Department of the Treasury Internal Revenue Service

Calendar Year -Due 04/15/2021 2021 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2021' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order....

1-112.

REV 03/06/21 PRO 1555

279-49-2860 039-53-4426 ASHOK REDDY BALINENI SAHITI BOMMAREDDY 3203 WEST SPINGS DRIVE APT 207 ELLICOTT CITY MD 21043

INTERNAL REVENUE SERVICE PO BOX 931100 FORIZAITE KA 40543-7700

Department of the Treasury Internal Revenue Service

Calendar Year — Due **06/15/2021** 2021 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2021' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

1,117.

REV 03/06/21 PRO 1555

279-49-2860 039-53-4426 ASHOK REDDY BALINENI SAHITI BOMMAREDDY 3203 WEST SPINGS DRIVE APT 207 ELLICOTT CITY MD 21043

INTERNAL REVENUE SERVICE PO BOX 931100 LOUISVILLE KY 40293-1100

Department of the Treasury Internal Revenue Service

Calendar Year -Due 09/15/2021 2021 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2021' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

1-112.

REV 03/06/21 PRO 1555

279-49-2860 039-53-4426 ASHOK REDDY BALINENI SAHITI BOMMAREDDY 3203 WEST SPINGS DRIVE APT 207 ELLICOTT CITY MD 21043

INTERNAL REVENUE SERVICE PO BOX 931100 FORIZAITE KA 40543-7700

Department of the Treasury Internal Revenue Service

Calendar Year -Due 01/18/2022 2021 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2021' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

1-112.

REV 03/06/21 PRO 1555

279-49-2860 039-53-4426 ASHOK REDDY BALINENI SAHITI BOMMAREDDY 3203 WEST SPINGS DRIVE APT 207 ELLICOTT CITY MD 21043

INTERNAL REVENUE SERVICE PO BOX 931100 FORIZAITE KA 40543-7700

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

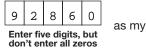
Submission Identification Number (SID)

Taxpayer's name	Social security number
ASHOK REDDY BALINENI	279-49-2860
Spouse's name	Spouse's social security number
SAHITI BOMMAREDDY	039-53-4426
Part I Tax Return Information – Tax Year Ending December 31, 2020 (Er	nter 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	1 169,686.
2 Total tax	2 21,455.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 19,136.
4 Amount you want refunded to you	4
5 Amount you owe	. 5 2,322.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get an	d keep a copy of your return)

Under penalties of periury. 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

X I authorize GLOBAL TAXES LLC to enter or generate my PIN	_				EBO firm name	0 ,	En
	X	I authorize	GLOBAL T	AXES	LLC	to enter or generate my PIN	9



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

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC ERO firm name

to enter or generate my PIN

signature on the income tax return (original or amended) I am now authorizing.

Date

3 4 2 6 4 as mv 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 – Practi	ioner PIN Method Only				
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your f	ve-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9				

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 🕨	
	n This Form — See Instructions to the IRS Unless Requested To Do So	
E. D		E 9970 (D 01 0001)

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.

Form 1040-V 2020

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service



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.'

(99)

► Write your social security number (SSN) on your check or money order.

Enter the amount

of your payment. 1555 5-355.

REV 03/06/21 PRO

INTERNAL REVENUE SERVICE P.O. BOX 931000

LOUISVILLE, KX 40543-7000

ASHOK REDDY BALINENI BOMMAREDDY ITIHAZ 3203 WEST SPINGS DRIVE 207 ELLICOTT CITY MD 21043

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only Hyou 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 midow(er) (QW) Pactation of the pace of the pac	E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 20	20	OMB No. 1545	-0074	IRS Use	Only	—Do not v	write or staple	in this space.
Your first name and middle initial ASHOK REDDY Your social security number 279-49-2860 If joint return, social security number SAHITI Last name BOMMAREDDY 239-53-4426 Home address (number and street), If you have a P.O. box, see instructions. 207 Presidential Election Campaign Otack Ker ei Jou, or your 2030 WEST SPINCS DRIVE 207 City, town, or post office. If you have a foreign address, also complete spaces below. State MD 210 443 box detow will not change if your tax or trelund. Foreign post office. If you have a foreign address, also complete spaces below. State MD 210 43 box detow will not change if your tax or trelund. your tax or trelund.	Check only	lf yo	u checked the MFS box, enter the na	ame of y	0 1		,			<i>,</i>		, ,	. , . ,
ASHOK REDDY BALINENI 279-49-2860 If join return, spouse's finant name and middle initial Last name Spouse's social security number SARITT BOMAREDDY 039-53-4426 Home address furnible and streed, Hyou have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 3203 WEST SPINGS DRIVE 207 Openation Compared to the spouse of filing Jointly, want 33 Diverside to the spouse of filing Jointly, want 33 Foreign country name Foreign province/state/country Foreign postal code Vou Spouse of filing Jointly, want 33 Standard Someone can claim: You as dependent You as dependent You Spouse Deduction Spouse itemizes on a separate return or you were a dual-status alien Poreign postal code You Spouse Deductions (9) Finat name Intervertion(9) (9) Finat name Intervertion(9) (9) Finat name Intervertion(9) If more (1) Finat name Intervertion(9) (9) Finat name Intervertion(9) (9) Finat name Intervertion(9) If more (1) Finat name Intervertion(9) (9) Finat name Intervertion(9) (9) Finat name Interveretion(9) <t< td=""><td></td><td>•</td><td>, ,</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		•	, ,										
If joint return, spouse's first name and middle initial Last name Spouse's social security number SARTIT O 39 - 53 - 42.26 Home address furniber and street). If you have a P.O. box, see instructions. Apt. no. 3203 WEST SPINGS City, town, or post office. If you have a toreign address, also complete spaces below. State 20 7 Chack here if you, or your Foreign country name Foreign province/state/county Foreign postal code Foreign country name Foreign province/state/county Foreign postal code You Spouse if Ming jointly, want S3 Standard Someone can claim: You as a dependent Your spouse as a dependent You Spouse if was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Last name Spouse: (3) Relationship (4) If qualifies or (see instructions): If or dependents, see instructions State 2a 1 1.72, 985. 2b Attach Sa 1 B State 5a 1 1.72, 985. 2b State and theck Sa 1 1.72, 985. 3b 1. 1 1.72, 985. <tr< td=""><td></td><td></td><td>Iddle Initial</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td></tr<>			Iddle Initial										-
SAHITI BOMMAREDDY 039-53-4426 Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 203 WEST SPINGS DRIVE 207 Check here if you, or your spouse if filing jointly, want S3 The state interest 207 Chy, town, or post office. If you have a torsign address, also complete spaces below. State ZIP code Dox below will not change Foreign country name Foreign province/state/country Foreign particular electron of the fund. Checking a box below will not change Vou Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You No Standard Someone can claim: You as a dependent You were a dual-status alien You Spouse: Deduction Spouse itemizes on a separate return or you were a dual-status alien Chick har state is alien Chick har state is alien Age/Blindness You: I Yes born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents see instructions): (I) First name Last name Intra-state Intra-state Intra-state If more II Ware state return or you were a dual-status alien I			fort come and coldella initial								-		-
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 207 3203 WEST SPINOS DRIVE Chock here if you, or your sport affice. If you have a foreign address, also complete spaces below. State ZIP code City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code Presidential Election Campaign Check here if you, or your sport address, also complete spaces below. Yet address if filing joint/wart S3 to go to this fund. Checking a you tax or refund. Foreign country name Foreign province/state/county Foreign postal code Yet address if you, or your sport address, also below will not change you't ax or refund. Deduction Someone can claim: You as dependent Your spouse as a dependent Your spouse as a dependent Dependents See instructions): Yet ad a dependent Your spouse as a dependent Your spouse as a dependent If in nore (1) First name Last name (2) Social security (3) Relationship (4) If qualifies for isee instructions): If more (1) First name Last name (2) Social security (4) If qualifies for isee instructions): If more (1) First name Last name (2) Social security (4) If qualifies for isee instructions): If more 1		pouses	s first name and middle initial								•		-
3203 WEST SPINGS DRIVE 207 Checkhere fyou, or your City, town, or post office. If you have a foreign address, also complete spaces below. State 20 of the fish fund. Checking a box below will not change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code W1 tax or refund. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent You repouse as a dependent You receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Yes No Dependents See instructions): (2) Social security (3) Relationship (4) 4' if qualifies for (see instructions): If nore If more (1) First name Last name Immeter I 1 172, 985. Attach 2a Tax-exempt interest 2a 1 172, 985. 3b 1 Standard Gualified dividends 3a 1 Dordinary dividends 3b 1 Attach 5a Pensions and annuities 5a b Dordinary dividends 3b Standard </td <td></td> <td>(</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>\</td> <td></td> <td></td> <td></td> <td></td>		(\				
City, tow, or post office. If you have a foreign address, also complete spaces below. State ZIP code spouse if filing jointy, want S3 to go to this fund. Checking a box below will not change box below. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Definition (Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You is 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 Dependents (see instructions): (1) First name Last name Immber (2) Social security (3) Relationship (4) V I qualifies for (see instructions): Cheld tax credit Credit for other dependents, see instructions; If more 10 First name Last name Immber				Instructio	ons.								
ELLICOTT CITY MD 21043 to go to this fund. change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code your tax or refund. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes Xo Standard Someone can claim: You as a dependent Your spouse as a dependent Yes Xo Age/Blindness You: Ware born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (i) First name (a) Veri guaities for (see instructions): Child tax credit Credit for dher dependents, see instructions If more than four dependents. Standard Standard I 1122,985. Attach 2a Tax-exempt interest 2a b I 1122,985. Standard beduction for equired. 4a I I 1122,985. 3b 1. Standard beduction for equired. 4a I I 122,985. 3b 1. Standard beduction for equired. 5a I Taxable amount. <t< td=""><td></td><td></td><td></td><td>mploto s</td><td>nacos bolow</td><td>C+</td><td>ato</td><td></td><td></td><td></td><td></td><td>,</td><td>, ,</td></t<>				mploto s	nacos bolow	C+	ato					,	, ,
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Sch. B if required. 2a 2a 2a 2a 2a Sch. B if required. 3a Qualified dividends 3a 1. b Ordinary dividends 3b 1. 4a IRA distributions 4a b Definition b Taxable amount 3b 1. 5a Pensions and annuities 5a 5a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 -3,000. 8 Other income from Schedule 1, line 9 . 8 9 169,986. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 169,986. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total adjustments to income: 10b 300. 9 Add lines 10a and 10b. These are your total adjustments to income 10c 300. 9 Subtract line 10c from line 9. This is your adjusted gross income 11 169,686. 11 Subtract line 10c from line 9. This is your adjusted gross income <td></td> <td>1</td> <td>Wages, salaries, tips, etc. Attach F</td> <td>orm(s) \</td> <td>N-2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>. 1</td> <td>1</td> <td>72,985.</td>		1	Wages, salaries, tips, etc. Attach F	orm(s) \	N-2						. 1	1	72,985.
required. 3a Qualified dividends 3a 1. b Ordinary dividends 3b 1. 4a IRA distributions 4a b Taxable amount 4b 4b 5a Pensions and annuities 5a b Taxable amount 4b 4b 5a Pensions and annuities 5a b Taxable amount 5b 5b 6a Social security benefits 6a b Taxable amount 6b 7 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 -3,000. 8 Other income from Schedule 1, line 9 7 -3,000. 8 8 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 8 9 169,986. 10 Adjustments to income: 10b 300. 10c 300. 11 Add lines 10a and 10b. These are your total adjustments to income 11 169,986. 11 Subtract line 10c from line 9. This is your adjusted gross income 11 169,686. 13 Qualifying widow(en), see instructions 12 2		2a	Tax-exempt interest	2a		b -	Taxable interes	t.			. 2k	5	
4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b Standard Deduction for 6a Social security benefits 6a b Taxable amount 5b Standard Deduction for 6a Social security benefits 6a b Taxable amount 6b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here For a, 000. 8 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income For Schedule 1, line 22 8 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10a 169, 986. 10 Adjustments to income: a From Schedule 1, line 22 10b 300. 9 Add lines 10a and 10b. These are your total adjustments to income 10b 300. 300. 11 Subtract line 10c from line 9. This is your adjusted gross income 11 169, 686. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 14 24, 800. 14 Add lines 12 and 13 14		3a	Qualified dividends	3a	1.	b	Ordinary divide	nds .			. 3k	5	1.
Standard Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,400 8 Other income from Schedule 1, line 9 - - - - 3 - - 3 9 169,986. 8 9 169,986. 10 300. 10 Adjustments to income: 10 300. 10 10 300. 10 300. 10 300. 11 169,686. 11 169,686. 12 24,800. 11 169,686. 12 24,800. 13 Qualified busines		4a	IRA distributions	4a		b ⁻	Taxable amoun	t			. 4k	5	
Deduction for- 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 -3,000. * Single or Married filing separately, \$12,400 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 8 9 • Married filing jointly or Qualifying widow(er), \$24,800 9 Add lines 10a and 10b. These are your total adjustments to income 10a 10b 300. • Head of household, \$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income 10c 300. • If you checked any box under Standard deduction, see instructions, see instructions. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 12 24,800. • Add lines 12 and 13 13 14 24,800. 14 24,800.		5a	Pensions and annuities	5a		b ⁻	Taxable amoun	t			. 5k	5	
 Single or Married filing separately, \$12,400 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$18,650 Head of household, \$18,650 Subtract line 10c from line 9. This is your adjusted gross income If you checked any box under Standard Deduction, see instructions. Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- If you checked any box under Standard business income deduct line 14 from line 11. If zero or less, enter -0- If you checked any box under Standard business income. Subtract line 14 from line 11. If zero or less, enter -0- If you checked any box under Standard business income. Subtract line 14 from line 11. If zero or less, enter -0- If you checked any box under Standard business income. Subtract line 14 from line 11. If zero or less, enter -0- If you checked any box under If you checked any box under Standard business income deduct line 14 from line 11. If zero or less, enter -0- If you checked any box under If you checked any		6a	Social security benefits	ба		b ⁻	Taxable amoun	t			. 6k	5	
Married filing separately, \$12,400 8 Other income from Schedule 1, line 9 1 8 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 169, 986. 9 Adjustments to income: 9 169, 986. 9 Adjustments to income: 10a 10a 9 Adjustments to income: 10a 10b 300. 9 Add lines 10a and 10b. These are your total adjustments to income 10b 300. 9 Add lines 10a and 10b. These are your total adjustments to income 11 169, 686. 11 Subtract line 10c from line 9. This is your adjusted gross income 11 169, 686. 11 169, 686. 12 Standard deduction or itemized deductions (from Schedule A) 12 24,800. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 14 24,800. 14 24,800. 14 24,800. 15 144,886.		7	Capital gain or (loss). Attach Sched	dule D if	required. If not	required	d, check here)	► [7	1	-3,000.
\$12,400 9 Add lines 1, 26, 36, 46, 56, 66, 7, and 8. This is your total income 9 169, 986. • Married filing jointly or Qualifying widow(er), \$24,800 10 Adjustments to income: 10a 10a • Married filing jointly or Qualifying widow(er), \$24,800 • Charitable contributions if you take the standard deduction. See instructions 10b 300. • Head of household, \$11 Subtract line 10c from line 9. This is your adjusted gross income • • • • • • • • • • • • • • • • • • •		8	Other income from Schedule 1, line	e9.							. 8		
 Married filing jointy or Qualifying widow(er), \$24,800 Head of household, \$18,650 If you checked any box under Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A Qualified business income deduction. Attach Form 8995 or Form 8995-A Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- It adduction in the form in the		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. T	his is your total	income	ə			. 1	▶ 9	1	69,986.
Qualifying widow(er), \$24,800 a From Schedule 1, line 22	 Married filing 	10	Adjustments to income:										
\$24,800 • Definitiable contributions if you take the standard deduction, dee instructions if you take the standard deduction, dee instructions if you take the standard deduction, dee instructions 100 300. • Head of household, \$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income		а	From Schedule 1, line 22				10	а					
 Head of household, \$18,650 Subtract line 10c from line 9. This is your adjusted gross income Subtract line 10c from line 9. This is your adjusted gross income Subtract line 10c from line 9. This is your adjusted gross income Standard deduction or itemized deductions (from Schedule A) Qualified business income deduction. Attach Form 8995 or Form 8995-A Add lines 12 and 13 Add lines 12 and 13 Standard lines 12 and 13 Standard lines 12 and 13 Subtract line 14 from line 11. If zero or less, enter -0- Standard at 4, 886. 	widow(er),	b	Charitable contributions if you take	the stan	dard deduction.	See ins	tructions 10	b		300	Σ.		
\$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income 11 169,686. • If you checked any box under Standard 12 Standard deduction or itemized deductions (from Schedule A) 12 24,800. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 13 14 Add lines 12 and 13 14 24,800. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- 15 144,886.		с	Add lines 10a and 10b. These are	your tot	al adjustments	to inco	ome			. 1	▶ 10	с	300.
 If you checked any box under Standard deduction or itemized deductions (from Schedule A) Ia Qualified business income deduction. Attach Form 8995 or Form 8995-A Ia Add lines 12 and 13 Ib Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- If you checked any box under Standard deduction or itemized deductions (from Schedule A) Ia 12 24,800. Ib 14 24,800. Ib 144,886. 		11	Subtract line 10c from line 9. This i	is your a	adjusted gross i	ncome				. 1	▶ 11	I 1	69,686.
any box under Standard Deduction, see instructions.131314Add lines 12 and 13	 If you checked 	12	Standard deduction or itemized	deducti	i ons (from Sched	dule A)					. 12	2	24,800.
see instructions. 14 24,800. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0 15 144,886.		13	Qualified business income deducti	on. Atta	ch Form 8995 o	r Form	8995-A				. 13	3	
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14	Add lines 12 and 13								. 14	1	24,800.
		15	Taxable income. Subtract line 14	from lin	e 11. If zero or le	ess, ent	er-0				. 15	5 1	44,886.

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

Form **1040** (2020)

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	2 3]		16	23,455.
	17	Amount from Schedule 2, lin	ie3						17	
	18	Add lines 16 and 17							18	23,455.
	19	Child tax credit or credit for	other dependen	ts					19	2,000.
	20	Amount from Schedule 3, lin	ie7						20	
	21	Add lines 19 and 20							21	2,000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	21,455.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is	your total tax					. 🕨	24	21,455.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	1 19	,136.		
	b	Form(s) 1099				25b)			
	с	Other forms (see instructions	s)			250	;			
	d	Add lines 25a through 25c							25d	19,136.
If you have a	26	2020 estimated tax payment							26	
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC. • If you have	28	Additional child tax credit. A	ttach Schedule	8812		28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	3, line 8		29				
see instructions.	30	Recovery rebate credit. See	instructions .			30				
	31	Amount from Schedule 3, lin	ie 13			31				
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and refur	ndable c	redits	. 🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 🕨	33	19,136.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the am	ount you	overpaid		34	
noruna	35a	Amount of line 34 you want			3 is attached, c	heck he	re		35a	
Direct deposit?	►b	Routing number X X X			► c Type:			Savings		
See instructions.	►d	Account number X X X	X X X X	XXXX	x x x x	X X	Х			
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax 🕨	► 36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now			. 🕨	37	2,322.
You Owe		Note: Schedule H and Sch	edule SE filers,	line 37 may r	not represent a	II of the	taxes you	owe for		
For details on how to pay, see		2020. See Schedule 3, line 1	2e, and its instr	uctions for det	ails.					
instructions.	38	Estimated tax penalty (see in	nstructions) .		🕨	► 38		3.		
Third Party		you want to allow another					_			
Designee	ins	structions				. 🕨	Yes. C	omplete	below.	× No
		signee's me ►		Phone no. ►				onal ident		
<u>.</u>		•						ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupatio	n		If th	ie IRS se	nt you an Identity
				Duito				Pro	tection P	IN, enter it here
Joint return?					BI DEVEL	OPER		(see	e inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occup	oation				nt your spouse an
your records.	,				PHD STUD	TUNT			ntity Prote e inst.) 🕨	ection PIN, enter it here
	Dh			Email address	PHD SIUD	101N T		(000		
		one no. eparer's name	Preparer's signat	Email address		Dat	2	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM					/12/2021	P0208	20700	Self-employed
Preparer				ILAPI SAGAR	GUPIA IALLA	כטן וייבר,	IZ/ZUZI			
Use Only		m's name ► GLOBAL TAX m's address ► 2530 Pebb		n Cummin	a GV 3004	1				<pre>(678)965-9522 ▶ 30-1017196</pre>
0- t									n's EIN ▶	
GO TO WWW.Irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	RE	V 03/06/21 PRO)		Form 1040 (2020)

BAA

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

► 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.

2020 Attachment Sequence No. 12

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

ASHOK REDDY BALINENI & SAHITI BOMMAREDDY

Your social security number

279-49-2860

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

× No **Yes** 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)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, I line 2, column	from Part I,	(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	633,157.	660,696.	20,9	62.	-6,577.
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	2.	3.			-1.
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	5				
6						()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	.,		7	-6,578.

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.		(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
This who	Part II, n (g)	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					
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 from Forms 4684, 6781, and 8824	11				
12	Net long-term gain or (loss) from partnerships, S corporat	12				
13	Capital gain distributions. See the instructions	13				
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	14	()			
15	Net long-term capital gain or (loss). Combine lines 8a on the back .		15			

Part	III Summary	,	
16	Combine lines 7 and 15 and enter the result	16	-6,578.
	 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? Yes. Go to line 18. 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? 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. 		
	□ 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:		
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21	(3,000.)
	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?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.		
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

REV 03/06/21 PRO

Schedule D (Form 1040) 2020

Form 8949	
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Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

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.

2020 Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
ASHOK REDDY BALINENI & SAHITI BOMMAREDDY	279-49-2860

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.

X (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	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss). Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
ROBINHOOD SECURITIES LLC	02/18/20	04/18/20	633,157.	660,696.	EW	20,962.	-6,577.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your 1e 2 (if Box B	633,157.	660,696.		20,962.	-6,577.	

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.

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

Form 8949	
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Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

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.

2020 Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
ASHOK REDDY BALINENI & SAHITI BOMMAREDDY	279-49-2860

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

X (C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
ROBINHOOD SECURITIES LLC	02/18/20	04/18/20	2.	3.			-1.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your 1e 2 (if Box B	2.	3.			-1.

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.

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

888 Form Department of the Treasury

Health Savings Accounts (HSAs)

OMB No. 1545-0074 2020

Sequence No. 52

Attachment

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

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.

Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Social security number of HSA
	beneficiary. If both spouses
ASHOK REDDY BALINENI	have HSAs, see instructions ► 279-49-2860

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part	J		
	and both you and your spouse each have separate HSAs, complete a separate Part I for	each s	spouse.
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020.	_	
	See instructions		-only 🛛 Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from		
	January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions,		0
	contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you		
	were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others, see the instructions for the amount to enter	3	7,100.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853,		7,100.
-	lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also		
	include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,100.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		
	coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6	7,100.
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage		
	under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7	
8	Add lines 6 and 7	8	7,100.
9	Employer contributions made to your HSAs for 2020	-	
10	Qualified HSA funding distributions 10 Add lines 0 and 10	44	1 750
11	Add lines 9 and 10	11 12	1,750.
12 13	Subtract line 11 from line 8. If zero or less, enter -0	12	<u> </u>
15	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	15	0.
Part		arate H	SAs, complete
	a separate Part II for each spouse.		,
14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess		
	contributions (and the earnings on those excess contributions) included on line 14a that were		
	withdrawn by the due date of your return. See instructions	14b	
c	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this		
	amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional		
ma	20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that		
	are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form		
	1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b	
Part			
	completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.	arate l	HSAs,
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20			
	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20	

1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box BAA REV 03/06/21 PRO For Paperwork Reduction Act Notice, see your tax return instructions.

21

_	8867	Paid Preparer's Due Di	iligence Checklist		OMB	No. 1545	-0074
Form		Earned Income Credit (EIC), American (Child Tax Credit (CTC) (including the Addit Credit for Other Dependents (ODC)), and He	tional Child Tax Credit (ACTC) a	nd tatus	2	02	0
	ent of the Treasury Revenue Service	 To be completed by preparer and filed with Form 10 Go to www.irs.gov/Form8867 for instruction 			Attach Seque	nment ence No.	70
Тахрауе	er name(s) shown on	return		Taxpayer identif	ication n	umber	
ASH	OK REDDY BA	LINENI & SAHITI BOMMAREDDY		279-49-2	860		
Enter pr	eparer's name and I	PTIN					
SYAI		I SAGAR GUPTA TALLAM		P0208270	3		
Part		gence Requirements					
		ropriate box for the credit(s) and/or HOH filing s ned (check all that apply).	tatus claimed on the return		the rela		arts I–V HOH
1	Did you comp	plete the return based on information for tax y	ear 2020 provided by the	taxpayer or	Yes	No	N/A
	reasonably obt	ained by you?			X		
2	worksheets for AOTC workshe	claimed on the return, did you complete the a und in the Form 1040, 1040-SR, 1040-NR, 1040- eet found in the Form 8863 instructions, or your o	PR, or 1040-SS instructions wn worksheet(s) that provid	s, and/or the			
	information, ar	nd all related forms and schedules for each credit	claimed?		X		
3	Did you satisfy the following.	v the knowledge requirement? To meet the know	ledge requirement, you mus	st do both of			
		taxpayer, ask questions, and contemporaneously at the taxpayer is eligible to claim the credit(s) and		esponses to			
		mation to determine that the taxpayer is eligible of figure the amount(s) of any credit(s)	to claim the credit(s) and/c	or HOH filing	X		
4	information rea	nation provided by the taxpayer or a third pa asonably known to you, appear to be incorrect, ons 4a and 4b. If " No, " go to question 5.)		t? (If "Yes,"		X	
а	Did you make	reasonable inquiries to determine the correct, cor	nplete, and consistent inforr	mation? .			
b		mporaneously document your inquiries? (Docur om you asked, when you asked, the information					
5	keep a copy applicable wor 8867 and any	v the record retention requirement? To meet the of your documentation referenced in 4b, a co ksheet(s), a record of how, when, and from who applicable worksheet(s) was obtained, and a co you relied on to determine eligibility for the credition	py of this Form 8867, a on the information used to pupy of any document(s) pro-	copy of any repare Form vided by the			
	the amount(s)	of the credit(s)			X		
	List those doc	uments provided by the taxpayer, if any, that you	relied on:				
6	credit(s) and/o	e taxpayer whether he/she could provide docum r HOH filing status and the amount(s) of any c ed for audit?	redit(s) claimed on the retu		×		
7	Did you ask th	e taxpayer if any of these credits were disallowed	or reduced in a previous ve	ar?	X	\square	
-	•	e disallowed or reduced, go to question 7a; if I		-			
а		ete the required recertification Form 8862?					
8		is reporting self-employment income, did you as					
	correct Sched	ule C (Form 1040)?	· · · · · · · · · · · · · · · · · · ·				
For Pa	perwork Reduct	on Act Notice, see separate instructions.	REV 03/06/21 PRO		Fo	orm 886	57 (2020)

Form 8	367 (2020)			Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
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.)	Yes	No	N/A
	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?			
С	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)?			
Part		claim C	CTC, A	CTC,
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?	Yes X	No	N/A
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?			
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?	X		
Part			Part \	
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the que tuition and related expenses for the claimed AOTC?	alified	Yes	No
Part				
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the ta and provided more than half of the cost of keeping up a home for the year for a qualifying person?	-	Yes	No
Part		• •		
	You will have complied with all due diligence requirements for claiming the applicable credit(s) a status on the return of the taxpayer identified above if you:			-
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsion your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(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 check credit(s) claimed and HOH filing status, if claimed;	list for a	ny app	licable
	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 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			41
	3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	-	-	
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.			
	5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit (s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit (s) and for HOH filing status and to figure the amount of taxpayer's eligibility for taxpayer's eligibil			
	If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty comply related to a claim of an applicable credit or HOH filing status.	for eac	ch failu	re to
15	Do you certify that all of the answers on this Form 8867 are to the best of your knowledge true correc	t and	Yes	No

15	Do you certif	y t	hat	all	of	the	an	iswe	ers	on	this	s F	Forn	n 8	8867	7 a	re,	to 1	the	bes	t of	' you	r k	nov	vle	dge	e, t	rue	, C	orr	ect	t, a	Ind		Yes	No	
	complete?																																		×		_
																						REV 0	3/06)/21 P	RO									For	m 886	7 (2020))





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

279492860 Your Social Security Number

039534426 If Joint Return, Spouse's Social Security Number

ASHOK REDDY Your First Name

MI

MI

BALINENI Your Last name

ITIHAZ If Joint Return, Spouse's First Name

BOMMAREDDY Spouse's Last Name

3203 WEST SPINGS DRIVE

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

207

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

ELLICOTT CITY

City or Town

MD	21043
State	ZIP Code +4

PAYMENT TYPE

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

1.	X Estimated Payment/Quarterly (502D)	Tax Year:	5057
	1a. First time filer or change in filing sta	tus	
2.	Extension Payment (502E)	Tax Year:	
3.	Payment with resident return (502)	Tax Year:	
4.	Payment with nonresident return (505)	Tax Year:	



PAYMENT AMOUNT

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

Dollars

Cents

428 00





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4.	Payment with nonresident return (505)	Tax Year:	



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City or Town

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	1a. First time filer or change in filing sta	tus	
2.	Extension Payment (502E)	Tax Year:	
3.	Payment with resident return (502)	Tax Year:	
4.	Payment with nonresident return (505)	Tax Year:	



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Dollars

Cents

428 00



e-File DECLARATION FOR ELECTRONIC FILING



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

ASHOK REDDY First Name		BALINENI	279492860	
	MI	Last Name	SSN/Taxpayer Ider	ntification Number
SAHITI Spouse's First Name Part I Tax Return Information (BOMMAREDDY	039534426	
Spouse's First Name	MI	Spouse's Last Name	SSN/Taxpayer Ider	ntification Number
Part I Tax Return Information (whole dollars on	y)		
1. Amount of overpayment to be appl	lied to 2021 estima	ted tax	1.	
2. Amount of overpayment to be refu	nded to you			·
3. Total amount due (Pay in full by A	pril 15, 2021. See i	nstructions.)		450
Part II Taxpayer Declaration and	l Signature Autho	rization		
agree with the amounts shown on th knowledge and belief, my return is t statements, be sent to the Maryland I software provider.	rue, correct and co	omplete. I consent that my ret	urn, including accompanying	g schedules and
Your PIN: check one box only				False Gue disite
X I authorize GLOBAL TAXES I	LC	to enter or gener	ate my PIN 92860 <	Enter five digits. Do not enter all
erce as my signature on my tax year 2	O firm name			zeros.
I will enter my PIN as my signatu entering your own PIN and your				
Your signature			Date	
Spouse's PIN: check one box only				
X I authorize GLOBAL TAXES I	LC 0 firm name	to enter or gener	ate my PIN 34426	Enter five digits. Do not enter all zeros.
as my signature on my tax year 2		filed income tax return.	I	
I will enter my PIN as my signatu entering your own PIN and your				
Spouse's signature			Date	
	Practitione	er PIN Method Returns Only		
Part III Certification and Authent		•		Do not enter
ERO's EFIN/PIN. Enter your six-digit	t EFIN followed by y	our five-digit self-selected PIN.	5 8 7 2 7 8 6 1 9 8 9	all zeros.
I certify this numeric entry is my PIN, taxpayer(s). I confirm that I am subm Maryland MeF Handbook for Authorize	itting this return in	ure for the tax year 2020 electro accordance with the requirement	onically filed income tax return nts of the Practitioner PIN me	rn for the ethod and the
ERO's signature			Date _03122021	
		DO NOT		



RESIDENT INCOME TAX RETURN



2020

\$

	OR FISCAL YEAR BE	GINNING	2020, END	DING			
	279492860	039534	426		NJAL MALANGUN P	i han di kana kana	
	Your Social Security Nu	mber Spouse's So	cial Security Number		Male PL To Marine	CALING TO CALING	(1732) 1943) 1967 - 1167 - 1111 - 111
≥	ASHOK REDDY						FING FERRAL INFORMATING STELLING
Black Ink Only	Your First Name	MI	Does your name match the	ie	NHC CONTINUES		1000 CONTRACTOR - 5 C
(Ink	BALINENI		name on your social secur	rity			5 (1925) 1935 (1936) (1946) (1946) (1946)
llack	Your Last Name		card? If not, to ensure you get credit for your persona	al			
or	SAHITI		exemptions, contact SSA a 1-800-772-1213 or visit	at		1908 (1918 H. 177 H. 17	*****************
Blue	Spouse's First Name	MI	www.ssa.gov.				
	BOMMAREDDY						
Print Using	Spouse's Last Name						
Print	3203 WEST SP	INGS DRIVE					
_	Current Mailing Addres	s Line 1 (Street No. and	d Street Name or PO Box))			
	207		I	ELLICOTT	CITY	MD	21043
1	Current Mailing Addres	s Line 2 (Apt No., Suite		City or Town		State	ZIP Code + 4
	_						
Place your W-2 wage and tax statements and ATTACH HERE with one stateab check or money order to Form 502. Attach check or money order to Form PV.	1400 4 Digit Political Sult 3203 WEST Maryland Physical 207 Maryland Physical ELLICOTT (City FILING STATUS CHECK ONE BOX ► See Instruction 1 if you are required to file.	Address Line 2 (Apt No., CITY 1. Single (3. Married 4. Qualifyi	, ,	litical Subdivision PBox) PBox) MD State Con another Spouse had n pouse SSN ► pendent child	n (See Instruction 6 21043 IP Code + 4 Derson's tax ref o income	HOWARD Maryland County curn, use Filing S	tatus 6.)
	PART-YEAR RESIDENT See Instruction	Other state of res		-			
	26.	, .	-		•		· · · · · · · · · · · · · · · · · · ·
						ome, place an M	in the box ▶
		Enter Military In	come amount here: _				
	EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, you	 A. ▶ X Yourself B. ▶ 65 or ove 	r ► 65 or over		er checked 2	See Instruction 1	0 A.\$ 3200
	must attach the Dependents' Information	▶ BlindC. ▶ Enter number f	▶ □ Blind Plind Blind	. Enter numbe			
	Form 502B to this form to receive the applicable exemption amount.		mptions (Add A, B and				D.\$



RESIDENT INCOME TAX RETURN



2020 Page 2

NAME ASHOK REI	DY BALINENI & SAHITI BOMMAREDDY SSN 279492860	
MARYLAND HEALTH CARE COVERAGE	Check here ► ☐ If you do not have health care coverage DOB (mm/dd/yyyy) ►	
See Instruction 3.	Check here \blacktriangleright If your spouse does not have health care coverage DOB (mm/dd/yyyy) \triangleright	
	Check here ► I authorize the Comptroller of Maryland to share information from this tax return Health Benefit Exchange for the purpose of determining pre-eligibility for no-cost or low-cost health ca	
	E-mail address 🕨	
	1. Adjusted gross income from your federal return▶ 1.	169686
INCOME	1a. Wages, salaries and/or tips ▶ 1a172985	· •
See Instruction 11.	1b. Earned income b 1b.	
	1c. Capital Gain or (loss) ► 1c	
	1d. Taxable Pensions, IRAs, Annuities (Attach Form 502R.) ► 1d.	
	1e. Place a "Y" in this box if the amount of your investment income is more than \$3,650 ▶	
ADDITIONS	7 Tax exempt interest on state and local obligations (bonds) other than Manyland	
TO INCOME		
See Instruction 12.	4. Lump sum distributions (from worksheet in Instruction 12.) ▶ 4.	
	5. Other additions (Enter code letter(s) from Instruction 12.) ▶ 5.	
	6. Total additions to Maryland income (Add lines 2 through 5.)	
	7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.)	
	8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 ▶ 8.	
SUBTRACTIONS	9. Child and dependent care expenses 9	
FROM INCOME	10a. Pension exclusion from worksheet (13A) Yourself ► Spouse ► ► 10a.	
See Instruction 13.	10b. Pension exclusion from worksheet (13E) Yourself ► Spouse ► ► 10b.	
	11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line $1 \dots \rightarrow 11$.	
	12. Income received during period of nonresidence (See Instruction 26.)	
	13. Subtractions from attached Form 502SU	
	14. Two-income subtraction from worksheet in Instruction 13 14.	1 2 0 0
	15. Total subtractions from Maryland income (Add lines 8 through 14.)	1000
	16. Maryland adjusted gross income (Subtract line 15 from line 7.)	160406
	All taxpayers must select one method and check the appropriate box.	
DEDUCTION	X STANDARD DEDUCTION METHOD (Enter amount on line 17.)	
METHOD	ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)	
See Instruction 16.	17a. Total federal itemized deductions (from line 17, federal Schedule A) . ▶ 17a.	
	17b. State and local income taxes (See Instruction 14.) ▶ 17b.	
	Subtract line 17b from line 17a and enter amount on line 17.	
	17. Deduction amount (Part-year residents see Instruction 26 (I and m).) ▶ 17	4650.
	18. Net income (Subtract line 17 from line 16.)	163836
	19. Exemption amount from Exemptions area (See Instruction 10.)	4800
	20. Taxable net income (Subtract line 19 from line 18.)	1 - 0 0 2 0
	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)	7527
MARYLAND	22. Earned income credit (EIC)(See Instruction 18.)	
TAX	Check this box if you are claiming the Maryland Earned Income Credit,	·
COMPUTATION	but do not qualify for the federal Earned Income Credit.	
	23. Poverty level credit (See Instruction 18.)	
	24. Other income tax credits for individuals from Part AA, line 13 of Form 502CR (Attach Form 502CR.) 24.	
	 25. Business tax credits	
	26. Total credits (Add lines 22 through 25.)	
	 27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0	7504
		·



RESIDENT INCOME TAX RETURN



2020

Page 3

SSN 279492860 NAME ASHOK REDDY BALINENI & SAHITI BOMMAREDDY

	BALINENI & SAIIII DOMMAREDDI		
	Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by	28.	
5089	your local tax rate .0 0320 or use the Local Tax Worksheet		OCAL TAX
	Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) 29.	29.	COMPUTATION
	Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) 30.	30.	
	Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.)	31.	
	Total credits (Add lines 29 through 31.) 32.	32.	
	Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0		
12613	Total Maryland and local tax (Add lines 27 and 33.)	34.	
·	Contribution to Chesapeake Bay and Endangered Species Fund ▶ 35	35.	
·	Contribution to Developmental Disabilities Services and Support Fund \ldots > 36.	36.	CONTRIBUTIONS
•	Contribution to Maryland Cancer Fund	37.	ee Instruction 20.
•	Contribution to Fair Campaign Financing Fund	38.	
12613	Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.). 39.	39.	
	Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms	40.	
12163	and attach if MD tax is withheld.)		
	2020 estimated tax payments, amount applied from 2019 return, payment made	41.	
	with an extension request, and Form MW506NRS 41		
	Refundable earned income credit (from worksheet in Instruction 21)	42.	
	Refundable income tax credits from Part CC, line 8 of Form 502CR	43.	
	(Attach Form 502CR. See Instruction 21.)		
12163	Total payments and credits (Add lines 40 through 43.)	44.	
	Balance due (If line 39 is more than line 44, subtract line 44 from line 39.	45.	
450	See Instruction 22.)		
	Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.)	46.	
	Amount of overpayment TO BE APPLIED TO 2021 ESTIMATED TAX		
	Amount of overpayment TO BE REFUNDED TO YOU	48.	
	(Subtract line 47 from line 46.) See line 51		EFUND
	Check here if you are attaching Form 502UP. Enter interest charges from line 18	49.	
	of Form 502UP or for late filing 49		
	TOTAL AMOUNT DUE (Add lines 45 and 49.)	50.	
450	IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV		AMOUNT DUE

FORM 502	RESIDENT INCOME TAX RETURN	<u>:</u>	2050203	13	2020 Page 4
NAME ASHOK REDDY BALI	INENI & SAHITI BOMMAREDI	DYSSN	279492860		
Form 588. To comply with	banking and NACHA (Nation the United States, place "Y" in t	hal Auto this box	 account information is correct mated Clearing House Assoc or if you authorize the information clearly and legibly. 	iation) rules, if this refun State of Maryland to dire	nd will go
51a. Type of account:	Checking Savings	s 5:	Lb. Routing Number (9-digits)	►	
51c. Account Number					
51d. Name(s) as it appear	s on the bank account				
 6789569745 Daytime telephone no. 	Home telephone no.			CODE NUMBERS (3 digits	per line)
not to file electronically. C Instruction 24.) Under penalties of perjury the best of my knowledge	heck here ► if you agree , I declare that I have examin	to recei ed this r nd comp	turn with us. Check here ► ve your 1099G Income Tax Refu eturn, including accompanying s lete. If prepared by a person ot	und statement electronical schedules and statements	ly (See and to
Your signature	Date		Spouse's signature	Da	te
GLOBAL TAXES LLC Printed name of the Preparer / or	Firm's name		2530 PEBBLE CREEK Street address of preparer or Firm		
SYAM PRIYA RAM SAC			CUMMING GA 30041 City, State, ZIP Code + 4		
			6789659522 Telephone number of preparer	► P02082703 Preparer's PTIN (Required by	y Law)

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

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

For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 502. Place Form PV with attached check/money order on TOP of Form 502 and mail to:



Dependents' Information (Attach to Form 502, 505 or 515.)



Social Security Number Relationship Regular 65 or over not have 2. 854368158 3. SON 4. X 5. DOB (M 1.	
Your First Name MI BALINENT MI Your Last Name MI SAHITI MI Spouse's First Name MI BOMMAREDDY Spouse's Last Name Spouse's Last Name MI BOMMAREDDY Spouse's Last Name Summary 1. Enter the total number checked below for Regular dependents (4)	
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Print Using Blue or Black Ink Only. Use only one PV per payment type.

279492860 Your Social Security Number

03953442L If Joint Return, Spouse's Social Security Number

ASHOK REDDY Your First Name

MI

MI

BALINENI Your Last name

ITIHAZ

If Joint Return, Spouse's First Name

BOMMAREDDY Spouse's Last Name

3203 WEST SPINGS DRIVE

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

207

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

ELLICOTT CITY

City or Town

MD 21043 State ZIP Code +4

PAYMENT TYPE

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

1.	Estimated Payment/Quarterly (502D)	Tax Year:
	1a. First time filer or change in filing status	
2.	Extension Payment (502E)	Tax Year:

3. X Payment with resident return (502) Tax Year: 2020

4. Payment with nonresident return (505) Tax Year:





PAYMENT AMOUNT

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

Dollars

Cents

450 00

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

COM/RAD-006