	1000	.			
31. Medical Expenses (See Worksheet and Instructions)	31.		.			
32. Alimony and separate maintenance payments	32.		.			
33. Qualified Conservation Contribution	33.		.			
34. Health Enterprise Zone Deduction	34.		.			
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0	.			



040NV03200

Name(s) as shown on Form NJ-1040NR
THOTTEMPUDI KRISHNA KANTH

Your Social Security Number
846644147

1555

36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	.
37. Total Exemptions and Deductions (Add lines 30 through 36)	37.	1000	.
38. TAXABLE INCOME (Subtract line 37 from line 29, column A)	38.	49667	.
39. Tax on amount on line 38 (From Tax Table page 34)	39.	1252	.
40. Income Percentage B. (line 29) / A. (line 29) = <u>100.00</u> %			
41. NEW JERSEY TAX (Multiply amount from line 39 by income percentage from line 40)	41.	1252	.
42. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)	42.	.	.
43. Gold Star Family Counseling Credit (See Instructions)	43.	.	.
44. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	44.	.	.
45. Total credits (Add lines 42, 43, and 44)	45.	.	.
46. Balance of Tax After Credits (Subtract line 45 from line 41)	46.	1252	.
47. Penalty for Underpayment of Estimated Tax. Check box if Form NJ-2210NR is enclosed	47.	.	.
48. Total Tax and Penalty (Add line 46 and line 47)	48.	1252	.
49. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099)	49.	2193	.
50. New Jersey Estimated Tax Payments/Credit from 2019 return	50.	.	.
51. Tax paid on your behalf by Partnership(s)	51.	.	.
52. EXCESS NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	52.	.	.
53. EXCESS NJ Disability Insurance Withheld (Enclose Form NJ-2450)	53.	.	.
54. EXCESS NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	54.	.	.
55. Pass-Through Business Alternative Income Tax Credit (See instructions)	55.	.	.
56. Total Payments/Credits (Add lines 49 through 55)	56.	2193	.
57. If line 56 is LESS THAN line 48, enter AMOUNT YOU OWE	57.	.	.
58. If line 56 is MORE THAN line 48, enter OVERPAYMENT	58.	941	.
59. Deductions from Overpayment on line 58 that you elect to credit to:			
(A) Your 2021 Tax	59A.	.	.
(B) N.J. Endangered Wildlife Fund	59B.	.	.
(C) N.J. Children's Trust Fund	59C.	.	.
(D) N.J. Vietnam Veterans' Memorial Fund	59D.	.	.
(E) N.J. Breast Cancer Research Fund	59E.	.	.
(F) U.S.S. N.J. Educational Museum Fund	59F.	.	.
(G) Designated Contribution Code	59G.	.	.
60. Total Deductions From Overpayment (Add lines 59A through 59G)	60.	.	.
61. REFUND (Amount to be sent to you. Subtract line 60 from line 58)	61.	941	.

Also enter on line 50:
• Payments made in connection with sale of NJ real property
• Payments by S corporation for nonresident shareholder

NOTE:
An entry on line 59A, B, C, D, E, F, or G will reduce your tax refund

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

> _____
Your Signature Date

> _____
Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

Paid Preparer's Signature

Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM

P02082703

Firm's Name

Firm's Federal Employer Identification Number

GLOBAL TAXES LLC

30-1017196

Pay amount on line 57 in full. Write Social Security number(s) on check or money order and make payable to:

State of New Jersey - TGI
Division of Taxation
Revenue Processing Center
PO Box 244
Trenton, NJ 08646-0244

You may also pay by e-check or credit card.

Name(s) as shown on Form NJ-1040NR
 THOTTEMPUDI KRISHNA KANTH

Your Social Security Number
 846644147

PART I Net Gains or Income From Disposition of Property List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)
62. ROBINHOOD CRYPTO L	VARIOUS	07/13/2020	225	225	0
Robinhood Securiti	01/01/2020	12/31/2020	2036	2222	-186
Robinhood Securiti	01/01/2019	12/31/2020	0	23	-23

63. Capital Gains Distribution 63

64. Other Net Gains..... 64.

65. Net Gains (Add lines 62, 63, and 64) (Enter here and on line 19) (If loss, enter zero) 0

PART II Allocation of Wage and Salary Income Earned Partly Inside and Outside New Jersey (See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)

66. Amount reported on line 15 in column A required to be allocated 66.

67. Total days in taxable year 67.

68. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.) 68.

69. Total days worked in taxable year (subtract line 68 from line 67) 69.

70. Deduct days worked outside New Jersey..... 70.

71. Days worked in New Jersey (subtract line 70 from line 69)..... 71.

72. ALLOCATION FORMULA $\frac{\text{(Line 71)}}{\text{(Line 69)}} \times \frac{\text{(Enter amount from line 66)}}{\text{(Salary earned inside N.J.)}} =$ (Include this amount on line 15, col. B)

PART III Allocation of Business Income to New Jersey (See instructions if other than Formula Basis of allocation is used.)

Business Allocation Percentage (From Schedule NJ-NR-A)

Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. _____ \$ _____ x _____% = \$ _____

From Line No. _____ \$ _____ x _____% = \$ _____

From Line No. _____ \$ _____ x _____% = \$ _____

Name(s) as shown on Form NJ-1040NR THOTTEMPUDI, KRISHNA KANTH	Social Security Number 846-64-4147
--	---------------------------------------

Schedule NJ-BUS-1
(Form NJ-1040NR)

New Jersey Gross Income Tax
Business Income Summary Schedule

2020

Part I Net Profits From Business		List the net profit (loss) from business(es). See Instructions.		
	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)	
1.				
2.				
3.				
4.	Net Profit or (Loss). (Add lines 1, 2, and 3) (Enter here and on line 18, column A. If loss, enter ZERO on line 18, column A.)		4.	
Part II Net Gains or Income From Rents, Royalties, Patents, and Copyrights		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1-Rental real estate 2-Royalties 3-Patents 4-Copyrights		
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above	Income or (Loss)
1.	25-44/1 KABELA 4TH CR RD	846644147	1	-5,734.
2.				
3.				
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 20, column A. If loss, enter ZERO on line 20, column A.)		4.	-5,734.
Part III Distributive Share of Partnership Income		List the distributive share of income (loss) from partnership(s). See instructions.		
	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)	Share of tax paid on your behalf by Partnerships
1.				
2.				
3.				
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, column A. If loss, enter ZERO on line 23, column A.)			
5.	Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3.) Enter total here and include on line 51.			
Part IV Net Pro Rata Share of S Corporation Income		List the pro rata share of income (usable loss) from S corporation(s). See instructions.		
	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)	
1.				
2.				
3.				
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 24, column A. If loss, enter ZERO on line 24, column A.)		4.	

Keep a copy of this schedule for your records

Schedule NJ-BUS-2
(Form NJ-1040NR)

New Jersey Gross Income Tax
Alternative Business Calculation Adjustment

2020

PART I Income (Loss)		Column A		Column B		
		Reportable Regular Business Income		Alternative Business Income (Loss)		
1.	Net Profits From Business	1a.	0.	1b.	0.	
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.	0.	2b.	-5,734.	
3.	Distributive Share of Partnership Income	3a.	0.	3b.	0.	
4.	Net Pro Rata Share of S Corporation Income	4a.	0.	4b.	0.	
5.	Loss Carryforward From Tax Year 2019			5b.	()	
6.	Totals	6a.	0.	6b.	-5,734.	
PART II Adjustment Calculation						
7.	Total Regular Business Income	7.	0.			
8.	Total Alternative Business Income/(Loss). (If loss, enter zero)	8.	0.			
9.	Business Increment (line 7 minus line 8)	9.	0.			
10.	Adjustment Percentage	10.	0.50			
11.	Alternative Business Calculation Adjustment (line 9 x 0.50)	11.	0.			
PART III Loss Carryforward to Tax Year 2021						
12.	Loss Carryforward to Tax Year 2021	12.		(5,734.)

Instructions

- Line 1a. Enter the amount from line 18, column A, Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from line 20, column A, Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from line 23, column A, Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from line 24, column A, Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from line 12 of your 2019 Schedule NJ-BUS-2 (Form NJ-1040NR).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 35 of Form NJ-1040NR, and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2020 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040NR.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Keep a copy of this schedule for your records



KRISHNA KANT THOTTEMPUDI

1237 COLGIN DR APT 203

VIRGINIA BEACH VA 23455

SSN - You [THOT 846644147 Vendor ID 1555 XXXXX]

SSN - Spouse

Fed Adj Gross Income (FAGI)	1.	66824.	Withholding (VA) - You	19A.	469.
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	66824.	Estimated Payments	20.	
Age Deduction - You	4A.		2019 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OSC	24.	1923.
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	2392.
Total VA Adj Gross Income (VAGI)	9.	66824.	Tax You Owe	27.	881.
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.	
Standard Deduction	11.	4500.	Overpayment Credited to Next Year	29.	
Exemptions	12.	930.	VAC - Virginia 529 / ABLEnow	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exemptions)	14.	5430.	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	61394.	Sales and Use Tax	33.	
Amount of Tax	16.	3273.	Amount You Owe		881.
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card	N	
VAGI - Spouse	17A.		Your Refund		
Net Amount of Tax	18.	3273.	Bank Routing #		
			Bank Account #		





Filing Status, Age & License Information

Additional Filing Information

Filing Status 1
 Federal Head of Household
 DOB - You 08061989
 VA Driver's License ID - You A62699237
 VA Driver's License - Iss. Date - You 08302019
 Spouse Name (Filing Status 3 Only)
 DOB - Spouse
 VA Driver's License ID - Spouse
 VA Driver's License - Iss. Date - Spouse

Locality 810
 Name or Filing Status Change
 Address Change
 VA Return Not Filed Last Year
 Dependent on Another's Return
 Farmer / Fisherman / Merchant Seaman
 Amended
 Reason Code
 Overseas on Due Date
 Federal EIC & Amount
 Deceased Indicator
 No Sales & Use Tax Due Indicator X
 Obtain Electronic 1099G
 ID Theft PIN

Exemptions (A)

Exemptions (B)

You 1 65 & Over - You
 Spouse 65 & Over - Spouse
 Dependents Blind - You
 Total (A) 1 Blind - Spouse
 Total (B)

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You _____ Date _____ Phone - You 9899806966
 Signature - Spouse _____ Date _____ Phone - Spouse _____
 Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 040221 Phone - Preparer 6789659522
 The Tax Department may discuss my/our return with my/our preparer. Preparer Information 7 P02082703

File by May 1, 2021
 Include Page 1, Page 2 and all supporting 760CG documents.

GLOBAL TAXES LLC
 2530 PEBBLE CREEK LN
 CUMMING GA 30041

2020 Schedule INC/CG

846644147

Report all W-2s, 1099s & VK-1s with VA Withholding



KRISHNA KANT THOTTEMPUDI

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
846644147	W	469.	204328013	30204328013F001	10859.

Total VA Withholding	SSN	VA Withholding
You	846644147	469.
Spouse		
Total # of W-2s, 1099s & VK-1s	01	

To avoid delays - be sure to enter all information, including the Employer's FEIN.

2020 Schedule OSC/CG

Enclose other state tax returns when filing



846644147

Credit Computation State 1

If Claiming border state

1. Filing Status - other state's return	1	6. Other State Abbreviation	IA
2. Person Claiming the Credit	1	7. Virginia Income Tax	3273.
3. Qualifying Taxable Income - other state	12948.	8. Income percentage	21.1
4. Virginia Taxable Income	61394.	9. Virginia Ratio of Income Tax	691.
5. Qualifying Tax Liability - other state	671.	10. Credit Allowed	671.

Credit Computation State 2

11. Filing Status - other state's return	1	16. Other State Abbreviation	NJ
12. Person Claiming the Credit	1	17. Virginia Income Tax	3273.
13. Qualifying Taxable Income - other state	49667.	18. Income percentage	80.9
14. Virginia Taxable Income	61394.	19. Virginia Ratio of Income Tax	2648.
15. Qualifying Tax Liability - other state	1252.	20. Credit Allowed	1252.

Credit Computation State 3

21. Filing Status - other state's return		26. Other State Abbreviation	
22. Person Claiming the Credit		27. Virginia Income Tax	
23. Qualifying Taxable Income - other state		28. Income percentage	
24. Virginia Taxable Income		29. Virginia Ratio of Income Tax	
25. Qualifying Tax Liability - other state		30. Credit Allowed	
		31. Total Credit Claimed	1923.

Enclose other state tax returns when filing your Virginia tax return.