

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 SATYANARAYANA REDDY RAJANALA	Social security number 155-57-4811
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	87,560.
2	Total tax	12,329.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	15,159.
4	Amount you want refunded to you	2,830.
5	Amount you owe	

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	4	8	1	1
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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 _____ 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.
- 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: SATYANARAYANA REDDY
Last name: RAJANALA
Your social security number: 155-57-4811
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): 117 BLUE RIDGE CIRCLE
Apt. no.:
City, town, or post office: NEWARK
State: DE
ZIP code: 19702
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [] 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) Child tax credit, Credit for other dependents. Includes dependents section with checkboxes for child tax credit and credit for other dependents.

Main income table with columns for line numbers and amounts. Includes sections for Attach Sch. B if required, Standard Deduction for (with bullet points for filing status), and Taxable income calculation.

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	12,329.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	12,329.
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	12,329.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	12,329.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	15,159.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	15,159.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	15,159.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,830.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,830.
b	Routing number 1 0 1 1 0 0 0 4 5	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number 5 1 8 0 0 6 6 0 3 0 6 1		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the amount you owe now	37	
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 DESIGN QUALITY ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 05/05/2021	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 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
SATYANARAYANA REDDY RAJANALA

Your social security number
155-57-4811

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-7,950.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-7,950.

Part II Adjustments to Income

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

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

OMB No. 1545-0074

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

2020

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

SATYANARAYANA REDDY RAJANALA

155-57-4811

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

- A** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)				
A	NALLACHERUVU, GUNTUR IN 522003				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	3		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

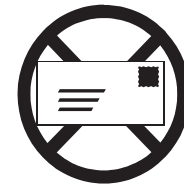
Type of Property:

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

Income:		Properties:		A	B	C
3	Rents received	3		450.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7		850.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11		1,300.		
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13				
14	Repairs.	14		2,400.		
15	Supplies	15		2,000.		
16	Taxes	16				
17	Utilities.	17		1,850.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		8,400.		
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		-7,950.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-7,950.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		450.		
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c				
d	Total of all amounts reported on line 18 for all properties	23d				
e	Total of all amounts reported on line 20 for all properties	23e		8,400.		
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	(7,950.)		
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		-7,950.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020



2020

DE-8453

DELAWARE INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

FOR THE YEAR JANUARY 1 - DECEMBER 31, 2020

DO NOT MAIL!

YOUR SOCIAL SECURITY NUMBER 155574811 SPOUSE'S SOCIAL SECURITY NUMBER
FIRST NAME(S) AND INITIAL(S) SATYANARAYANA REDDY LAST NAME RAJANALA
HOME ADDRESS (NUMBER AND STREET INCLUDING RURAL ROUTE) 117 BLUE RIDGE CIRCLE
CITY, TOWN OR POST OFFICE, STATE & ZIP CODE NEWARK DE 19702
DAYTIME TELEPHONE NUMBER (814)844-5624

STATE OF DELAWARE

PART 1 TAX RETURN INFORMATION (WHOLE DOLLARS ONLY)

Table with 5 rows: 1. TOTAL DELAWARE ADJUSTED GROSS INCOME... 87560; 2. TOTAL DELAWARE TAX... 4548; 3. DELAWARE INCOME TAX WITHHELD... 4979; 4. NET REFUND... 541; 5. NET BALANCE DUE...

PART 2 Direct Deposit of Refund (Optional - See instructions.)

6. Type of Account X Checking Savings 7. Routing number 1 0 1 1 0 0 0 4 5
8. Account number 5 1 8 0 0 6 6 0 3 0 6 1
9. Is this refund going to or through an account that is located outside of the United States? Yes No

PART 3 DECLARATION OF TAXPAYER

10. X I consent that my refund be directly deposited as designated in Part 2, and declare that the information shown on lines 6 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I do not want direct deposit of my refund or am not receiving a refund.

I authorize the Division of Revenue and its designated financial agent to initiate an electronic funds withdrawal (direct Debit) entry to the financial institution account indicated in the tax preparation software for payment of my state taxes owed on this return.

If I have filed a balance due return, I understand that if the Delaware Division of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint Federal and State tax return and there is an error on my state return, I understand my Delaware return will be rejected.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part 1 above agree with the amounts on the corresponding lines of the electronic portion of my 2020 Delaware income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements and the disclosure of all information pertaining to my use of the system and software, and to the transmission of my tax return electronically to the Delaware Division of Revenue. I also consent to the Delaware Division of Revenue sending my ERO and/or transmitter an acknowledgment of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the IRS to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent.

SIGN HERE

SIGNATURE DATE SPOUSE'S SIGNATURE DATE

PART 4 DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I DECLARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THIS FORM ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE OBTAINED THE TAXPAYER'S SIGNATURE ON FORM DE-8453 BEFORE SUBMITTING THIS RETURN TO THE INTERNAL REVENUE SERVICE (IRS) AND THE DELAWARE DIVISION OF REVENUE (DDOR). I HAVE PROVIDED THE TAXPAYER WITH A COPY OF ALL FORMS AND INFORMATION TO BE FILED WITH THE IRS AND DDOR, AND HAVE FOLLOWED ALL OTHER REQUIREMENTS DESCRIBED IN THE "2020 DELAWARE INDIVIDUAL MEF E-FILE HANDBOOK FOR SOFTWARE DEVELOPERS, TRANSMITTERS, AND EROs WHO FILE DELAWARE INDIVIDUAL INCOME TAX RETURNS" AND ANY REQUIREMENTS SPECIFIED BY THE DELAWARE DIVISION OF REVENUE. IF I AM ALSO THE PAID PREPARER, UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THE ABOVE TAXPAYER'S RETURN AND ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT AND COMPLETE. DECLARATION OF PREPARER IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

SIGN HERE

ERO'S SIGNATURE GLOBAL TAXES LLC

DATE

30-1017196 EIN, SSN, OR PTIN.

ERO

FIRM'S NAME (OR YOURS IF SELF-EMPLOYED) 2530 PEBBLE CREEK LN CUMMING GA ADDRESS (STREET, CITY, STATE & ZIP CODE)

CHECK IF ALSO PREPARER 30041 CHECK IF SELF-EMPLOYED (678)965-9522 Business phone #

SIGN HERE

PREPARER'S SIGNATURE SYAM PRIYA RAM SAGAR GUPTA TALLAM

DATE

30-1017196 EIN, SSN, OR PTIN

PAID PRE-PARER

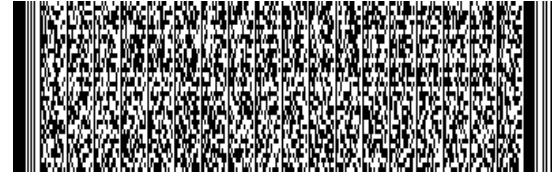
FIRM'S NAME (OR YOURS IF SELF-EMPLOYED) 2530 PEBBLE CREEK LN CUMMING GA ADDRESS (STREET, CITY, STATE & ZIP CODE)

CHECK IF SELF-EMPLOYED 30041

For Fiscal year beginning and ending Your Social Security No. Spouse's Social Security No.

1 5 5 5 7 4 8 1 1

Your Last Name RAJANALA First Name and Middle Initial Jr., Sr., III, etc. SATYANARAYANA REDDY Spouse's Last Name Spouse's First Name, Jr., Sr., III, etc.



ATTACH LABEL HERE

Present Home Address (Number and Street) Apt. # 117 BLUE RIDGE CIRCLE

City State Zip Code NEWARK DE 19702

FILING STATUS (MUST CHECK ONE)

- 1. X Single, Divorced, Widow(er) 3. Married & Filing Separate Forms 5. Head of Household 2. Joint 4. Married & Filing Combined Separate on this form

Attached Form DE2210 If you were a part-year resident in 2020, give the dates you resided in Delaware: 2020 2020

Column A is for Spouse information, Filing Status 4 only. All other filing statuses use Column B. Column A Column B 1. DELAWARE ADJUSTED GROSS INCOME. Begin Return on Page 2, Line 29, then enter amount from Line 42 here. > 1 00 87560 00

2a. If you elect the DELAWARE STANDARD DEDUCTION check here..... X Filing Statuses 1, 3 & 5 enter \$3250 in Column B; Filing Status 2 enter \$6500 in Column B; Filing Status 4 enter \$3250 in Column A and in Column B b. If you elect the DELAWARE ITEMIZED DEDUCTIONS check here..... Filing Statuses 1, 2, 3 and 5, enter itemized deductions from reverse side, Line 48 in Column B Filing Status 4 enter itemized deductions from reverse side, Line 48 in Columns A and B 2 00 3250 00



3. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions) Multiply the number of boxes checked below by \$2500. If you are filing a combined separate return (Filing status 4), enter the total for each appropriate column. All others enter total in Column B. Column A - if SPOUSE was: 65 or over Blind Column B - if YOU were: 65 or over Blind 3 00 00

4. TOTAL DEDUCTIONS - Add line 2 & 3 and enter here..... 4 00 3250 00

5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this amount..... 5 00 84310 00

6. Tax Liability from Tax Rate Table/Schedule Column A Column B 6 See Instructions..... 00 4548 00 7. Tax on Lump Sum Distribution (Form 329)..... 00 00 7 8. TOTAL TAX - Add Lines 6 and 7 and enter here..... > 8 00 4548 00

9a. PERSONAL CREDITS If you are Filing Status 3, see instructions on Page 6. If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B. Enter number of exemptions 1 x \$110..... 9a 00 110 00 On Line 9a, enter the number of exemptions for: Column A Column B 1

9b. CHECK BOX(ES) Spouse 60 or over (Column A) Self 60 or over (Column B) Enter number of boxes checked on Line 9b x \$110..... 9b 00 00

10. Tax imposed by State of (Must attach copy of DE Schedule I and other state return.) 10 00 00

11. Volunteer Firefighter Co.# - Spouse (Column A) Self (Column B) Enter credit amount..... 11 00 00

12. Other Non-Refundable Credits (see instructions on Page 7) 12 00 00

13. Child Care Credit. Must attach Form 2441. (Enter 50% of Federal credit) 13 00 00

14. Earned Income Tax Credit. See instructions on Page 8 for ALL required documentation..... 14 00 0 00

15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and enter here 15 00 110 00

16. BALANCE. Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, enter "0" (Zero)..... 16 00 4438 00

17. Delaware Tax Withheld (Attach W2s/1099s)..... 00 4979 00 17

18. Estimated Tax Paid & Payments with Extensions... 00 00 18

19. S Corp Payments and Refundable Business Credits. 00 00 19

20. Capital Gains Tax Payments (Attach Form 5403).. 00 00 20

21. TOTAL Refundable Credits. Add Lines 17, 18, 19, and 20 and enter here..... > 21 00 4979 00

22. BALANCE DUE. If Line 16 is greater than Line 21, subtract 21 from 16 and enter here..... > 22 00 0 00

23. OVERPAYMENT. If Line 21 is greater than Line 16, subtract 16 from 21 and enter here..... > 23 00 541 00

24. CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complete and attach DE Schedule III..... 24 00

25. AMOUNT OF LINE 23 TO BE APPLIED TO 2021 ESTIMATED TAX ACCOUNT..... ENTER > 25 00

26. PENALTIES AND INTEREST DUE. If Line 22 is greater than \$800, see estimated tax instructions..... ENTER > 26 00

27. NET BALANCE DUE (For Filing Status 4, see instructions, page 9)..... PAY IN FULL > 27 00

For all other filing statuses, enter Line 22 plus Lines 24 and 26

28. NET REFUND (For Filing Status 4, see instructions, page 9)..... ZERO DUE/TO BE REFUNDED > 28 541 00

For all other filing statuses, subtract Lines 24, 25, and 26 from Line 23

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

Table with 2 columns: Filing Status 4 ONLY Spouse Information COLUMN A, All other filing statuses You or You plus Spouse COLUMN B

MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

SECTION A - ADDITIONS (+)

Table with 4 columns: Line number, Description, Column A, Column B. Includes lines 29-33 for additions.

SECTION B - SUBTRACTIONS (-)

Table with 4 columns: Line number, Description, Column A, Column B. Includes lines 34-42 for subtractions.

SECTION C - ITEMIZED DEDUCTIONS (MUST ATTACH DELAWARE SCHEDULE A) If columns A and B are used and you are unable to specifically allocate deductions between spouses, you must prorate in accordance with income.

Table with 4 columns: Line number, Description, Column A, Column B. Includes lines 43-48 for itemized deductions.

SECTION D - DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, c and d below. See instructions for details.

Form fields for direct deposit information: a. Routing Number, b. Type (Checking/Savings), c. Account Number, d. Is this refund going to or through an account that is located outside of the United States?

NOTE: If your refund is adjusted by \$100.00 or more, a paper check will be issued and mailed to the address on your return.

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

Signature and address information fields: Your Signature, Date, Signature of Paid Preparer, Date, Spouse's Signature, Date, Address, Home Phone, Business Phone, City, State, Zip, E-Mail Address, EIN, SSN or PTIN, Business Phone, E-Mail Address.

BALANCE DUE W/PAYMENT ENCLOSED (LINE 27)

DELAWARE DIVISION OF REVENUE
P.O. BOX 508
WILMINGTON, DE 19899-0508

REFUND (LINE 28):

DELAWARE DIVISION OF REVENUE
P.O. BOX 8710
WILMINGTON, DE 19899-8710

ALL OTHER RETURNS:

DELAWARE DIVISION OF REVENUE
P.O. BOX 8711
WILMINGTON, DE 19899-8711

MAKE CHECK PAYABLE TO: DELAWARE DIVISION OF REVENUE
PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN

