



VINAY LINGINEDI
 8663 E TOWN AND COUNTRY BLVD
 ELLICOTT CITY MD 21043

SSN - You LING 705900182 Vendor ID 1555 XXXXX

SSN - Spouse

Fed Adj Gross Income (FAGI)	1.	68039.	Withholding (VA) - You	19A.	2622.
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	68039.	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.	1128.
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	3750.
Total VA Adj Gross Income (VAGI)	9.	68039.	Tax You Owe	27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.	407.
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.	62609.	Sales and Use Tax	33.	
Amount of Tax	16.	3343.	Amount You Owe		
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card	IT	
VAGI - Spouse	17A.		Your Refund		407.
Net Amount of Tax	18.	3343.	Bank Routing #	C	052001633
			Bank Account #		446045803538





Filing Status, Age & License Information

Additional Filing Information

Filing Status 1

Federal Head of Household

DOB - You 08271994

VA Driver's License ID - You

VA Driver's License - Iss. Date - You

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

Exemptions (A)

Exemptions (B)

You 1 65 & Over - You

Spouse 65 & Over - Spouse

Dependents Blind - You

Total (A) 1 Blind - Spouse

Total (B)

Deceased Indicator

No Sales & Use Tax Due Indicator X

Obtain Electronic 1099G

ID Theft PIN

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 8134700575

Signature - Spouse _____ Date _____ Phone - Spouse

Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 022721 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

705900182

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



VINAY

LINGINEDI

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
705900182	W	2622.	581760235	30581760235F001	51130.

Total VA Withholding	SSN	VA Withholding
You	705900182	2622.
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



705900182

Credit Computation State 1

If Claiming border state

1. Filing Status - other state's return	1	6. Other State Abbreviation	IL
2. Person Claiming the Credit	1	7. Virginia Income Tax	3343.
3. Qualifying Taxable Income - other state	20494.	8. Income percentage	32.7
4. Virginia Taxable Income	62609.	9. Virginia Ratio of Income Tax	1093.
5. Qualifying Tax Liability - other state	1014.	10. Credit Allowed	1014.

Credit Computation State 2

11. Filing Status - other state's return	1	16. Other State Abbreviation	MD
12. Person Claiming the Credit	1	17. Virginia Income Tax	3343.
13. Qualifying Taxable Income - other state	2129.	18. Income percentage	3.4
14. Virginia Taxable Income	62609.	19. Virginia Ratio of Income Tax	114.
15. Qualifying Tax Liability - other state	147.	20. Credit Allowed	114.

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	1128.

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

**DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS.
IT MUST BE MAINTAINED IN YOUR FILES!**

Virginia Submission Identification Number (SID)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Your Name	B Your Social Security Number	
VINAY LINGINEDI	705-90-0182	
Spouse's Name	A Spouse's Social Security Number	
Part I Tax Return Information	A Spouse	B Yourself
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		68039.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		68039.
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		62609.
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		3343.
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		2622.
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)		
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		407.

Part II Declaration of Taxpayer and Signature Authorization

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

Taxpayer's e-File PIN: check one box only

I authorize the ERO named below to enter my e-File PIN 0 0 1 8 2 as my signature on my 2020 e-filed Virginia individual income tax return.
Do not enter all zeros
GLOBAL TAXES LLC
ERO Firm Name

I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your Signature _____ Date _____

Spouse's e-File PIN: check one box only

I authorize the ERO named below to enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return.
Do not enter all zeros

ERO Firm Name

I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's Signature _____ Date _____

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9

Do not enter all zeros

I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2020 Virginia individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2020). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature _____ Date 02-27-21



201010013

Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions.

Print Using Blue or Black Ink Only.

VINAY First Name MI LINGINEDI Last Name 705900182 SSN/Taxpayer Identification Number
Spouse's First Name MI Spouse's Last Name SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

1. Amount of overpayment to be applied to 2021 estimated tax 1.
2. Amount of overpayment to be refunded to you REFUND 2.
3. Total amount due (Pay in full by April 15, 2021. See instructions.) 3. 94

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described above agree with the amounts shown on the corresponding lines of my 2020 Maryland electronic income tax return.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC ERO firm name to enter or generate my PIN 00182 Enter five digits. Do not enter all zeros. as my signature on my tax year 2020 electronically filed income tax return.

[] I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature Date

Spouse's PIN: check one box only

[] I authorize ERO firm name to enter or generate my PIN Enter five digits. Do not enter all zeros. as my signature on my tax year 2020 electronically filed income tax return.

[] I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature Date

Practitioner PIN Method Returns Only

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 58727861989 Do not enter all zeros.

I certify this numeric entry is my PIN, which is my signature for the tax year 2020 electronically filed income tax return for the taxpayer(s). I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-file Providers.

ERO's signature Date 02272021

DO NOT MAIL



205050013

OR FISCAL YEAR BEGINNING _____ 2020, ENDING _____

Print Using Blue or Black Ink Only

705900182 Social Security Number Spouse's Social Security Number

VINAY First Name MI

LINGINEDI Last Name



Spouse's First Name MI

Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit www.ssa.gov.

Spouse's Last Name

8663 E TOWN AND COUNTRY BLVD Current Mailing Address Line 1 (Street No. and Street Name or PO Box) Maryland County

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

City, Town or Taxing Area

Name of county and incorporated city, town or special taxing area in which you were employed on the last day of the taxable period if you earned wages in Maryland. (See Instruction 6.)

ELLICOTT CITY MD 21043 City or Town State ZIP Code + 4

FILING STATUS See Instruction 1 to determine if you are required to file.

- CHECK ONE BOX 1. [X] Single (If you can be claimed on another person's tax return, use Filing Status 6.) 2. [] Married filing joint return or spouse had no income 3. [] Married filing separately, Spouse's SSN 4. [] Head of household 5. [] Qualifying widow(er) with dependent child 6. [] Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 8.)

RESIDENCE INFORMATION See Instruction 9.

Enter 2-letter state code for your state of legal residence. VA

If PA resident, enter both County _____ and City, Borough or Township _____

Were you a resident of another state for the entire year of 2020? If no, attach explanation. [X] Yes [] No

Are you or your spouse a member of the military? [] Yes [X] No

Did you file a Maryland income tax return for 2019? [] Yes [X] No If "Yes," was it a [] Resident or a [] Nonresident return?

Dates you resided in Maryland for 2020. If none, enter "NONE": FROM None TO None (MMDDYYYY).

[] Check here for Maryland taxes withheld in error. (See Instruction 4.)

EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form in order to receive the applicable exemption amount.

A. [X] Yourself [] Spouse Enter number checked 1 See Instruction 10 A. \$ 3200

B. [] 65 or over [] 65 or over

[] Blind [] Blind Enter number checked [] X \$1,000 B. \$

C. Enter number from line 3 of Dependent Form 502B [] See Instruction 10 C. \$

D. Enter Total Exemptions (Add A, B and C.) [1] Total Amount D. \$ 3200

Place your W-2 wage and tax statements and ATTACH HERE with ONE stapler. Do not attach check or money order to Form 505. Attach check or money order to Form PV.



205050113

Name VINAY LINGINEDI SSN 705900182

INCOME AND ADJUSTMENTS INFORMATION

(See Instruction 11.)

	(1) FEDERAL INCOME (LOSS)	(2) MARYLAND INCOME (LOSS)	(3) NON-MARYLAND INCOME (LOSS)
1. Wages, salaries, tips, etc 1.	72349	2289	70060
2. Taxable interest income 2.			
3. Dividend income 3.	4	0	4
4. Taxable refunds, credits or offsets of state and local income taxes 4.			
5. Alimony received 5.			
6. Business income or (loss) 6.			
7. Capital gain or (loss) 7.	166	0	166
8. Other gains or (losses) (from federal Form 4797) 8.			
9. Taxable amount of pensions, IRA distributions, and annuities. 9.			
10. Rents, royalties, partnerships, estates, trusts, etc. (Circle appropriate item.) 10.	-4480	0	-4480
11. Farm income or (loss) 11.			
12. Unemployment compensation (insurance) 12.			
13. Taxable amount of Social Security and Tier 1 Railroad Retirement benefits 13.			
14. Other income (including lottery or other gambling winnings) 14.			
15. Total income (Add lines 1 through 14.) 15.	68039	2289	65750
16. Total adjustments to income from federal return (IRA, alimony, etc.) 16.			
17. Adjusted gross income (Subtract line 16 from line 15.) ▶ 17.	68039	2289	65750

ADDITIONS TO INCOME (See Instruction 12.)

18. Non-Maryland loss and adjustments. 18.		4480
19. Other (Enter code letter(s) from Instruction 12.) ▶ 19.		
20. Total additions (Add lines 18 and 19.) ▶ 20.		4480
21. Total federal adjusted gross income and Maryland additions (Add lines 17 (Column 1) and 20.) 21.		72519

SUBTRACTIONS FROM INCOME (See Instruction 13.)

22. Taxable Military Income of Nonresident ▶ 22.		
23. Other (Enter code letter(s) from Instruction 13.) ▶ 23.		
24. Total subtractions (Add lines 22 and 23.) ▶ 24.		
25. Maryland adjusted gross income before subtraction of non-Maryland income. (Subtract line 24 from line 21.) 25.		72519

DEDUCTION METHOD See Instruction 15. (All taxpayers must select one method and check the appropriate box.)

26. a. STANDARD DEDUCTION METHOD (Enter amount on line 26a.) <input checked="" type="checkbox"/> ▶ 26a.	2300
ITEMIZED DEDUCTION METHOD (Complete lines 26b, c and d.) <input type="checkbox"/>	
b. Total federal itemized deductions (from line 17, federal Schedule A) ▶ 26b.	
c. State and local income taxes (See Instruction 16.) ▶ 26c.	
d. Net itemized deductions (Subtract line 26c from line 26b.) 26d.	
e. Deduction amount (Multiply lines 26a or 26d by the AGI factor.) 26e. <u>1.000000</u> (from worksheet in Instruction 14). ▶ 26.	2300
27. Net income (Subtract line 26 from line 25.) 27.	70219
28. Total exemption amount (from EXEMPTIONS area, page 1) See Instruction 10 28.	3200
29. Enter your AGI factor (from worksheet in Instruction 14) 29.	1.000000
30. Maryland exemption allowance (Multiply line 28 by line 29.) 30.	3200
31. Taxable net income (Subtract line 30 from line 27.) Figure tax on Form 505NR. 31.	67019

MARYLAND TAX COMPUTATION – COMPLETE FORM 505NR BEFORE CONTINUING.

32. a. Maryland tax from line 16 of Form 505NR (Attach Form 505NR.) 32a.	99
b. Special nonresident tax from line 17 of Form 505NR (Attach Form 505NR.) 32b.	48
c. Total Maryland tax (Add lines 32a and 32b.) 32c.	147
33. Poverty level credit from worksheet in Instruction 20. ▶ 33.	



205050213

Name VINAY LINGINEDI SSN 705900182

Table with 2 columns: Line number and Amount. Rows include 34-53 with various tax credits, contributions, and taxes. Total amount due is 94.

DIRECT DEPOSIT OF REFUND (See Instruction 22.) Be sure the account information is correct. For Splitting Direct Deposit, use Form 588. To comply with banking and NACHA (National Automated Clearing House Association) rules, if this refund will go to an account outside of the United States, place "Y" in this box [] or if you authorize the State of Maryland to direct deposit your refund check this box [] and complete the following information clearly and legibly.

54a. Type of account: [] Checking [] Savings 54b. Routing Number (9-digits) []
54c. Account Number []
54d. Name(s) as it appears on the bank account []

Check here [] if you authorize your preparer to discuss this return with us. Check here [] if you authorize your paid preparer not to file electronically. Check here [] if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 25). 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, the declaration is based on all information of which the preparer has any knowledge.

Your signature _____ Date _____ Spouse's signature _____ Date _____

8134700575
Taxpayer(s) daytime phone number

SYAM PRIYA RAM SAGAR GUPTA TALLAM
Signature of Preparer other than taxpayer (Required by Law)

2530 PEBBLE CREEK LN
Street address of Preparer/Firm

GLOBAL TAXES LLC
Printed name of the Preparer/Firm's name

CUMMING GA 30041
City, State, ZIP Code + 4

6789659522
Telephone number of Preparer

P02082703
Preparer's PTIN (Required by law)

CODE NUMBERS (3 digits per line)



For returns filed without payments, mail your completed return to:

Comptroller of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, MD 21411-0001

For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 505. Place Form PV with attached check/money order on TOP of Form 505 and mail to:

Comptroller of Maryland
Payment Processing
PO Box 8888
Annapolis, MD 21401-8888



MARYLAND FORM 505NR

NONRESIDENT INCOME TAX CALCULATION ATTACH TO YOUR TAX RETURN



20505N013

2020

Print Using Blue or Black Ink Only

VINAY LINGINEDI 705900182
First Name MI Last Name Social Security Number
Spouse's First Name MI Spouse's Last Name Spouse's Social Security Number

If you are filing Form 505, use the Form 505NR Instructions appearing on page 2 of this form. If you are filing Form 515, use the Form 505NR Instructions appearing in Instruction 18 of the Form 515 Instructions.

PART I - CALCULATION OF TAX WITHOUT ALLOWING CERTAIN MODIFICATIONS

1. Enter Taxable net income from Form 505, line 31 (or Form 515, line 32) 1. 67019
2. Enter tax from Tax Table or Computation Worksheet Schedules I or II. Continue to Part II. 2. 3131

PART II - CALCULATION OF MARYLAND TAX

3. Enter your federal adjusted gross income from Form 505 (or Form 515), line 17 (Column 1) 3. 68039
3a. Earned Income (See instructions.) 3a. 72349
4. Enter your federal adjusted gross income plus additions from Form 505 (or 515) line 21. 4. 72519
5. Enter the Taxable Military Income of a Nonresident from line 22 of Form 505. 5.
6a. Enter your subtractions from line 23 of Form 505 or Form 515 6a.
6b. Enter non-Maryland income from Form 505 (or 515) not included on lines 5 or 6a of this form (See instructions.) 6b. 70230
7. Add lines 5 through 6b. 7. 70230
8. Maryland Adjusted Gross Income. Subtract line 7 from line 4. 8. 2289

If you are using the standard deduction, recalculate the standard deduction based on the income on line 8 and enter on line 8a . .8a. 1550

9. Maryland Income Factor. Divide line 8 by line 3. The factor cannot exceed 1.000000 and cannot be less than 0. If line 8 is 0 or less, the factor is 0. If line 8 is greater than 0 and line 3 is 0 or less, the factor is 1.000000. 9. 033642
10. Deduction amount.
If you are using the standard deduction, multiply the standard deduction on line 8a by line 9 of this form and enter on line 10a . .10a. 52
If you are itemizing your deductions, multiply the deduction on Form 505, line 26d, by line 9 of this form and enter on line 10b. . .10b.

Form 515 Users, see Instruction 18 in Form 515 Instructions.

11. Net income (Subtract line 10a or 10b from line 8.) 11. 2237
12. Exemption amount. Multiply the total exemption amount on Form 505, line 28 (or Form 515, line 29) by line 9. 12. 108
13. Maryland Taxable Net Income (Subtract line 12 from line 11.) 13. 2129
14. Enter the tax amount from line 2 of this form. 14. 3131
15. Maryland Nonresident factor: Divide the amount on line 13 on this form by line 1. If more than 1.000000, enter 1.000000. If 0 or less, the factor is 0. 15. 031767
16. Maryland Tax. Multiply line 14 by line 15. Enter this amount on Form 505, line 32a (Form 515, line 33). 16. 99
17. Special nonresident tax. Multiply line 13 of this form by 0.0225. Enter this amount on Form 505, line 32b. If line 13 is 0 or less, enter 0. 17. 48

FOR FORM 515 FILERS ONLY.

If you are: (1) a nonresident employed in Maryland and (2) you are a resident of a local jurisdiction that imposes a local income or earnings tax on Maryland residents, then you must file a Form 515 to report and pay a tax on your Maryland wages. Form 515 filers pay a local income tax instead of the Special Nonresident Tax.

18. Local Income Tax. Multiply line 13 of this form by the local rate of the Maryland county (or Baltimore City) where you are employed. Enter this amount on Form 515, line 39. If line 13 is 0 or less, enter 0. 18.

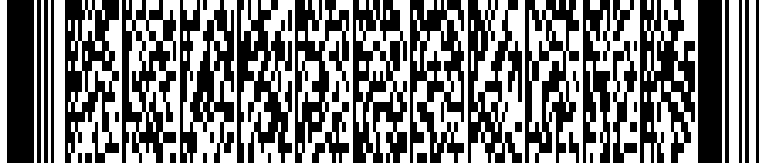


20PTPV013

Print Using Blue or Black Ink Only. Use only one PV per payment type.

705900182

Your Social Security Number



If Joint Return, Spouse's Social Security Number

VINAY

Your First Name

MI

LINGINEDI

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

8663 E TOWN AND COUNTRY BLVD

Current Mailing Address - Line 1 (Street No. and Street Name or PO Box)

Current Mailing Address - Line 2 (Apt. No., Suite No., Floor No.)

ELLICOTT CITY

City or Town

MD

State

21043

ZIP Code +4

PAYMENT TYPE

Check **ONLY** one box (1,2,3, or 4) for type of payment. If Box 1 is checked, also check box 1a., if **first time** estimated filer or if **filing status** has changed.

- 1. Estimated Payment/Quarterly (502D) Tax Year:
- 1a. First time filer or change in filing status
- 2. Extension Payment (502E) Tax Year:
- 3. Payment with resident return (502) Tax Year:
- 4. Payment with nonresident return (505) Tax Year: 2020

PAYMENT AMOUNT

Amount you are paying by check or money order. Make your check or money order payable to "Comptroller of Maryland"

Dollars Cents

94 00

Mail to:
 Comptroller of Maryland
 Payment Processing
 PO Box 8888
 Annapolis, MD 21401-8888

ATTACH CHECK OR MONEY ORDER HERE WITH ONE STAPLE.



Illinois Department of Revenue
2020 Form IL-1040

Individual Income Tax Return or for fiscal year ending ___/___/___

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

1994

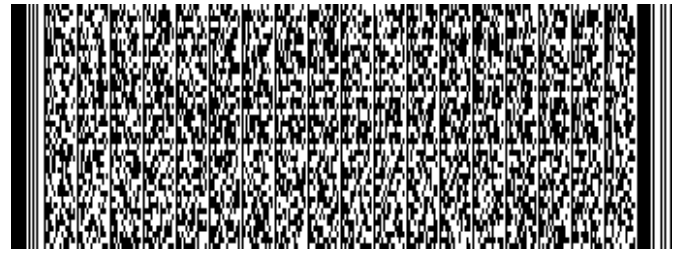
705-90-0182

VINAY

LINGINEDI

8663 E TOWN AND COUNTRY BLVD

Ellicott City MD 21043



- B** Filing status: Single Married filing jointly Married filing separately Widowed Head of household
C Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Spouse
D Check the box if this applies to you during 2020: Nonresident - **Attach** Sch. NR Part-year resident - **Attach** Sch. NR

Step 2: Income

(Whole dollars only)

1 Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1 68,039.00
2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2 .00
3 Other additions. Attach Schedule M.	3 .00
4 Total income. Add Lines 1 through 3.	4 68,039.00

Step 3: Base Income

5 Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5 .00
6 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	6 .00
7 Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	7 .00
8 Add Lines 5, 6, and 7. This is the total of your subtractions.	8 .00
9 Illinois base income. Subtract Line 8 from Line 4.	9 68,039.00

Step 4: Exemptions

10 a Enter the exemption amount for yourself and your spouse. See instructions.	a 2,325.00
b Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	b .00
c Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	c .00
d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	d 0.00
Exemption allowance. Add Lines a through d.	10 2,325.00

Step 5: Net Income and Tax

11 Residents: Net income. Subtract Line 10 from Line 9.	
Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR.	11 20,494.00
12 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	
Nonresidents and part-year residents: Enter the tax from Schedule NR.	12 1,014.00
13 Recapture of investment tax credits. Attach Schedule 4255.	13 .00
14 Income tax. Add Lines 12 and 13. Cannot be less than zero.	14 1,014.00

Step 6: Tax After Nonrefundable Credits

15 Income tax paid to another state while an Illinois resident. Attach Schedule CR.	15 .00
16 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	16 .00
17 Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	17 .00
18 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18 0.00
19 Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19 1,014.00

Step 7: Other Taxes

20 Household employment tax. See instructions.	20 .00
21 Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	21 0.00
22 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22 .00
23 Total Tax. Add Lines 19, 20, 21, and 22.	23 1,014.00

IL-1040 2D Front (R-12/20)

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



Staple W-2 and 1099 forms here

Staple your check and IL-1040-V



24 Total tax from Page 1, Line 23. 24 1,014.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. **Attach** Schedule IL-WIT. 25 1,050.00

26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00

27 Pass-through withholding. **Attach** Schedule K-1-P or K-1-T. 27 .00

28 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. **Attach** Schedule IL-E/EIC. 28 .00

29 **Total payments and refundable credit.** Add Lines 25 through 28. 29 1,050.00

Step 9: Total

30 If Line 29 is greater than Line 24, subtract Line 24 from Line 29. 30 36.00

31 If Line 24 is greater than Line 29, subtract Line 29 from Line 24. 31 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.

32 Late-payment penalty for underpayment of estimated tax. 32 .00

a Check if at least two-thirds of your federal gross income is from farming.

b Check if you or your spouse are 65 or older and permanently living in a nursing home.

c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. **Attach** Form IL-2210.

d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.

33 Voluntary charitable donations. **Attach** Schedule G. 33 .00

34 **Total penalty and donations.** Add Lines 32 and 33. 34 .00

Step 11: Refund

35 If you have an amount on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30. This is your **overpayment**. 35 36.00

36 Amount from Line 35 you want **refunded to you**. Check **one** box on Line 37. See instructions. 36 36.00

37 I choose to receive my refund by

a **direct deposit** - Complete the information below if you check this box.

Routing number	0 5 2 0 0 1 6 3 3	<input checked="" type="checkbox"/> Checking or	<input type="checkbox"/> Savings
Account number	4 4 6 0 4 5 8 0 3 5 3 8		

b **Illinois Individual Income Tax refund debit card.** I acknowledge I have reviewed the card information found at <http://tax.illinois.gov/DebitCard> prior to making this election.

c **paper check.**

38 Amount to be **credited forward**. Subtract Line 36 from Line 35. See instructions. 38 .00

Step 12: Amount You Owe

39 If you have an amount on Line 31, add Lines 31 and 34. - or -
If you have an amount on Line 30 and this amount is less than Line 34, subtract Line 30 from Line 34. This is the **amount you owe**. See instructions. 39 .00

Step 13: If this is a joint return, both you and your spouse must sign below.

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign Here				(813) 470-0575
	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy) Daytime phone number
Paid Preparer Use Only	SYAM PRIYA RAM SAGAR GUPTA TALLAM		SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/27/2021
	Print/Type paid preparer's name		Paid preparer's signature	Date (mm/dd/yyyy)
	Firm's name ▶ GLOBAL TAXES LLC		Firm's FEIN ▶	301017196
Firm's address ▶ 2530 Pebble Creek LnCumming GA 30041		Firm's phone ▶	(678) 965-9522	
Third Party Designee				<input type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step.
	Designee's name (please print)		Designee's phone number	

Refer to the 2020 IL-1040 Instructions for the address to mail your return.



Illinois Department of Revenue
2020 Schedule NR
 Attach to your Form IL-1040

**Nonresident and Part-Year Resident
 Computation of Illinois Tax**

IL Attachment No. 2

VINAY LINGINEDI

Your name as shown on your Form IL-1040

7 0 5 - 9 0 - 0 1 8 2

Your Social Security number

Step 1: Provide the following information

- Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?
 Yes No If you answered "Yes," you cannot use this form (see instructions).
- If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2020.
 - I lived in **Illinois** from ___ / ___ / **20** to ___ / ___ / **20** I lived in _____ from ___ / ___ / **20** to ___ / ___ / **20**
 Month Day Year Month Day Year State Month Day Year Month Day Year
 - My spouse lived in **Illinois** from ___ / ___ / **20** to ___ / ___ / **20**, and _____ from ___ / ___ / **20** to ___ / ___ / **20**
 Month Day Year Month Day Year State Month Day Year Month Day Year
- If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate box.
 Iowa Kentucky Michigan Wisconsin Military Spouse
- List any state other than Illinois or any states already indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 2020. Enter the two-letter abbreviation of that state.

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. **Attach Schedule NR to your Form IL-1040.**

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

	Column A Federal Total	Column B Illinois Portion
5 Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1)	<u>72,349.00</u>	<u>21,219.00</u>
6 Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	<u>.00</u>	<u>.00</u>
7 Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	<u>4.00</u>	<u>0.00</u>
8 Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1)	<u>.00</u>	<u>.00</u>
9 Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	<u>.00</u>	<u>.00</u>
10 Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	<u>.00</u>	<u>.00</u>
11 Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	<u>166.00</u>	<u>0.00</u>
12 Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	<u>.00</u>	<u>.00</u>
13 Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	<u>.00</u>	<u>.00</u>
14 Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	<u>.00</u>	<u>.00</u>
15 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5)	<u>-4,480.00</u>	<u>0.00</u>
16 Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	<u>.00</u>	<u>.00</u>
17 Unemployment compensation and Alaska Permanent Fund dividends (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	<u>.00</u>	<u>.00</u>
18 Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	<u>.00</u>	<u>.00</u>
19 Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 8) Include winnings from the Illinois State Lottery as Illinois income in Column B.	<u>.00</u>	<u>.00</u>
20 Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	20 <u>21,219.00</u>	<u>21,219.00</u>

Continue with Step 3 on Page 2 →



Step 3: Continued

		Column A Federal Total	Column B Illinois Portion
Adjustments to Income	21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.	21	21,219.00
	22 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 10)	22	.00
	23 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	23	.00
	24 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	24	.00
	25 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	25	.00
	26 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	26	.00
	27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	27	.00
	28 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 16)	28	.00
	29 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 17)	29	.00
	30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 18a)	30	.00
	31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 19)	31	.00
	32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	32	.00
	33 Tuition and fees (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	33	.00
	34 RESERVED	34	.00
	35 Other adjustments (see instructions)	35	.00
	36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.	36	.00
	37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37	68,039.00
	38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	38	21,219.00

Step 4: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

		Column A Form IL-1040 Total	Column B Illinois Portion
Illinois Adjustments	39 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39	.00
	40 Other additions (Form IL-1040, Line 3)	40	.00
	41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	41	21,219.00
	42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	.00
	43 Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	43	.00
	44 Other subtractions (Form IL-1040, Line 7)	44	.00
	45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	45	.00

Step 5: Figure your Illinois income and tax

Tax Calculations	46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.	46	21,219.00
	47 Enter the base income from Form IL-1040, Line 9.	47	68,039.00
	48 Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	48	0.312
	49 Enter your exemption allowance from your Form IL-1040, Line 10.	49	2,325.00
	50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	50	725.00
	51 Subtract Line 50 from Line 46. This is your Illinois net income . Enter the amount here and on your Form IL-1040, Line 11. →	51	20,494.00
	52 Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 12. This is your tax . →	52	1,014.00



Illinois Department of Revenue

2020 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. **IL Attachment No. 31**

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	B
1099-MISC	M	1099-K	K
1099-OID	O	1099-NEC	N

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

VINAY LINGINEDI

Your name as shown on Form IL-1040

7 0 5 - 9 0 - 0 1 8 2
Your Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1 W	58-1760235 000 1	\$ 72,349.00	\$ 21,219.00	\$ 1,050.00
2		\$.00	\$.00	\$.00
3		\$.00	\$.00	\$.00
4		\$.00	\$.00	\$.00
5		\$.00	\$.00	\$.00

Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Your spouse's name as shown on Form IL-1040

Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6		\$.00	\$.00	\$.00
7		\$.00	\$.00	\$.00
8		\$.00	\$.00	\$.00
9		\$.00	\$.00	\$.00
10		\$.00	\$.00	\$.00

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040, Line 25.

11 \$ 1,050.00

➔ Attach all Schedules IL-WIT to your IL-1040. ➔



Illinois Department of Revenue

Submission ID

2020 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

VINAY LINGINEDI 7 0 5 - 9 0 - 0 1 8 2
First name and middle initial Spouse's first name (and last name if different) Last name Social Security number
8663 E TOWN AND COUNTRY BLVD Mailing address
Ellicott City MD 21043 (813) 470-0575
City State ZIP Daytime phone number

Step 2: Complete information from tax return

1 Net income from Form IL-1040, Line 11 1 20,494 | 00
2 Tax from Form IL-1040, Line 14 2 1,014 | 00
3 Illinois Income Tax withheld from Form IL-1040, Line 25 only (enter "0" if none) 3 1,050 | 00
4 Overpayment from Form IL-1040, Line 35 4 36 | 00
5 Total amount due from Form IL-1040, Line 39 5 | 00
6 Filing status: X Single ___ Married filing jointly ___ Married filing separately ___ Widowed ___ Head of household

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

7 Routing no. (RN): 0 5 2 0 0 1 6 3 3
8 Account no. (AN): 4 4 6 0 4 5 8 0 3 5 3 8
9 Type of account: X Checking ___ Savings
10 Date the payment is to be electronically withdrawn: ___/___/___
11 Electronic funds withdrawal amount: | 00
12 Name on account: _____

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- [X] I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2020 Illinois Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here Your signature Date Spouse's signature (if joint return, both must sign) Date

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

ERO's signature 02/27/2021 Date
GLOBAL TAXES LLC Firm's name or your name if self-employed
2530 Pebble Creek Ln Mailing address
Cumming GA 30041 City State ZIP
Check if paid preparer: X (See instructions.)
P 0 2 0 8 2 7 0 3 Your PTIN
3 0 - 1 0 1 7 1 9 6 Federal employer identification number (FEIN)
(678) 965-9522 Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

Do not mail Form IL-8453 and these documents unless requested for review.

