

IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name SHOBHA R TEEGALA	Social security number 857-48-2934
Spouse's name ANAND KUMAR TEEGALA	Spouse's social security number 892-31-6567

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	184,829.
2 Total tax	2	25,847.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	16,706.
4 Amount you want refunded to you	4	
5 Amount you owe	5	9,141.

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

8	2	9	3	4
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 as my signature on the income tax return (original or amended) I am now authorizing.
- 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 GLOBAL TAXES LLC to enter or generate my PIN

1	6	5	6	7
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 as my signature on the income tax return (original or amended) I am now authorizing.
- 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

IF you live in . . .	THEN use this address to send in your payment . . .
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, Ohio, Oregon, North Dakota, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service (99)

2020

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount of your payment ▶	9,141.
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REV 03/23/21 PRO 1555

SHOBHA R TEEGALA
ANAND KUMAR TEEGALA
3231 W MAIN ST 208
SUN PRAIRIE WI 53590

INTERNAL REVENUE SERVICE
P.O. BOX 931000
LOUISVILLE, KY 40293-1000

857482934 ZI TEEG 30 0 202012 610

Filing Status [] Single [X] 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

Form fields for personal information: Your first name and middle initial (SHOBHA R), Last name (TEEGALA), Your social security number (857-48-2934), Spouse's social security number (892-31-6567), Home address (3231 W MAIN ST), City (SUN PRAIRIE), State (WI), ZIP code (53590).

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 for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes dependent HIMANYA TEEGALA.

Main tax calculation table with columns 1-15. Includes rows for Wages (184,258), Taxable interest (360), Qualified dividends (12), IRA distributions, Pensions and annuities, Social security benefits, Capital gain (497), Other income, Total income (185,129), Adjustments to income (Charitable contributions 300), Adjusted gross income (184,829), Standard deduction (24,800), and Taxable income (160,029).

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

Table with 2 columns: Description and Amount. Rows include Tax (26,786), Amount from Schedule 2 (0), Add lines 16 and 17 (26,786), Child tax credit (500), Amount from Schedule 3 (439), Add lines 19 and 20 (939), Subtract line 21 from line 18 (25,847), Other taxes (0), Add lines 22 and 23 (25,847), Federal income tax withheld (16,706), 2020 estimated tax payments (16,706), and total payments (16,706).

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

Refund

Direct deposit? See instructions.

Table for Refund section including lines 34 (overpaid), 35a (amount refunded), 35b (routing number), 35c (type), 36 (amount applied to tax).

Amount You Owe

For details on how to pay, see instructions.

Table for Amount You Owe section including line 37 (amount owe now, 9,141) and line 38 (estimated tax penalty).

Third Party Designee

Form for Third Party Designee including question: Do you want to allow another person to discuss this return with the IRS? See instructions. [] Yes. Complete below. [X] No. Includes fields for name, phone, and PIN.

Sign Here

Declaration of preparer and spouse section. Includes text: 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. Includes signature and occupation fields for both preparer and spouse.

Paid Preparer Use Only

Paid Preparer Use Only section including fields for Preparer's name, signature, date, PTIN, firm's name, address, and EIN.

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SHOBHA R & ANAND KUMAR TEEGALA

Your social security number
857-48-2934

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	1.
2	Credit for child and dependent care expenses. Attach Form 2441	2	438.
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	6	
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	7	439.

Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962	8	
9	Amount paid with request for extension to file (see instructions)	9	
10	Excess social security and tier 1 RRTA tax withheld	10	
11	Credit for federal tax on fuels. Attach Form 4136	11	
12	Other payments or refundable credits:		
a	Form 2439	12a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b	
c	Health coverage tax credit from Form 8885	12c	
d	Other: _____	12d	
e	Deferral for certain Schedule H or SE filers (see instructions)	12e	
f	Add lines 12a through 12e	12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	13	

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

BAA

REV 03/23/21 PRO

Schedule 3 (Form 1040) 2020

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2020

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return
SHOBHA R & ANAND KUMAR TEEGALA

Your social security number
857-48-2934

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes** **No**
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	4,218.	3,746.	20.	492.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 492.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	10.	5.		5.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15 5.

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	497.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17	Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } 	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

SHOBHA R & ANAND KUMAR TEEGALA

Social security number or taxpayer identification number

857-48-2934

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD CRYPTO LLC	11/26/20	12/26/20	389.	270.			119.
	ROBINHOOD SECURITIES LLC	01/01/20	12/31/20	3,594.	3,234.	W	20.	380.
	WEALTHFRONT BROKERAGE LLC	01/01/20	12/31/20	235.	242.			-7.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶				4,218.	3,746.		20.	492.

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side
SHOBHA R & ANAND KUMAR TEEGALA

Social security number or taxpayer identification number
857-48-2934

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD SECURITIES LLC	01/01/19	12/31/20	10.	5.			5.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶				10.	5.			5.

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

Child and Dependent Care Expenses

1040
1040-SR
1040-NR

2441

2020

Attachment Sequence No. **21**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form2441 for instructions and the latest information.

Name(s) shown on return

SHOBHA R & ANAND KUMAR TEEGALA

Your social security number

857-48-2934

You cannot claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box.

Part I Persons or Organizations Who Provided the Care—You must complete this part.
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	FACET4 INC. DBA BEST BRAINS	3483 BLUE GLACIER RD VERONA WI 53593	45-5184594	2,188.

Did you receive dependent care benefits? **No** → Complete only Part II below.
 Yes → Complete Part III on the back next.

Caution: If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule 2 (Form 1040), line 7a.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2020 for the person listed in column (a)
First	Last		
HIMANYA	TEEGALA	948-92-0097	2,188.

3	Add the amounts in column (c) of line 2. Don't enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3	2,188.																																																						
4	Enter your earned income . See instructions	4	95,761.																																																						
5	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	88,497.																																																						
6	Enter the smallest of line 3, 4, or 5	6	2,188.																																																						
7	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11	7	184,829.																																																						
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7. If line 7 is: <table border="0"> <tr> <td>Over</td> <td>But not over</td> <td>Decimal amount is</td> </tr> <tr> <td>\$0—15,000</td> <td></td> <td>.35</td> </tr> <tr> <td>15,000—17,000</td> <td></td> <td>.34</td> </tr> <tr> <td>17,000—19,000</td> <td></td> <td>.33</td> </tr> <tr> <td>19,000—21,000</td> <td></td> <td>.32</td> </tr> <tr> <td>21,000—23,000</td> <td></td> <td>.31</td> </tr> <tr> <td>23,000—25,000</td> <td></td> <td>.30</td> </tr> <tr> <td>25,000—27,000</td> <td></td> <td>.29</td> </tr> <tr> <td>27,000—29,000</td> <td></td> <td>.28</td> </tr> </table> If line 7 is: <table border="0"> <tr> <td>Over</td> <td>But not over</td> <td>Decimal amount is</td> </tr> <tr> <td>\$29,000—31,000</td> <td></td> <td>.27</td> </tr> <tr> <td>31,000—33,000</td> <td></td> <td>.26</td> </tr> <tr> <td>33,000—35,000</td> <td></td> <td>.25</td> </tr> <tr> <td>35,000—37,000</td> <td></td> <td>.24</td> </tr> <tr> <td>37,000—39,000</td> <td></td> <td>.23</td> </tr> <tr> <td>39,000—41,000</td> <td></td> <td>.22</td> </tr> <tr> <td>41,000—43,000</td> <td></td> <td>.21</td> </tr> <tr> <td>43,000—No limit</td> <td></td> <td>.20</td> </tr> </table>	Over	But not over	Decimal amount is	\$0—15,000		.35	15,000—17,000		.34	17,000—19,000		.33	19,000—21,000		.32	21,000—23,000		.31	23,000—25,000		.30	25,000—27,000		.29	27,000—29,000		.28	Over	But not over	Decimal amount is	\$29,000—31,000		.27	31,000—33,000		.26	33,000—35,000		.25	35,000—37,000		.24	37,000—39,000		.23	39,000—41,000		.22	41,000—43,000		.21	43,000—No limit		.20	8	X .20
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39,000—41,000		.22																																																							
41,000—43,000		.21																																																							
43,000—No limit		.20																																																							
9	Multiply line 6 by the decimal amount on line 8. If you paid 2019 expenses in 2020, see the instructions	9	438.																																																						
10	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	26,785.																																																						
11	Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Schedule 3 (Form 1040), line 2	11	438.																																																						

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

Paid Preparer's Due Diligence Checklist

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

2020

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return SHOBHA R & ANAND KUMAR TEEGALA	Taxpayer identification number 857-48-2934
Enter preparer's name and PTIN SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703	

Part I Due Diligence Requirements

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

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2020 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

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

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

- ▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
 - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
 - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - C. Submit Form 8867 in the manner required; **and**
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

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

15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Personal information fields: Your legal last name (TEEGALA), Legal first name (SHOBHA R), M.I., Your social security number (857482934), Spouse's legal last name (TEEGALA), Spouse's legal first name (ANAND KUMAR), M.I., Spouse's social security number (892316567)

Home address (number and street): 3231 W MAIN ST, Apt. no.: 208

City or post office: SUN PRAIRIE, State: WI, Zip code: 53590

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

Tax district: Check below then fill in either the name of the Wisconsin city, village, or town, and the county in which you lived at the end of 2020 or before leaving Wisconsin (nonresidents leave blank).

City, village, or town: [] City [] Village [] Town

County of: []

Filing status

- [] Single
[X] 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)

Spouse name fields: Legal last name, Legal first name, M.I.

School district number See page 59 []

Special conditions [] Form 804 filed with return (see page 10)

Resident status Check the status that applies

- You Spouse
[] [] Full-year resident of Wisconsin
[X] [X] Nonresident of Wisconsin; state of residence TX (2-letter state abbreviation)
[] [] Part-year resident of Wisconsin from mm dd yyyy to mm dd yyyy



Note: Complete residence questionnaire, page 61.

PAPER CLIP withholding statements here

PAPER CLIP check or money order here

Income table with columns: Income, Print numbers like this, NO COMMAS NO CENTS, A. Federal column, B. Wisconsin column. Rows include Wages, salaries, tips, etc. (184258.00), Taxable interest (360.00), Ordinary dividends (14.00), etc.

Adjustments to Income		A. Federal column	B. Wisconsin column
17	Educator expenses (see page 25) . . . . .	.00	.00
18	Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 25) . . . . .	.00	.00
19	Health savings account deduction (see page 26) . . . . .	.00	.00
20	Moving expenses for members of the Armed Forces (see page 26) . . . . .	.00	.00
21	Deductible part of self-employment tax (see page 26) . . . . .	.00	.00
22	Self-employed SEP, SIMPLE, and qualified plans (see page 26) . . . . .	.00	.00
23	Self-employed health insurance deduction (see page 27) . . . . .	.00	.00
24	Penalty on early withdrawal of savings (see page 28) . . . . .	.00	0.00
25	Alimony paid (see page 28) . . . . .	.00	.00
26	IRA deduction (see page 29) . . . . .	.00	.00
27	Student loan interest deduction (see page 29) . . . . .	.00	.00
28	Tuition and fees (see page 29)	Not deductible for Wisconsin	
29	Other adjustments (see page 29). Enclose Schedule M if line 29b has an amount 29 See Statement	300.00	1436.00
30	Total adjustments to income. Add lines 17 through 29	300.00	1436.00
Adjusted Gross Income			
31	Wisconsin income. Subtract line 30, column B from line 16, column B		94820.00
32	Federal income. Subtract line 30, column A from line 16, column A	184829.00	
33	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) 33		.5130

Tax Computation			
34	Fill in the larger of Wisconsin income from line 31, column B or federal income from line 32, column A. But , if Wisconsin income from line 31 is zero or less, fill in 0 (zero)	34	184829.00
35a	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	35a	<input type="checkbox"/>
35b	Aliens (see page 31 to determine if you must check line 35b)	35b	<input type="checkbox"/>
35c	Find the standard deduction for amount on line 32 using table on page 50	35c	0.00
36	Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zero)	36	184829.00
37	Exemptions (Caution: see page 31)		
a	Fill in exemptions allowed <u>3</u> x \$700	37a	2100.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <u> </u> x \$250	37b	.00
c	Add lines 37a and 37b	37c	2100.00
38	Subtract line 37c from line 36. If line 37c is more than line 36, fill in 0 (zero)	38	182729.00
39	Tax (see table on page 52)	39	10763.00
40	Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)	40	0.00
41	School property tax credits (part-year and full-year residents only)		
a	Rent paid in 2020—heat included <u>.00</u> } Find credit from table page 35	41a	.00
	Rent paid in 2020—heat not included <u>.00</u> }		
b	Property taxes paid on home in 2020 <u>.00</u> } Find credit from table page 36	41b	.00
42	Add credits on lines 40, 41a, and 41b	42	0.00
43	Subtract line 42 from line 39. If line 42 is more than line 39, fill in 0 (zero)	43	10763.00
44	Fill in ratio from line 33	44	.5130
45	Multiply line 43 by ratio on line 44	45	5521.00



Name(s) shown on Form 1NPR SHOBHA R & ANAND KUMAR TEEGALA		Your social security number 857482934
46	Fill in amount from line 45	46 <u>5521.00</u>
47	Armed forces member credit. (Full-year Wisconsin residents only)	47 <u>.00</u>
48	Working families tax credit. (Full-year Wisconsin residents only)	48 <u>.00</u>
49	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	49 <u>0.00</u>
50	Nonrefundable credits from Schedule CR, line 34. Enclose Schedule CR	50 <u>.00</u>
51	Net income tax paid to another state. Enclose Schedule OS	51 <u>.00</u>
52	Add lines 47 through 51	52 <u>0.00</u>
53	Subtract line 52 from line 46. If line 52 is more than line 46, fill in 0 (zero). This is your net tax	53 <u>5521.00</u>
54	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"/>	54 <u>.00</u>
55	Donations (decreases refund or increases amount owed)	
a	Endangered resources <u>.00</u>	e Military family relief <u>.00</u>
b	Cancer research <u>.00</u>	f Second Harvest/Feeding Amer. <u>.00</u>
c	Veterans trust fund <u>.00</u>	g Red Cross WI Disaster Relief <u>.00</u>
d	Multiple sclerosis <u>.00</u>	h Special Olympics Wisconsin <u>.00</u>
	Total (add lines a through h)	55i <u>.00</u>
56	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 41)	56 <u>.00</u> x .33 = <u>.00</u>
57	Other penalties (see page 41)	57 <u>.00</u>
58	Add lines 53 through 57	58 <u>5521.00</u>

Payments and Credits

59	Wisconsin income tax withheld. Enclose readable withholding statements	59 <u>5565.00</u>
60	2020 Wisconsin estimated tax paid and amount applied from 2019 return	60 <u>.00</u>
61	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children <input type="checkbox"/> Federal credit <u>.00</u> x <u> </u> % =	61 <u>.00</u>
62	Farmland preservation credit. a. Schedule FC, line 17	62a <u>.00</u>
	b. Schedule FC-A, line 13	62b <u>.00</u>
63	Repayment credit	63 <u>.00</u>
64	Homestead credit. (Full-year Wisconsin residents only)	64 <u>.00</u>
65	Eligible veterans and surviving spouses property tax credit	65 <u>.00</u>
66	Refundable credits from Schedule CR, line 40	66 <u>.00</u>
67	AMENDED RETURN ONLY – amount previously paid (see page 47)	67 <u>.00</u>
68	Add lines 59 through 67	68 <u>5565.00</u>
69	AMENDED RETURN ONLY – amount previously refunded (see page 47)	69 <u>.00</u>
70	Subtract line 69 from line 68	70 <u>5565.00</u>



Refund or Amount You Owe

Table with 5 rows (71-75) for Refund or Amount You Owe. Includes fields for AMOUNT OVERPAID, AMOUNT YOU OWE, and Underpayment interest.

Third Party Designee section. Includes fields for name, phone number, and 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 section. Includes lines for Your signature, Spouse's signature, and Date.

Mail your return to: Wisconsin Department of Revenue. Includes addresses for tax due and refund/no tax due.

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

Table for Schedule 1 with 9 rows. Includes categories like Medical and dental expenses, Interest paid, Gifts to charity, and Rate of credit.

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

Table for Schedule 2 with 8 rows. Includes categories like Wages, salaries, tips, etc., Net profit or loss, and Rate of credit.



Name SHOBHA R & ANAND KUMAR TEEGALA	Social security number 857482934
--	-------------------------------------

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	Social security number
SHOBHA R & ANAND KUMAR TEEGALA	857482934

Part II - Subtractions from Income

22 Other adjustments (see instructions). List type and amount <u>SEE FORM 1NPR,</u>	22	<u>300 .00</u>
23 Farm loss carryover	23	<u>.00</u>
24 Recoveries of federal itemized deductions (only if included on line 1 of this schedule)	24	<u>.00</u>
25 Wisconsin net operating loss deduction	25	<u>.00</u>
26 Medical care insurance	26	<u>.00</u>
27 Long-term care insurance	27	<u>.00</u>
28 Retirement income exclusion	28	<u>.00</u>
29 Amounts not taxable by Wisconsin (only if included in column B of Form 1NPR or line 1 of this schedule) List type and amount	29	<u>.00</u>
30 Adoption expenses	30	<u>.00</u>
31 Tuition and fee expenses	31	<u>.00</u>
32 Contributions to a Wisconsin state-sponsored college savings program	32	<u>.00</u>
33 Child and dependent care expenses	33	<u>1136 .00</u>
34 Sale of business assets or assets used in farming to a related person	34	<u>.00</u>
35 Repayment of income previously taxed	35	<u>.00</u>
36 Human organ donation	36	<u>.00</u>
37 Contributions to ABLE accounts	37	<u>.00</u>
38 U.S. Olympic subtraction (see instructions, page 10)	38	<u>.00</u>
39 Expenses paid to related entities	39	<u>.00</u>
40 Income from a related entity	40	<u>.00</u>
41 Sales of certain insurance policies (only if included in column B of Form 1NPR or line 1 of this schedule)	41	<u>.00</u>
42 Combat zone related death	42	<u>.00</u>
43 Private school tuition	43	<u>.00</u>
44 Physician or psychiatrist grant (only if included in column B of Form 1NPR or line 1 of this schedule)	44	<u>.00</u>
45 Distributions of certain earnings from Wisconsin state-sponsored college tuition programs	45	<u>.00</u>
46 Add lines 22 through 45. Enter this amount on Form 1NPR, line 29, column B	46	<u>1436 .00</u>



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

SHOBHA R & ANAND KUMAR TEEGALA

Your social security number

857-48-2934

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

Note: 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) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)
1a Amount from line 1a of Schedule D	.00	.00		.00
1b Amount from line 1b of Schedule D	4218.00	3746.00	20.00	492.00
2 Amount from line 2 of Schedule D	.00	.00	.00	.00
3 Amount from line 3 of Schedule D	.00	.00	.00	.00
4 Short-term gain from Form 6252 and short-term gain or loss from Forms 4684, 6781, and 8824			4	.00
5 Net short-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	.00
6 Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)			6	.00
7 Short-term capital loss carryover from 2019 Wisconsin Schedule WD, line 34. Enter amount as a negative number			7	.00
8 Net short-term capital gain or loss. Combine lines 1a through 7 in column (h)			8	492.00

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

Note: 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) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)
9a Amount from line 8a of Schedule D	.00	.00		.00
9b Amount from line 8b of Schedule D	10.00	5.00	.00	5.00
10 Amount from line 9 of Schedule D	.00	.00	.00	.00
11 Amount from line 10 of Schedule D	.00	.00	.00	.00
12 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			12	.00
13 Net long-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			13	.00
14 Capital gain distributions			14	.00
15 Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)			15	.00
15a Adjustment from Wisconsin Schedule QI. Enter amount as a negative number			15a	.00
16 Long-term capital loss carryover from 2019 Wisconsin Schedule WD, line 39. Enter amount as a negative number			16	.00
17 Net long-term capital gain or loss. Combine lines 9a through 16 in column (h)			17	5.00

Go on to Part III →



Name SHOBHA R & ANAND KUMAR TEEGALA	Social Security Number 857-48-2934
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Part III Summary of Parts I and II (see instructions) - use a minus sign (-) for negative amounts.

18 Combine lines 8 and 17, and fill in the net gain or loss here (if line 18 is a loss, go to line 28)	18	497.00
19 Fill in the smaller of line 17 or 18, or -0- if a loss or no entry on line 17	19	5.00
20 Fill in 30% of line 19	20	2.00
21 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	21	.00
22 Gain included in line 17. Do not include any losses in this amount	22	.00
23 Divide line 21 by line 22. Carry the decimal to 4 places	23	
24 Multiply line 19 by the decimal amount on line 23	24	.00
25 Fill in 30% of line 24	25	.00
26 Add lines 20 and 25	26	2.00
27 Subtract line 26 from line 18	27	495.00
28 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)	28	.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)

29 Adjustment (see instructions for Part IV and Schedule I adjustments)		
a 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-)	29a	497.00
b Fill in gain from Part III, line 27, (if blank, fill in -0-)	29b	.00
c If line 29b is more than 29a, subtract line 29a from line 29b. Fill in amount on line 2 of Schedule AD (Form 1)	29c	.00
d If line 29b is less than 29a, subtract line 29b from line 29a. Fill in amount on line 5 of Schedule SB (Form 1)	29d	.00
e 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-)	29e	0.00
f Fill in loss from Part III, line 28 as a positive amount	29f	.00
g If line 29f is more than 29e, subtract line 29e from line 29f. Fill in amount on line 5 of Schedule SB (Form 1)	29g	.00
h If line 29f is less than 29e, subtract line 29f from line 29e. Fill in amount on line 2 of Schedule AD (Form 1)	29h	.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.)

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



Additional information from your 2020 Wisconsin Tax Return**Form 1NPR****Explanation of Other Adjustments, Line 29****Continuation Statement**

Other Income Description	Federal Income	Wisconsin Income
WI CHILD AND DEPENDENT CARE		1136
ABOVE-THE-LINE CHARITABLE CONTRIBUTIONS	300	300