

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name SRAVAN GUNDA	Social security number 383-87-7620
Spouse's name	Spouse's social security number

## Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income . . . . .	1	76,331.
2 Total tax . . . . .	2	9,854.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	12,927.
4 Amount you want refunded to you . . . . .	4	4,739.
5 Amount you owe . . . . .	5	

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

7	7	6	2	0
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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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 \_\_\_\_\_ to enter or generate my PIN 

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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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—continue below

### 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
---	---	---	---	---	---	---	---	---	---	---

  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above 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 **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

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

Your first name and middle initial: SRAVAN
Last name: GUNDA
Your social security number: 383-87-7620
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.
4914 EAGLE CREEK DRIVE
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
CHARLOTTE
State: NC
ZIP code: 28269
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[ ] You [ ] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [ ] Yes [X] No

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

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'Dependents (see instructions):'.

Main tax calculation table with columns for line numbers and amounts. Includes sub-columns for 2a, 3a, 4a, 5a, 6a, 10a, 10b, 10c, 11, 12, 13, 14, 15. Total taxable income is 63,931.

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

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	9,854.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	9,854.
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	9,854.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	9,854.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	12,927.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	12,927.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) <b>NO</b>	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,666.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	1,666.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	14,593.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	4,739.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	4,739.
b	Routing number 1 2 1 0 0 0 3 5 8		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 3 2 5 0 6 1 1 6 4 4 5 3		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	
<b>Note:</b> 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, <b>both</b> 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 03/29/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
Firm's EIN				30-1017196

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

**SCHEDULE 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](http://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  
SRAVAN GUNDA

**Your social security number**  
383-87-7620

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-7,665.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-7,665.

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶ _____		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees deduction. Attach Form 8917 . . . . .	<b>21</b>	2,000.
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . .	<b>22</b>	2,000.

**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](http://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  
SRAVAN GUNDA

Your social security number  
383-87-7620

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)
<b>1a</b> 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 .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	81,564.	81,182.	2,632.	3,014.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .	23.	41.		-18.
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7 Net short-term capital gain or (loss).</b> 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 . . . . .				<b>7</b> 2,996.

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

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>	<b>16</b>	2,996.
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶</p>	<b>18</b>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b> ( )	
<p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form8949](http://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  
SRAVAN GUNDA

Social security number or taxpayer identification number  
383-87-7620

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 <b>Note</b> 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). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> 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	08/31/20	09/01/20	81,564.	81,182.	W	2,632.	3,014.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ►				81,564.	81,182.		2,632.	3,014.

**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](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

SRAVAN GUNDA

383-87-7620

**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

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	KANNEKAL, NIDAMANUR NALGONDA TELANGANA IN 508374				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	3		<b>A</b> 365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>		<input type="checkbox"/>
<b>C</b>			<b>C</b>		<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
<b>3</b>	Rents received . . . . .	<b>3</b>	350.		
<b>4</b>	Royalties received . . . . .	<b>4</b>			

**Expenses:**

<b>5</b>	Advertising . . . . .	<b>5</b>			
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>			
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>	850.		
<b>8</b>	Commissions. . . . .	<b>8</b>			
<b>9</b>	Insurance . . . . .	<b>9</b>			
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>			
<b>11</b>	Management fees . . . . .	<b>11</b>	1,380.		
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>			
<b>13</b>	Other interest. . . . .	<b>13</b>			
<b>14</b>	Repairs. . . . .	<b>14</b>	1,985.		
<b>15</b>	Supplies . . . . .	<b>15</b>	2,150.		
<b>16</b>	Taxes . . . . .	<b>16</b>			
<b>17</b>	Utilities. . . . .	<b>17</b>	1,650.		
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>			
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>			
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	8,015.		

**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** -7,665.

**22** Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) . . . . . **22** ( -7,665. ) ( ) ( )

<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>	350.	
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>		
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>		
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>		
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>	8,015.	

**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** ( 7,665. )

**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** -7,665.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

## Tuition and Fees Deduction

OMB No. 1545-0074

▶ **Attach to Form 1040 or 1040-SR.**  
 ▶ **Go to [www.irs.gov/Form8917](http://www.irs.gov/Form8917) for the latest information.**

Attachment  
 Sequence No. **60**

Name(s) shown on return  
 SRAVAN GUNDA

Your social security number  
 383-87-7620



Use this form for qualified tuition and fees paid in 2018, 2019, or 2020, and later years if legislation extends the deduction (see instructions). File a separate Form 8917 for each year after 2017 for which you qualify to take the deduction.

You **can't** take both an education credit from Form 8863 and the tuition and fees deduction from this form for the **same student** for the same tax year.

- Before you begin:**
- ✓ To see if you qualify for this deduction, see *Who Can Take the Deduction* in the instructions below.
  - ✓ If you file Form 1040 or 1040-SR, figure any write-in adjustments.
    - For 2018: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040), line 36.
    - For 2019: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.
    - For 2020 and later years: Figure any write-in adjustments for Schedule 1 (Form 1040 or 1040-SR); see the Instructions for Forms 1040 and 1040-SR.

1	(a) Student's name (as shown on page 1 of your tax return)	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Adjusted qualified expenses (see instructions)				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">First name</td> <td style="width: 50%; border: none;">Last name</td> </tr> <tr> <td style="border: none;">SRAVAN</td> <td style="border: none;">GUNDA</td> </tr> </table>	First name	Last name	SRAVAN	GUNDA	383-87-7620	9,250.
First name	Last name						
SRAVAN	GUNDA						
2	Add the amounts on line 1, column (c), and enter the total . . . . .		9,250.				
3	Enter the amount from your <b>"total income"</b> line of Form 1040 or 1040-SR . . . . .	78,581.					
4	<ul style="list-style-type: none"> <li>• For 2018: Enter the total of the amounts on your 2018 Schedule 1 (Form 1040), lines 23 through 33, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040), line 36.</li> <li>• For 2019 and 2020: Enter the total of the amounts on your 2019 Schedule 1 (Form 1040 or 1040-SR), lines 10 through 20, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.</li> <li>• For later years: See <a href="http://www.irs.gov/Form8917">www.irs.gov/Form8917</a> to find out if the line references above for 2019 have changed . . . . .</li> </ul>						
5	Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 if married filing jointly), <b>stop</b> ; you can't take the deduction for tuition and fees . . . . . <small>* If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see <i>Effect of the Amount of Your Income on the Amount of Your Deduction</i> in Pub. 970 to figure the amount to enter on line 5.</small>		78,331.				
6	<b>Tuition and fees deduction.</b> Is the amount on line 5 more than \$65,000 (\$130,000 if married filing jointly)?  <input checked="" type="checkbox"/> <b>Yes.</b> Enter the smaller of line 2, or \$2,000. } <input type="checkbox"/> <b>No.</b> Enter the smaller of line 2, or \$4,000. }		2,000.				

**Also enter** this amount on line 21 of the 2019 and 2020 Schedule 1 (Form 1040 or 1040-SR), or line 34 of the 2018 Schedule 1 (Form 1040). See [www.irs.gov/Form8917](http://www.irs.gov/Form8917) to find out if the line references above for 2019 have changed.

Nonresident & part-year resident Wisconsin income tax

For the year Jan. 1-Dec. 31, 2020, or other tax year beginning \_\_\_\_\_, 2020 ending \_\_\_\_\_, 20\_\_.

Check here if this is an amended return [ ] Complete form using BLACK INK

DO NOT STAPLE

Your legal last name GUNDA, Legal first name SRAVAN, M.I., Your social security number 383877620

Home address (number and street). If you have a PO Box, see page 12 4914 EAGLE CREEK DRIVE, Apt. no.

City or post office CHARLOTTE, State NC, Zip code 28269

Foreign Country, Foreign province/state/country, Foreign postal code

Filing status [X] Single

[ ] Married filing joint return (even if only one had income)

[ ] Married filing separate return. Fill in spouse's SSN above and full name here

[ ] Head of household, NOT married (see page 13)

[ ] Head of household, married (see page 13)

Resident status Check the status that applies You Spouse

[ ] Full-year resident of Wisconsin

[X] Part-year resident of Wisconsin from 01 01 20 to 06 25 20



Note: Complete residence questionnaire, page 61.

PAPER CLIP withholding statements here

PAPER CLIP check or money order here

Table with columns: Income, Print numbers like this, NO COMMAS NO CENTS, A. Federal column, B. Wisconsin column. Rows 1-16 detailing various income types and amounts.

1-0501 (R. 02-21)

<b>Adjustments to Income</b>		A. Federal column	B. Wisconsin column
<b>17</b>	Educator expenses (see page 25) . . . . .	.00	.00
<b>18</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 25) . . . . .	.00	.00
<b>19</b>	Health savings account deduction (see page 26) . . . . .	.00	.00
<b>20</b>	Moving expenses for members of the Armed Forces (see page 26) . . . . .	.00	.00
<b>21</b>	Deductible part of self-employment tax (see page 26) . . . . .	.00	.00
<b>22</b>	Self-employed SEP, SIMPLE, and qualified plans (see page 26) . . . . .	.00	.00
<b>23</b>	Self-employed health insurance deduction (see page 27) . . . . .	.00	.00
<b>24</b>	Penalty on early withdrawal of savings (see page 28) . . . . .	.00	0.00
<b>25</b>	Alimony paid (see page 28) . . . . .	.00	.00
<b>26</b>	IRA deduction (see page 29) . . . . .	.00	.00
<b>27</b>	Student loan interest deduction (see page 29) . . . . .	.00	.00
<b>28</b>	Tuition and fees (see page 29) . . . . .	Not deductible for Wisconsin	
<b>29</b>	Other adjustments (see page 29). Enclose Schedule M if line 29b has an amount <b>29</b> <span style="float: right;">See Statement</span>	250.00	250.00
<b>30</b>	Total adjustments to income. Add lines 17 through 29 . . . . .	250.00	250.00
<b>Adjusted Gross Income</b>			
<b>31</b>	Wisconsin income. Subtract line 30, column B from line 16, column B . . . . .		50389.00
<b>32</b>	Federal income. Subtract line 30, column A from line 16, column A . . . . .	78331.00	
<b>33</b>	Divide line 31 by line 32. Carry the decimal to four places. If amount on line 31 is more than amount on line 32, fill in 1.0000. (See page 30) <b>33</b>		.6433

<b>Tax Computation</b>			
<b>34</b>	Fill in the <b>larger</b> of Wisconsin income from line 31, column B or federal income from line 32, column A. <b>But</b> , if Wisconsin income from line 31 is zero or less, fill in 0 (zero) . . . . .	<b>34</b>	78331.00
<b>35a</b>	If you (or your spouse) can be claimed as a dependent on anyone else's return, check here and see the "Exception" in the instructions for line 35c on page 31 . . . . .	<b>35a</b>	<input type="checkbox"/>
<b>35b</b>	Aliens (see page 31 to determine if you must check line 35b) . . . . .	<b>35b</b>	<input type="checkbox"/>
<b>35c</b>	Find the standard deduction for amount on line <b>32</b> using table on page 50 . . . . .	<b>35c</b>	3573.00
<b>36</b>	Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zero) . . . . .	<b>36</b>	74758.00
<b>37</b>	<b>Exemptions (Caution: see page 31)</b>		
<b>a</b>	Fill in exemptions allowed . . . . . <u>1</u> x \$700 . . . . .	<b>37a</b>	700.00
<b>b</b>	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250 . . . . .	<b>37b</b>	.00
<b>c</b>	Add lines 37a and 37b . . . . .	<b>37c</b>	700.00
<b>38</b>	Subtract line 37c from line 36. If line 37c is more than line 36, fill in 0 (zero) . . . . .	<b>38</b>	74058.00
<b>39</b>	Tax (see table on page 52) . . . . .	<b>39</b>	4122.00
<b>40</b>	Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR) . . . . .	<b>40</b>	0.00
<b>41</b>	<b>School property tax credits (part-year and full-year residents only)</b>		
<b>a</b>	Rent paid in 2020—heat included . . . . . <u>.00</u> } Find credit from table page 35 . . . . .	<b>41a</b>	.00
	Rent paid in 2020—heat not included . . . . . <u>.00</u> }		
<b>b</b>	Property taxes paid on home in 2020 . . . . . <u>.00</u> } Find credit from table page 36 . . . . .	<b>41b</b>	.00
<b>42</b>	Add credits on lines 40, 41a, and 41b . . . . .	<b>42</b>	0.00
<b>43</b>	Subtract line 42 from line 39. If line 42 is more than line 39, fill in 0 (zero) . . . . .	<b>43</b>	4122.00
<b>44</b>	Fill in ratio from line 33 . . . . .	<b>44</b>	.6433
<b>45</b>	Multiply line 43 by ratio on line 44 . . . . .	<b>45</b>	2652.00



Name(s) shown on Form 1NPR <b>SRAVAN GUNDA</b>		Your social security number <b>383877620</b>
<b>46</b>	Fill in amount from line 45	<b>46</b> <u>2652.00</u>
<b>47</b>	Armed forces member credit. (Full-year Wisconsin residents only)	<b>47</b> <u>.00</u>
<b>48</b>	Working families tax credit. (Full-year Wisconsin residents only)	<b>48</b> <u>.00</u>
<b>49</b>	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	<b>49</b> <u>.00</u>
<b>50</b>	Nonrefundable credits from Schedule CR, line 34. Enclose Schedule CR	<b>50</b> <u>.00</u>
<b>51</b>	Net income tax paid to another state. Enclose Schedule OS	<b>51</b> <u>.00</u>
<b>52</b>	Add lines 47 through 51	<b>52</b> <u>.00</u>
<b>53</b>	Subtract line 52 from line 46. If line 52 is more than line 46, fill in 0 (zero). This is your net tax	<b>53</b> <u>2652.00</u>
<b>54</b>	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 39) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	<b>54</b> <u>.00</u>
<b>55</b>	Donations (decreases refund or increases amount owed)	
<b>a</b>	Endangered resources <u>.00</u>	<b>e</b> Military family relief <u>.00</u>
<b>b</b>	Cancer research <u>.00</u>	<b>f</b> Second Harvest/Feeding Amer. <u>.00</u>
<b>c</b>	Veterans trust fund <u>.00</u>	<b>g</b> Red Cross WI Disaster Relief <u>.00</u>
<b>d</b>	Multiple sclerosis <u>.00</u>	<b>h</b> Special Olympics Wisconsin <u>.00</u>
	Total (add lines a through h)	<b>55i</b> <u>.00</u>
<b>56</b>	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 41)	<b>56</b> <u>.00</u> x .33 = <u>.00</u>
<b>57</b>	Other penalties (see page 41)	<b>57</b> <u>.00</u>
<b>58</b>	Add lines 53 through 57	<b>58</b> <u>2652.00</u>

**Payments and Credits**

<b>59</b>	Wisconsin income tax withheld. Enclose readable withholding statements	<b>59</b> <u>2685.00</u>
<b>60</b>	2020 Wisconsin estimated tax paid and amount applied from 2019 return	<b>60</b> <u>.00</u>
<b>61</b>	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children <input type="checkbox"/> Federal credit <u>.00</u> x <u>   </u> % =	<b>61</b> <u>.00</u>
<b>62</b>	Farmland preservation credit. <b>a.</b> Schedule FC, line 17	<b>62a</b> <u>.00</u>
	<b>b.</b> Schedule FC-A, line 13	<b>62b</b> <u>.00</u>
<b>63</b>	Repayment credit	<b>63</b> <u>.00</u>
<b>64</b>	Homestead credit. (Full-year Wisconsin residents only)	<b>64</b> <u>.00</u>
<b>65</b>	Eligible veterans and surviving spouses property tax credit	<b>65</b> <u>.00</u>
<b>66</b>	Refundable credits from Schedule CR, line 40	<b>66</b> <u>.00</u>
<b>67</b>	AMENDED RETURN ONLY – amount previously paid (see page 47)	<b>67</b> <u>.00</u>
<b>68</b>	Add lines 59 through 67	<b>68</b> <u>2685.00</u>
<b>69</b>	AMENDED RETURN ONLY – amount previously refunded (see page 47)	<b>69</b> <u>.00</u>
<b>70</b>	Subtract line 69 from line 68	<b>70</b> <u>2685.00</u>



Refund or Amount You Owe

Table with 2 columns: Line number and Amount. Rows include: 71 If line 70 is more than line 58, subtract line 58 from line 70. This is the AMOUNT OVERPAID . . . 71 33.00; 72 Amount of line 71 you want REFUNDED TO YOU . . . 72 33.00; 73 Amount of line 71 to be APPLIED TO YOUR 2021 ESTIMATED TAX . . . 73 0.00; 74 If line 70 is less than line 58, subtract line 70 from line 58 . . . This is the AMOUNT YOU OWE 74 .00; 75 Underpayment interest. Fill in exception code - see Sch. U -> [ ] 75 .00

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 49)? [ ] Yes Complete the following. [X] No
Designee's name Phone no. Personal identification number (PIN)

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Sign here Your signature Spouse's signature (if filing jointly, BOTH must sign) Date

Mail your return to: Wisconsin Department of Revenue
(if tax is due) (if refund or no tax due)
PO Box 268 PO Box 59
Madison WI 53790-0001 Madison WI 53785-0001

Schedule 1 - Wisconsin Itemized Deduction Credit (see line 40 instructions)

Table with 2 columns: Line number and Amount. Rows include: 1 Medical and dental expenses from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions . . . 1 .00; 2 Interest paid from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions . . . 2 .00; 3 Gifts to charity from federal Schedule A (Form 1040, 1040-SR, or 1040NR). See instructions for exceptions . . . 3 0.00; 4 Casualty losses from federal Schedule A (Form 1040, 1040-SR, or 1040NR) . . . 4 .00; 5 Add lines 1 through 4 . . . 5 0.00; 6 Wisconsin standard deduction from Form 1NPR, line 35c . . . 6 3573.00; 7 Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0 (zero) . . . 7 0.00; 8 Rate of credit is .05 (5%) . . . 8 x .05; 9 Multiply line 7 by line 8. Fill in here and on line 40 of Form 1NPR . . . 9 0.00

Schedule 2 - Married Couple Credit May be claimed only when both spouses have earned income taxable by Wisconsin.

Table with 3 columns: Line number, (A) YOURSELF, and (B) YOUR SPOUSE. Rows include: 1 Wages, salaries, tips, etc., included in column B of line 1 on Form 1NPR. Do not include deferred compensation (even though reported on a W-2) or taxable scholarships or fellowships not reported on a W-2 . . . 1 .00 .00; 2 Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040 or 1040-SR), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income included in column B on Form 1NPR . . . 2 .00 .00; 3 Combine lines 1 and 2. This is your total Wisconsin earned income . . . 3 .00 .00; 4 Add amounts on Form 1NPR, lines 18, 22, 26, and 29, column B. Fill in the total of these adjustments that apply to your or your spouse's earned income . . . 4 .00 .00; 5 Subtract line 4 from line 3. This is your qualified earned income . . . 5 .00 .00; 6 Compare the amount in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000 . . . 6 .00; 7 Rate of credit is .03 (3%) . . . 7 x .03; 8 Multiply line 6 by line 7. Round the result and fill in here and on line 49 of Form 1NPR. Do not fill in more than \$480. . . . 8 .00



# Legal Residence (Domicile) Questionnaire

Your answers to these questions will be used to determine your legal residence. Certain types of income are either taxable or nontaxable to Wisconsin based upon whether you were a legal resident of Wisconsin at the time you received such income. Form 1NPR may be returned to you or its processing delayed if the questionnaire is not completed. If the questionnaire does not fit your situation or you want to submit additional information, enclose an additional sheet describing your particular circumstances.

NAME(S) SRAVAN GUNDASOCIAL SECURITY NUMBER 383877620

Please  one: (If married filing joint return check one box for each spouse.)

You Spouse

- Full-year Wisconsin resident; did not change domicile from Wisconsin during 2020.
- Changed legal residence from Wisconsin during 2020; have not moved back to Wisconsin.
- Changed legal residence from Wisconsin during or before 2020; have moved back to Wisconsin.
- Changed legal residence to Wisconsin from \_\_\_\_\_ (state or country) on \_\_\_\_\_ (date) during 2020; no previous Wisconsin residency. If you check this box, do not complete the rest of the questionnaire.
- Was a nonresident of Wisconsin for all of 2020. Resident of \_\_\_\_\_ (Nonresident alien; please indicate country)

If you changed your legal residence from Wisconsin during 2019 or 2020 and you did not previously complete a questionnaire for that change, answer the following questions.

1. a. On what date did you move from Wisconsin? \_\_\_\_\_  
b. When you moved from Wisconsin, did you intend to move back to Wisconsin? \_\_\_\_\_ If yes, when? \_\_\_\_\_  
c. If you moved back to Wisconsin, indicate date and explain the circumstances under which you moved back to Wisconsin. \_\_\_\_\_
2. Did you establish a legal residence in another state? \_\_\_\_\_ If yes, in which state and on what date? \_\_\_\_\_
3. After establishing legal residency in the new state, list the dates you were in Wisconsin. \_\_\_\_\_
4. When were you physically present in your new state of legal residence (please list dates)? \_\_\_\_\_
5. Did your spouse and dependent children (if any) move to your new state of legal residence? \_\_\_\_\_ If yes, when? \_\_\_\_\_
6. a. On what date did you begin working in your new state of legal residence? \_\_\_\_\_  
b. Was your job  permanent,  temporary, or  seasonal? Check one and explain \_\_\_\_\_
7. In your new state of legal residence, referred to in question 2, did you:
  - a. Register to vote? \_\_\_\_\_ If yes, when? \_\_\_\_\_ If no, why not? \_\_\_\_\_
  - b. Purchase a home? \_\_\_\_\_ If yes, when? \_\_\_\_\_ If no, why not? \_\_\_\_\_
  - c. Obtain a driver's license? \_\_\_\_\_ If yes, when? \_\_\_\_\_ If no, why not? \_\_\_\_\_
  - d. Register an auto or other vehicle? \_\_\_\_\_ If yes, when? \_\_\_\_\_ If no, why not? \_\_\_\_\_
  - e. File resident income tax returns? \_\_\_\_\_ If yes, what years filed? \_\_\_\_\_ If no, why not? \_\_\_\_\_
8. Since changing your legal residence from Wisconsin, have you:
  - a. Performed services for income in Wisconsin? \_\_\_\_\_ If yes, when? \_\_\_\_\_
  - b. Purchased/renewed Wisconsin auto license plates? \_\_\_\_\_ If yes, when? \_\_\_\_\_
  - c. Renewed a Wisconsin driver's license? \_\_\_\_\_ If yes, when? \_\_\_\_\_
  - d. Voted in Wisconsin, in person or by absentee ballot? \_\_\_\_\_ If yes, when? \_\_\_\_\_
  - e. Attended or sent your children to Wisconsin schools? \_\_\_\_\_ If yes, when? \_\_\_\_\_
  - f. Purchased a Wisconsin resident hunting, fishing, or trapping license? \_\_\_\_\_ If yes, when? \_\_\_\_\_  
Type of license? \_\_\_\_\_ County purchased in? \_\_\_\_\_
  - g. Listed Wisconsin as your state of legal residence for purposes of your auto insurance? \_\_\_\_\_
  - h. Listed Wisconsin as your state of legal residence for purposes of your will? \_\_\_\_\_
  - i. Listed Wisconsin as your state of legal residence for purposes of any legal proceedings? \_\_\_\_\_ If yes, when? \_\_\_\_\_
  - j. Obtained or renewed any Wisconsin trade or professional licenses or union memberships? \_\_\_\_\_ If yes, when? \_\_\_\_\_
9. If you answered "yes" to any of the questions 8a through 8j, please explain why you have taken such action. \_\_\_\_\_
10. Did you or your spouse own the real estate you occupied as your home while living in Wisconsin? \_\_\_\_\_ If yes, have you disposed of it? \_\_\_\_\_ If yes, when? \_\_\_\_\_ If you still own the Wisconsin home, what use do you make of it and how often? \_\_\_\_\_
11. If you established a legal residence in a new state but are using a Wisconsin address on your 2020 tax returns, please explain. \_\_\_\_\_

**Schedule I**

**Adjustments to Convert 2020 Federal Adjusted Gross Income and Itemized Deductions to the Amounts Allowable for Wisconsin**

**2020**

Wisconsin  
Department of Revenue

Enclose with Wisconsin Form 1 or Form 1NPR

Name(s) shown on Form 1 or Form 1NPR

Your social security number

SRAVAN GUNDA

383877620

**PART I – Federal Adjusted Gross Income**  
(Read instructions before completing Schedule I)

<u>1</u>	Fill in your 2020 federal adjusted gross income from line 11 of federal Form 1040 or 1040-SR . . . . .	1	<u>76331.00</u>
<u>2</u>	Additions (enter all amounts as positive numbers):		
<u>a</u>	Deduction for tuition and fees . . . . .	2a	<u>2000.00</u>
<u>b</u>	Discharge of indebtedness on principal residence . . . . .	2b	<u>.00</u>
<u>c</u>	Federal depreciation and sec. 179 expense . . . . .	2c	<u>.00</u>
<u>d</u>	Federal capital losses from line 7 of federal Form 1040 or 1040-SR . . . . .	2d	<u>.00</u>
<u>e</u>	Federal ordinary losses from line 4 of federal Schedule 1 (Form 1040 or 1040-SR) . . . . .	2e	<u>.00</u>
<u>f</u>	Wisconsin capital gains from line 7 of revised federal Form 1040 or 1040-SR . . . . .	2f	<u>.00</u>
<u>g</u>	Wisconsin ordinary gains from line 4 of revised federal Schedule 1 (Form 1040 or 1040-SR) . . . . .	2g	<u>.00</u>
<u>h</u>	Other _____ . . . . .	2h	<u>.00</u>
<u>i</u>	Other _____ . . . . .	2i	<u>.00</u>
<u>j</u>	Other _____ . . . . .	2j	<u>.00</u>
<u>k</u>	Total additions - Add lines 2a through 2j . . . . .	2k	<u>2000.00</u>
<u>3</u>	Add lines 1 and 2k (see instructions) . . . . .	3	<u>78331.00</u>
<u>4</u>	Subtractions (enter all amounts as positive numbers):		
<u>a</u>	Health savings account adjustment . . . . .	4a	<u>.00</u>
<u>b</u>	Wisconsin depreciation and sec. 179 expense . . . . .	4b	<u>.00</u>
<u>c</u>	Wisconsin capital losses from line 7 of revised federal Form 1040 or 1040-SR . . . . .	4c	<u>.00</u>
<u>d</u>	Wisconsin ordinary losses from line 4 of revised federal Schedule 1 (Form 1040 or 1040-SR) . . . . .	4d	<u>.00</u>
<u>e</u>	Federal capital gains from line 7 of federal Form 1040 or 1040-SR . . . . .	4e	<u>.00</u>
<u>f</u>	Federal ordinary gains from line 4 of federal Schedule 1 (Form 1040 or 1040-SR) . . . . .	4f	<u>.00</u>
<u>g</u>	Other _____ . . . . .	4g	<u>.00</u>
<u>h</u>	Other _____ . . . . .	4h	<u>.00</u>
<u>i</u>	Other _____ . . . . .	4i	<u>.00</u>
<u>j</u>	Total subtractions - Add lines 4a through 4i . . . . .	4j	<u>.00</u>
<u>5</u>	Federal adjusted gross income as computed under the Internal Revenue Code in effect for Wisconsin (see instructions to determine the amount to fill in on line 5). Fill in here and on line 1 of Wisconsin Form 1 or line 32 of Form 1NPR. (Note: The above figures must also be used to complete Columns A and B for each of the lines 1 through 30 of Form 1NPR) . . . . .	5	<u>78331.00</u>





## PART II – Itemized Deductions

(Complete this part only for those federal itemized deductions which may be used in computing the Wisconsin itemized deduction credit.)

### Who must complete Part II

This part should be completed only by individuals claiming the Wisconsin itemized deduction credit. Whenever adjustments have been made in Part I, federal itemized deductions which are based on federal adjusted gross income are affected. Part II must be completed to report the difference in the amount of the deduction based on the revised federal adjusted gross income. Part II must also be completed whenever specific items require adjustment.

1 Adjustments:	COL. I	COL. II
Description	Amount per 2020 federal return	Amount determined under IRC in effect for Wisconsin
<u>a</u> Medical Expense Deduction . . . . . 1a	.00	.00
<u>b</u> Interest . . . . . 1b	.00	.00
<u>c</u> Gifts to Charity . . . . . 1c	250 .00	250.00
<u>d</u> Other ( <i>explain</i> ) _____ 1d	.00	.00
<u>e</u> Other ( <i>explain</i> ) _____ 1e	.00	.00

The amounts in Col. II should be used to compute the Wisconsin itemized deduction credit (Schedule 1 of Form 1 or Form 1NPR).



Name SRAVAN GUNDA	Social security number 383877620
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**Part I - Additions to Income**

<u>1</u> Other income (see instructions). List type and amount _____	<u>1</u>	.00
<u>2</u> Farmland preservation credit . . . . .	<u>2</u>	.00
<u>3</u> Enterprise zone jobs credit . . . . .	<u>3</u>	.00
<u>4</u> Development zones credit . . . . .	<u>4</u>	.00
<u>5</u> Capital investment credit . . . . .	<u>5</u>	.00
<u>6</u> Manufacturing investment credit . . . . .	<u>6</u>	.00
<u>7</u> Economic development tax credit . . . . .	<u>7</u>	.00
<u>8</u> Jobs tax credit . . . . .	<u>8</u>	.00
<u>9</u> Community rehabilitation program credit . . . . .	<u>9</u>	.00
<u>10</u> Research expense credit . . . . .	<u>10</u>	.00
<u>11</u> Manufacturing/Agriculture credit . . . . .	<u>11</u>	.00
<u>12</u> Business development credit . . . . .	<u>12</u>	.00
<u>13</u> Electronics and information technology manufacturing zone credit . . . . .	<u>13</u>	.00
<u>14</u> Employee college savings account contribution credit . . . . .	<u>14</u>	.00
<u>15</u> Federal net operating loss deduction (only if included in line 1 above) . . . . .	<u>15</u>	.00
<u>16</u> Excess distribution from a passive foreign investment company . . . . .	<u>16</u>	.00
<u>17</u> Expenses paid to or incurred with related entities . . . . .	<u>17</u>	.00
<u>18</u> Nonqualified distributions from Edvest and Tomorrow's Scholar college savings account . . . . .	<u>18</u>	.00
<u>19</u> Nonqualified distributions from ABLE accounts . . . . .	<u>19</u>	.00
<u>20</u> Expenses for moving business outside Wisconsin or the United States (see instructions) . . . . .	<u>20</u>	.00
<u>21</u> Add lines 1 through 20. Enter this amount on Form 1NPR, line 15, column B . . . . .	<u>21</u>	.00

Now go to page 2 →



Name	SRAVAN GUNDA	Social security number	383877620
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**Part II - Subtractions from Income**

<b>22</b> Other adjustments (see instructions). List type and amount <u>SEE FORM 1NPR,</u>	<b>22</b>	250 .00
<b>23</b> Farm loss carryover	<b>23</b>	.00
<b>24</b> Recoveries of federal itemized deductions (only if included on line 1 of this schedule)	<b>24</b>	.00
<b>25</b> Wisconsin net operating loss deduction	<b>25</b>	.00
<b>26</b> Medical care insurance	<b>26</b>	.00
<b>27</b> Long-term care insurance	<b>27</b>	.00
<b>28</b> Retirement income exclusion	<b>28</b>	.00
<b>29</b> Amounts not taxable by Wisconsin (only if included in column B of Form 1NPR or line 1 of this schedule) List type and amount	<b>29</b>	.00
<b>30</b> Adoption expenses	<b>30</b>	.00
<b>31</b> Tuition and fee expenses	<b>31</b>	.00
<b>32</b> Contributions to a Wisconsin state-sponsored college savings program	<b>32</b>	.00
<b>33</b> Child and dependent care expenses	<b>33</b>	.00
<b>34</b> Sale of business assets or assets used in farming to a related person	<b>34</b>	.00
<b>35</b> Repayment of income previously taxed	<b>35</b>	.00
<b>36</b> Human organ donation	<b>36</b>	.00
<b>37</b> Contributions to ABLE accounts	<b>37</b>	.00
<b>38</b> U.S. Olympic subtraction (see instructions, page 10)	<b>38</b>	.00
<b>39</b> Expenses paid to related entities	<b>39</b>	.00
<b>40</b> Income from a related entity	<b>40</b>	.00
<b>41</b> Sales of certain insurance policies (only if included in column B of Form 1NPR or line 1 of this schedule)	<b>41</b>	.00
<b>42</b> Combat zone related death	<b>42</b>	.00
<b>43</b> Private school tuition	<b>43</b>	.00
<b>44</b> Physician or psychiatrist grant (only if included in column B of Form 1NPR or line 1 of this schedule)	<b>44</b>	.00
<b>45</b> Distributions of certain earnings from Wisconsin state-sponsored college tuition programs	<b>45</b>	.00
<b>46</b> Add lines 22 through 45. Enter this amount on Form 1NPR, line 29, column B	<b>46</b>	250 .00



Schedule **WD**

Wisconsin  
Department of Revenue

**Capital Gains and Losses**

◆ Enclose with Wisconsin Form 1 or 1NPR ◆

**2020**

Name(s) shown on Form 1 or Form 1NPR

Your social security number

SRAVAN GUNDA

383-87-7620

**Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less**

<b>Note:</b> Round all amounts (use a minus sign (-) for negative amounts)	(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) <b>Gain or loss</b> Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Amount from line 1a of Schedule D	.00	.00		.00
<b>1b</b> Amount from line 1b of Schedule D	81564.00	81182.00	2632.00	3014.00
<b>2</b> Amount from line 2 of Schedule D	.00	.00	.00	.00
<b>3</b> Amount from line 3 of Schedule D	23.00	41.00	.00	-18.00
<b>4</b> Short-term gain from Form 6252 and short-term gain or loss from Forms 4684, 6781, and 8824			<b>4</b>	.00
<b>5</b> Net short-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			<b>5</b>	.00
<b>6</b> Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)			<b>6</b>	.00
<b>7</b> Short-term capital loss carryover from 2019 Wisconsin Schedule WD, line 34. Enter amount as a negative number			<b>7</b>	.00
<b>8 Net short-term capital gain or loss.</b> Combine lines 1a through 7 in column (h)			<b>8</b>	2996.00

**Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year**

<b>Note:</b> Round all amounts (use a minus sign (-) for negative amounts)	(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) <b>Gain or loss</b> Subtract column (e) from column (d) and combine the result with column (g)
<b>9a</b> Amount from line 8a of Schedule D	.00	.00		.00
<b>9b</b> Amount from line 8b of Schedule D	.00	.00	.00	.00
<b>10</b> Amount from line 9 of Schedule D	.00	.00	.00	.00
<b>11</b> Amount from line 10 of Schedule D	.00	.00	.00	.00
<b>12</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or loss from from Forms 4684, 6781, and 8824				<b>12</b> .00
<b>13</b> Net long-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				<b>13</b> .00
<b>14</b> Capital gain distributions				<b>14</b> .00
<b>15</b> Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)				<b>15</b> .00
<b>15a</b> Adjustment from Wisconsin Schedule QI. Enter amount as a negative number				<b>15a</b> .00
<b>16</b> Long-term capital loss carryover from 2019 Wisconsin Schedule WD, line 39. Enter amount as a negative number				<b>16</b> .00
<b>17 Net long-term capital gain or loss.</b> Combine lines 9a through 16 in column (h)				<b>17</b> .00

Go on to Part III →



Name <b>SRAVAN GUNDA</b>	Social Security Number <b>383-87-7620</b>
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**Part III Summary of Parts I and II** (see instructions) - use a minus sign (-) for negative amounts.

<b>18</b> Combine lines 8 and 17, and fill in the net gain or loss here (if line 18 is a loss, go to line 28) . . . . .	<b>18</b>	2996.00
<b>19</b> Fill in the smaller of line 17 or 18, or -0- if a loss or no entry on line 17 . . . . .	<b>19</b>	0.00
<b>20</b> Fill in 30% of line 19 . . . . .	<b>20</b>	0.00
<b>21</b> Fill in the amount of long-term capital gain from the sale of farm assets listed on Form 8949 and taxable to Wisconsin plus gain from the sale of farm assets that is included on line 12 or 13 of Schedule WD. If zero, skip lines 22 through 25 and fill in the amount from line 20 on line 26 . . . . .	<b>21</b>	.00
<b>22</b> Gain included in line 17. Do not include any losses in this amount . . . . .	<b>22</b>	.00
<b>23</b> Divide line 21 by line 22. Carry the decimal to 4 places . . . . .	<b>23</b>	_____
<b>24</b> Multiply line 19 by the decimal amount on line 23 . . . . .	<b>24</b>	.00
<b>25</b> Fill in 30% of line 24 . . . . .	<b>25</b>	.00
<b>26</b> Add lines 20 and 25 . . . . .	<b>26</b>	0.00
<b>27</b> Subtract line 26 from line 18 . . . . .	<b>27</b>	2996.00
<b>28</b> If line 18 shows a loss, fill in the smaller of:		
(a) The loss on line 18,		
(b) \$500, or		
(c) Wisconsin ordinary income (see instructions) . . . . .	<b>28</b>	.00

**Note:** When figuring whether a, b, or c is smaller, treat all numbers as if they are positive. If filing Form 1, complete Part IV. If filing Form 1NPR, fill in amount from line 27 or 28 on line 7, column B, of Form 1NPR.

**Part IV Computation of Wisconsin Adjustment to Income** (Do not complete this part if you are filing on Form 1NPR)

<b>29</b> Adjustment (see instructions for Part IV and Schedule I adjustments)		
<b>a</b> Fill in gain from line 7 of federal Form 1040 or 1040-SR, or gain from line 2f of Schedule I, if filed (if a loss, fill in -0-) . . . . .	<b>29a</b>	2996.00
<b>b</b> Fill in gain from Part III, line 27, (if blank, fill in -0-) . . . . .	<b>29b</b>	.00
<b>c</b> If line 29b is more than 29a, subtract line 29a from line 29b. Fill in amount on line 2 of Schedule AD (Form 1) . . . . .	<b>29c</b>	.00
<b>d</b> If line 29b is less than 29a, subtract line 29b from line 29a. Fill in amount on line 5 of Schedule SB (Form 1) . . . . .	<b>29d</b>	.00
<b>e</b> Fill in loss from line 7 of federal Form 1040 or 1040-SR, as a positive amount or the loss from line 4c of Schedule I, if filed (if a gain, fill in -0-) . . . . .	<b>29e</b>	0.00
<b>f</b> Fill in loss from Part III, line 28 as a positive amount . . . . .	<b>29f</b>	.00
<b>g</b> If line 29f is more than 29e, subtract line 29e from line 29f. Fill in amount on line 5 of Schedule SB (Form 1) . . . . .	<b>29g</b>	.00
<b>h</b> If line 29f is less than 29e, subtract line 29f from line 29e. Fill in amount on line 2 of Schedule AD (Form 1) . . . . .	<b>29h</b>	.00

**Part V Computation of Capital Loss Carryovers from 2020 to 2021** (Complete this part if the loss on line 18 is more than the loss on line 28.)

<b>30</b> Fill in loss shown on line 8 as a positive amount. If none, fill in -0- and skip lines 31 through 34 . . . . .	<b>30</b>	.00
<b>31</b> Fill in gain shown on line 17. If that line is blank or shows a loss, fill in -0- . . . . .	<b>31</b>	.00
<b>32</b> Subtract line 31 from line 30 . . . . .	<b>32</b>	.00
<b>33</b> Fill in the smaller of line 28 or line 32, treating both as positive amounts . . . . .	<b>33</b>	.00
<b>34</b> Subtract line 33 from line 32. This is your <b>short-term capital loss carryover</b> from 2020 to 2021 . . . . .	<b>34</b>	.00
<b>35</b> Fill in loss from line 17 as a positive amount. If none, fill in -0- and skip lines 36 through 39 . . . . .	<b>35</b>	.00
<b>36</b> Fill in gain shown on line 8. If that line is blank or shows a loss, fill in -0- . . . . .	<b>36</b>	.00
<b>37</b> Subtract line 36 from line 35 . . . . .	<b>37</b>	.00
<b>38</b> Subtract line 33 from line 28, treating both as positive amounts. ( <b>Note:</b> If you skipped lines 31 through 34, fill in amount from line 28 as a positive amount.) . . . . .	<b>38</b>	.00
<b>39</b> Subtract line 38 from line 37. This is your <b>long-term capital loss carryover</b> from 2020 to 2021 . . . . .	<b>39</b>	.00



**Additional information from your 2020 Wisconsin Tax Return**

Form 1NPR

**Explanation of Other Adjustments, Line 29****Continuation Statement**

<b>Other Income Description</b>	<b>Federal Income</b>	<b>Wisconsin Income</b>
ABOVE-THE-LINE CHARITABLE CONTRIBUTIONS	250	250

**D-400 (50)** 8-10-20 **2020 Individual Income Tax Return**

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

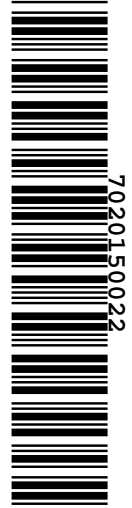
North Carolina Department of Revenue

Amended Return

DOR  
Use  
Only

For calendar year 2020, or fiscal year beginning 20 and ending		Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
SRAVAN GUNDA 4914 EAGLE CREEK DRIVE CHARLOT NC 28269MECKL		Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>
Your SSN: 383877620		Were you granted an automatic extension to file your 2020 federal income tax return (Form 1040)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Spouse's SSN:		Year spouse died: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Filing Status <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)		Were you a resident of N.C. for the entire year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Were you a resident of N.C. for the entire year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Return for deceased taxpayer. Date of death:
Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input type="checkbox"/>		Return for deceased spouse. Date of death:
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ 0. To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.)		
<input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2021, and a U.S. citizen or resident.		
<input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.		

FS	1	PP	Y	DT	N	OC	N	TPRES	N	SPRES	N	VT	N	SVT	N
GUND	4914	28269	DS	N	EA	N	TD			SD				FDEXT	N
SRAVAN			GUNDA					383877620				MECKL			
												NC	28269		
	4914	EAGLE CREEK DRIVE						CHARLOTTE							
06		76331		16				0		26C				0	
07		2250		18	Y			0		26E				0	
09		0		20A				1707		EU					
10A		0		20B				0		27				0	
10B		0		21A				0		29				0	
11	S	Y	I	N				0		30				0	
11		10750		21C				0		31				0	
13		04530		21D				0		32				0	
14		30727		26A				0		34				94	
15		1613		26B				0							
TN	5105569163		PN	6789659522				PP		P02082703					



<b>Sign Return Below</b> <input checked="" type="checkbox"/> <b>Refund Due</b> 94		<input type="checkbox"/> <b>Payment Due</b> 0	
I declare and certify that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.			
Your Signature _____ Date _____		Spouse's Signature (If filing joint return, both must sign.) _____ Date _____	
		5105569163	
Contact Phone No. (Include area code)			
<b>PAID PREPARER USE ONLY</b> If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.			
SYAM PRIYA RAM SAGAR GUPT 03 29 21		6789659522	
Paid Preparer's Signature _____ Date _____		Preparer's Contact Phone Number (Include area code) _____	
		P02082703	
Preparer's FEIN, SSN, or PTIN			

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

**D-400 Line-by-Line Information**

6.	Federal Adjusted Gross Income	6.	76331
7.	Additions to Federal Adjusted Gross Income	7.	2250
8.	Add Lines 6 and 7	8.	78581
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	0
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	10750
12.	a. Add Lines 9, 10b, and 11	12a.	10750
	b. Subtract amount on Line 12a from Line 8	12b.	67831
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.4530
14.	N.C. Taxable Income	14.	30727
15.	N.C. Income Tax	15.	1613
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	1613
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	1613

**North Carolina Income Tax Withheld**

20a.	Your tax withheld	20a.	1707
20b.	Spouse's tax withheld	20b.	0

**Other Tax Payments**

21a.	2020 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Amended Returns Only - Previous payments	22.	0
23.	Total Payments	23.	1707
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	1707
26a.	<b>Tax Due</b>	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	<b>Pay this Amount</b>	27.	<b>0</b>
28.	<b>Overpayment</b>	28.	<b>94</b>

**Amount of Refund to Apply to:**

29.	Amount of Line 28 to be applied to 2021 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	<b>Amount to be Refunded</b>	34.	<b>94</b>



**D-400 Sch S (50)**

9-14-20

**2020 Supplemental Schedule**  
North Carolina Department of RevenueDOR  
Use  
Only

If you are required to add certain items to Adjusted Gross Income on Form D-400, Line 7, or if you are entitled to take deductions from Adjusted Gross Income on Form D-400, Line 9, you must complete and attach this schedule to Form D-400. If you do not, the Department may be unable to process your return.

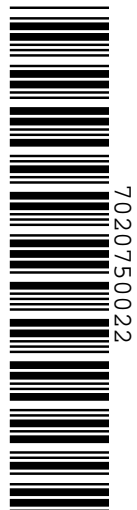
Important: Refer to the instructions before completing Parts A or B of this form.

Last Name (First 10 Characters) <b>GUNDA</b>	Your Social Security Number <b>383877620</b>
--	--

01	0	11	2000	22	0	24E	0
02	0	12	0	23A	0	25	0
03	0	13	0	23B	0	26	0
04	0	14	0	23C	0	27	0
05	0	15	0	23D	0	28	0
06	0	16	250	23E	0	29	0
07	0	18	0	24A	0	30	0
08	0	19	0	24B	0	31	0
09	0	20	0	24C	0	32	0
10	0	21	0	24D	0	33	0

**Part A. Additions to Federal Adjusted Gross Income**

1. Interest Income From Obligations of States Other Than North Carolina	1.	0
2. Deferred Gains Reinvested Into an Opportunity Fund Under IRC Section 1400Z-2	2.	0
3. Bonus Depreciation	3.	0
4. IRC Section 179 Expense	4.	0
5. S-Corporation Shareholder Built-in Gains Tax	5.	0
6. Amount by Which Federal Basis Exceeds State Basis for Property Disposed of in 2020	6.	0
7. Unabsorbed Net Operating Loss Deduction	7.	0
8. Excess Net Operating Loss Carryforward Deduction	8.	0
9. Withdrawal of 529 Plan Contributions not Used for Permissible Purpose	9.	0
10. Discharge of Qualified Principal Residence Indebtedness	10.	0
11. Qualified Tuition and Related Expenses	11.	2000
12. Excess Business Loss	12.	0
13. Qualified Education Loan Payments by Employer	13.	0
14. Expenses Deducted Under a Forgiven PPP Loan	14.	0
15. Business Interest Limitation	15.	0
16. Above-the-line Qualified Charitable Contribution Deduction	16.	250
17. Total additions - Add Lines 1 through 16	17.	2250



Last Name (First 10 Characters) GUNDA

Your Social Security Number

383877620

**Part B. Deductions From Federal Adjusted Gross Income**

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

**D-400 Sch PN (50)**

8-12-20

**2020 Part-Year Resident and Nonresident Schedule**  
 North Carolina Department of Revenue

DOR  
Use  
Only

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

Last Name (First 10 Characters) <b>GUNDA</b>	Your Social Security Number <b>383877620</b>
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A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a **"part-year resident"** if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a **"nonresident"** if you were not a resident of N.C. at any time during the tax year.

Important: Refer to the Instructions before completing this form.

NRT	N	PYT	Y	06 25 20	12 31 20	22	35600
NRS	N	PYS	N			23	78581

<b>Part A. Residency Status</b>			
Taxpayer is: (Select applicable box)		Spouse is: (Select applicable box)	
<input type="checkbox"/> Full-Year Resident	<input type="checkbox"/> Nonresident	<input checked="" type="checkbox"/> Part-Year Resident	<input type="checkbox"/> Full-Year Resident
<input type="checkbox"/> Full-Year Resident	<input type="checkbox"/> Nonresident	<input type="checkbox"/> Part-Year Resident	<input type="checkbox"/> Full-Year Resident
Date N.C. residency began	Date N.C. residency ended	Date N.C. residency began	Date N.C. residency ended
06 25 20	12 31 20		

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

<b>Part B. Allocation of Income for Part-Year Residents and Nonresidents</b>			
<b>Total Income</b>	<b>COLUMN A</b>	<b>COLUMN B</b>	
	<b>Total Income</b>	<b>Amount of Column A</b>	
	<b>from all sources</b>	<b>subject to N.C. tax</b>	
1. Wages, Salaries, Tips, Etc.	1. 83243	35600	
2. Taxable Interest	2. 0	0	
3. Taxable Dividends	3. 7	0	
4. Taxable Refunds, Credits, or Offsets of State and Local Income Taxes	4. 0	0	
5. Alimony Received	5. 0	0	
6. Business Income or (Loss)	6. 0	0	
7. Capital Gain or (Loss)	7. 2996	0	
8. Other Gains or (Losses)	8. 0	0	
9. Taxable Amount of IRA Distributions	9. 0	0	
10. Taxable Amount of Pensions and Annuities	10. 0	0	
11. Rental Real Estate, Royalties, Partnerships, S-Corps, Estates, Trusts, Etc.	11. -7665	0	
12. Farm Income or (Loss)	12. 0	0	
13. Unemployment Compensation	13. 0	0	
14. Taxable Amount of Social Security Benefits or Railroad Retirement Benefits	14. 0	0	
15. Other Income	15. 0	0	
16. Total Income	16. 78581	35600	
	<b>COLUMN A</b>	<b>COLUMN B</b>	
<b>North Carolina Adjustments</b>	<b>Enter the amount from</b>	<b>Amount of Column A</b>	
	<b>Form D-400 Schedule S</b>	<b>subject to N.C. tax</b>	
17. Additions			
a. Interest Income From Obligations of States Other Than N.C.	17a. 0	0	
b. Deferred Gains Reinvested Into an Opportunity Fund Under IRC Section 1400Z-2	17b. 0	0	
c. Bonus Depreciation	17c. 0	0	
d. IRC Section 179 Expense	17d. 0	0	
e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income	17e. 0	0	
18. Total Additions	18. 0	0	

Last Name (First 10 Characters)    GUNDA	Your Social Security Number	383877620
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**Part B. Allocation of Income for Part-Year Residents and Nonresidents** (continued)

	COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A subject to N.C. tax
19. Deductions		
a. State or Local Income Tax Refund	19a.            0	0
b. Interest From Obligations of the United States or United States' Possessions	19b.            0	0
c. Taxable Portion of Social Security or Railroad Retirement Benefits	19c.            0	0
d. Bailey Retirement Benefits	19d.            0	0
e. Bonus Depreciation	19e.            0	0
f. IRC Section 179	19f.            0	0
g. Recognized IRC Section 1400Z-2 Gain	19g.            0	0
h. Other Deductions From Federal Adjusted Gross Income That Relate to Gross Income	19h.            0	0
20. Total Deductions	20.            0	0
21. Total Income Modified by N.C. Adjustments	21.            78581	35600

**Part C. Part-Year Residents and Nonresidents Taxable Percentage**

22. Enter the Amount From Column B, Line 21		22.            35600
23. Enter the Amount From Column A, Line 21		23.            78581
24. Part-Year Residents and Nonresident Taxable Percentage		24.            0.4530