

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 SHIVA RAMA RAJU CHEKURI | Social security number 312-39-2283 |
| Spouse's name | Spouse's social security number |

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

Enter whole dollars only on lines 1 through 5.

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

| | | |
|---|---|---------|
| 1 Adjusted gross income | 1 | 63,089. |
| 2 Total tax | 2 | 6,938. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 8,943. |
| 4 Amount you want refunded to you | 4 | 2,005. |
| 5 Amount you owe | 5 | |

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

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

Taxpayer's PIN: check one box only

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

| | | | | |
|---|---|---|---|---|
| 9 | 2 | 2 | 8 | 3 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 8 | 7 | 2 | 7 | 8 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

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

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

Your first name and middle initial: SHIVA RAMA RAJU
Last name: CHEKURI
Your social security number: 312-39-2283
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): 2850 DELK RD SE
Apt. no.: 19k
City, town, or post office: MARIETTA
State: GA
ZIP code: 30067
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 instructions for dependents.

Main income table with columns for various income types (1-15) and taxable income. Includes sub-columns for tax-exempt interest, qualified dividends, IRA distributions, pensions, social security benefits, capital gain, other income, adjustments to income, and standard deduction.

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 | 6,939. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 6,939. |
| 19 | Child tax credit or credit for other dependents | 19 | |
| 20 | Amount from Schedule 3, line 7 | 20 | 1. |
| 21 | Add lines 19 and 20 | 21 | 1. |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 6,938. |
| 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 | 6,938. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 8,943. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 8,943. |
| 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 | 8,943. |

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

Refund

| | | | |
|-----|---|---|--------|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 2,005. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 2,005. |
| b | Routing number 071000013 | c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| d | Account number 759100725 | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |

Amount You Owe

| | | | |
|--|--|----|--|
| 37 | Subtract line 33 from line 24. This is the amount you owe now | 37 | |
| Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. | | | |
| 38 | Estimated tax penalty (see instructions) | 38 | |

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---|---------------|---------------------------------|---|
| Your signature | Date | Your occupation DATA MODELER | 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 03/26/2021 | 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 |

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

SHIVA RAMA RAJU CHEKURI

312-39-2283

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 | SF 52, 2ND FLOOR, , A BLOC BANGALORE KARNATAKA IN 560066 | | | | |
| 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 | | 365 | 0 | <input type="checkbox"/> |
| B | | | | | <input type="checkbox"/> |
| C | | | | | <input type="checkbox"/> |

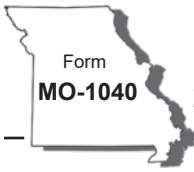
Type of Property:

- 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 | | 1,220. | | |
| 8 | Commissions. | 8 | | | | |
| 9 | Insurance | 9 | | | | |
| 10 | Legal and other professional fees | 10 | | | | |
| 11 | Management fees | 11 | | 1,100. | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | |
| 13 | Other interest. | 13 | | | | |
| 14 | Repairs. | 14 | | 1,450. | | |
| 15 | Supplies | 15 | | 1,220. | | |
| 16 | Taxes | 16 | | | | |
| 17 | Utilities. | 17 | | 1,350. | | |
| 18 | Depreciation expense or depletion | 18 | | | | |
| 19 | Other (list) ▶ | 19 | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 6,340. | | |
| 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 | | -5,890. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | | (-5,890.) | () | () |
| 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 | | | 6,340. | |
| 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 | | (5,890.) | | |
| 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 | | | | -5,890. |

For Paperwork Reduction Act Notice, see the separate instructions.

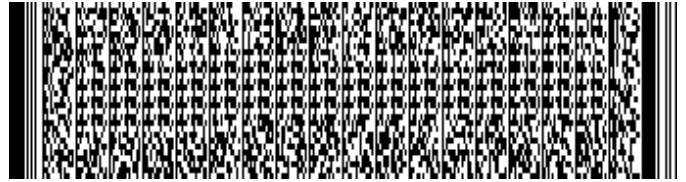
Schedule E (Form 1040) 2020



MISSOURI DEPARTMENT OF
REVENUE
2020 Individual Income
Tax Return - Long Form

For Calendar Year January 1 - December 31, 2020

Print in BLACK ink only and DO NOT STAPLE.



- Amended Return** **Composite Return**
(For use by S corporations or Partnerships)
- Federal Extension** - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY)

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

| Vendor Code | Department Use Only | | |
|-------------|---------------------|--|--|
| 1555 | | | |

Filing Status

Single Claimed as a Dependent Married Filing Combined Married Filing Separately Head of Household Qualifying Widow(er)

| Age 62 through 64 | Age 65 or Older | Blind | 100% Disabled | Non-Obligated Spouse |
|---|---|---|---|---|
| Yourself <input type="checkbox"/> Spouse <input type="checkbox"/> | Yourself <input type="checkbox"/> Spouse <input type="checkbox"/> | Yourself <input type="checkbox"/> Spouse <input type="checkbox"/> | Yourself <input type="checkbox"/> Spouse <input type="checkbox"/> | Yourself <input type="checkbox"/> Spouse <input type="checkbox"/> |

Name

Social Security Number Deceased in 2020 Spouse's Social Security Number Deceased in 2020

| | | | | | | | | |
|-----|---|----|---|------|--|--|--|--|
| 312 | - | 39 | - | 2283 | | | | |
|-----|---|----|---|------|--|--|--|--|

First Name M.I. Last Name Suffix

| | | | |
|-----------------|--|---------|--|
| SHIVA RAMA RAJU | | CHEKURI | |
|-----------------|--|---------|--|

Spouse's First Name M.I. Spouse's Last Name Suffix

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

In Care Of Name (Attorney, Executor, Personal Representative, etc.)

| |
|--|
| |
|--|

Address

Present Address (Include Apartment Number or Rural Route)

| | | | |
|-------------------------|--|--|--|
| 2850 DELK RD SE APT 19K | | | |
|-------------------------|--|--|--|

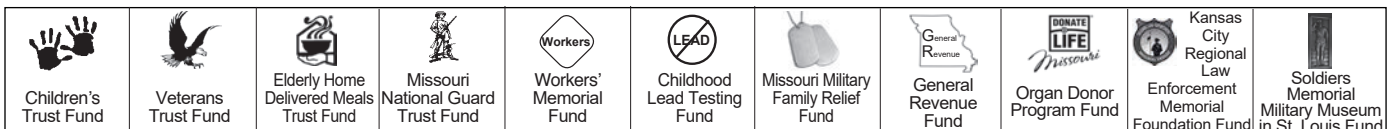
City, Town, or Post Office State ZIP Code

| | | | | |
|----------|----|-------|---|--|
| MARIETTA | GA | 30067 | - | |
|----------|----|-------|---|--|

County of Residence

| |
|------|
| DEKA |
|------|

You may contribute to any one or all of the trust funds on Line 47. See pages 11-12 of the instructions for more trust fund information.



Income

| | Yourself (Y) | | Spouse (S) | |
|---|--------------|-----------|------------|-----|
| 1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions) | 1Y | 63089 .00 | 1S | .00 |
| 2. Total additions (from Form MO-A , Part 1, Line 7) | 2Y | .00 | 2S | .00 |
| 3. Total income - Add Lines 1 and 2 | 3Y | 63089 .00 | 3S | .00 |
| 4. Total subtractions (from Form MO-A, Part 1, Line 18) | 4Y | .00 | 4S | .00 |
| 5. Missouri adjusted gross income - Subtract Line 4 from Line 3 | 5Y | 63089 .00 | 5S | .00 |
| 6. Total Missouri adjusted gross income - Add columns 5Y and 5S | 6 | 63089 .00 | | |
| 7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%) | 7Y | 100 % | 7S | % |

Exemptions and Deductions

| | | |
|---|----|----------|
| 8. Pension, Social Security, Social Security Disability, and Military exemption (from Form MO-A, Part 3, Section E) | 8 | .00 |
| 9. Tax from federal return | 9 | 6938 .00 |
| 10. Other tax from federal return. | 10 | 1 .00 |
| 11. Total tax from federal return. Do not enter federal income tax withheld. | 11 | 6939 .00 |
| 12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage | 12 | 15.00 % |

Missouri Adjusted Gross Income Range, Line 6: Federal Tax Percentage:

| | |
|----------------------------------|-----|
| \$25,000 or less | 35% |
| \$25,001 to \$50,000 | 25% |
| \$50,001 to \$100,000 | 15% |
| \$100,001 to \$125,000 | 5% |
| \$125,001 or more | 0% |

| | | |
|--|----|-----------|
| 13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers. | 13 | 1041 .00 |
| 14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$12,400 • Head of Household-\$18,650 • Married Filing Combined or Qualifying Widow(er)-\$24,800 Note: If age 65 or older, blind, or claimed as a dependent, see page 6. | 14 | 12400 .00 |
| 15. Long-term care insurance deduction | 15 | .00 |
| 16. Health care sharing ministry deduction. | 16 | .00 |
| 17. Active Duty Military income deduction | 17 | .00 |
| 18. Inactive Duty Military income deduction | 18 | .00 |
| 19. Bring jobs home deduction | 19 | .00 |
| 20. Transportation facilities deduction | 20 | .00 |

A. Port Cargo Expansion B. International Trade Facility C. Qualified Trade Activities



Deductions Continued

| | | | | | |
|--|--|--|-----|--|-----|
| 21. First Time Home Buyers deduction. | A. <input style="width: 80px;" type="text"/> | B. <input style="width: 80px;" type="text"/> | 21 | <input style="width: 100px;" type="text"/> | .00 |
| 22. Total deductions - Add Lines 8 and 13 through 21 | | | 22 | 13441 | .00 |
| 23. Subtotal - Subtract Line 22 from Line 6 | | | 23 | 49648 | .00 |
| 24. Multiply Line 23 by appropriate percentages (%) on Lines 7Y and 7S | | | 24Y | 49648 | .00 |
| | | | 24S | <input style="width: 100px;" type="text"/> | .00 |
| 25. Enterprise zone or rural empowerment zone income modification | | | 25Y | <input style="width: 100px;" type="text"/> | .00 |
| | | | 25S | <input style="width: 100px;" type="text"/> | .00 |

Tax

| | | | | | |
|---|--|--|-----|--|-----|
| 26. Taxable income - Subtract Line 25 from Line 24 | | | 26Y | 49648 | .00 |
| | | | 26S | <input style="width: 100px;" type="text"/> | .00 |
| 27. Tax (see tax chart on page 22 of the instructions) | | | 27Y | 2496 | .00 |
| | | | 27S | <input style="width: 100px;" type="text"/> | .00 |
| 28. Resident credit - Attach Form MO-CR and other states' income tax return(s) | | | 28Y | 699 | .00 |
| | | | 28S | <input style="width: 100px;" type="text"/> | .00 |
| 29. Missouri income percentage - Enter 100% unless you are completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100% | | | 29Y | 100 | % |
| | | | 29S | <input style="width: 100px;" type="text"/> | % |
| 30. Balance - Subtract Line 28 from Line 27; OR multiply Line 27 by percentage on Line 29 | | | 30Y | 1797 | .00 |
| | | | 30S | <input style="width: 100px;" type="text"/> | .00 |
| 31. Other taxes - Select box and attach federal form indicated. | | | | | |
| <input type="checkbox"/> Lump sum distribution (Form 4972) | | | | | |
| <input type="checkbox"/> Recapture of low income housing credit (Form 8611) | | | | | |
| | | | 31Y | <input style="width: 100px;" type="text"/> | .00 |
| | | | 31S | <input style="width: 100px;" type="text"/> | .00 |
| 32. Subtotal - Add Lines 30 and 31 | | | 32Y | 1797 | .00 |
| | | | 32S | <input style="width: 100px;" type="text"/> | .00 |
| 33. Total Tax - Add Lines 32Y and 32S | | | 33 | 1797 | .00 |

Payments and Credits

| | | | | | |
|---|--|--|----|--|-----|
| 34. MISSOURI tax withheld - Attach Forms W-2 and 1099 | | | 34 | 2065 | .00 |
| 35. 2020 Missouri estimated tax payments - Include overpayment from 2019 applied to 2020 | | | 35 | <input style="width: 100px;" type="text"/> | .00 |
| 36. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP | | | 36 | <input style="width: 100px;" type="text"/> | .00 |
| 37. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT | | | 37 | <input style="width: 100px;" type="text"/> | .00 |
| 38. Amount paid with Missouri extension of time to file (Form MO-60) | | | 38 | <input style="width: 100px;" type="text"/> | .00 |
| 39. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC | | | 39 | <input style="width: 100px;" type="text"/> | .00 |
| 40. Property tax credit - Attach Form MO-PTS | | | 40 | <input style="width: 100px;" type="text"/> | .00 |
| 41. Total payments and credits - Add Lines 34 through 40 | | | 41 | 2065 | .00 |



Skip Lines 42 through 44 if you are not filing an amended return.

42. Amount paid on original return.

43. Overpayment as shown (or adjusted) on original return

Indicate Reason for Amending

A. Federal audit. Enter date of IRS report (MM/DD/YY)

B. Net Operating Loss carryback Enter year of loss (YY)

C. Investment tax credit carryback Enter year of credit (YY)

D. Correction other than A, B, or C Enter date of federal amended return, if filed. (MM/DD/YY)

44. Amended return total payments and credits - Add Lines 41 and 42; subtract from Line 43.
Enter on Line 44.

45. If Line 41, or if amended return, Line 44, is larger than Line 33, enter the difference.
Amount of OVERPAYMENT

46. Amount of Line 45 to be applied to your 2021 estimated tax

47. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

47a. Children's Trust Fund . 47b. Veterans Trust Fund . 47c. Elderly Home Delivered Meals Trust Fund . 47d. Missouri National Guard Trust Fund .

47e. Workers' Memorial Fund . 47f. Childhood Lead Testing Fund . 47g. Missouri Military Family Relief Fund . 47h. General Revenue Fund .

47i. Organ Donor Program Fund . 47j. Kansas City Regional Law Enforcement Memorial Foundation Fund . 47k. Soldiers Memorial Military Museum in St. Louis Fund .

47l. Additional Fund Code Additional Fund Amount . 47m. Additional Fund Code Additional Fund Amount .

Total Donation - Add amounts from Boxes 47a through 47m and enter here

48. Amount of Line 45 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from [Form 5632](#).

49. **REFUND** - Subtract Lines 46, 47, and 48 from Line 45 and enter here

a. Routing Number c. Checking Savings

b. Account Number



Amount Due

50. If Line 33 is larger than Line 41 or Line 44, enter the difference.
 Amount of UNDERPAYMENT 50 [] [] . 00

51. Underpayment of estimated tax penalty - Attach [Form MO-2210](#). Enter penalty amount here ... 51 [] [] . 00

Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

52. **AMOUNT DUE** - Add Lines 50 and 51.
 If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically 52 [] [] . 00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under [Section 143.561, RSMo](#). Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in [Chapter 143, RSMo](#), a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

Signature

| | | | |
|---|----------------------|----------|-----|
| Signature | Date (MM/DD/YY) | | |
| [] | [] | [] | [] |
| Spouse's Signature (If filing combined, BOTH must sign) | Date (MM/DD/YY) | | |
| [] | [] | [] | [] |
| E-mail Address | Daytime Telephone | | |
| SYAM@GTAXFILE.COM | 8164463736 | | |
| Preparer's Signature | Date (MM/DD/YY) | | |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | 03 | 26 | 21 |
| Preparer's FEIN, SSN, or PTIN | Preparer's Telephone | | |
| 30-1017196 | 6789659522 | | |
| Preparer's Address | State | ZIP Code | |
| 2530 PEBBLE CREEK LN CUMMING | GA | 30041 | |

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm Yes No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. Yes No

Department Use Only

A FA E10 DE F [] []

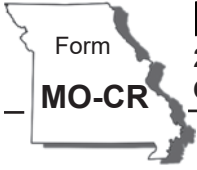
(Revised 12-2020)

Mail To: Balance Due:
 Missouri Department of Revenue
 P.O. Box 329
 Jefferson City, MO 65105-0329

Refund or No Amount Due:
 Missouri Department of Revenue
 P.O. Box 500
 Jefferson City, MO 65105-0500

Phone (Balance Due): (573) 751-7200
Phone (Refund or No Amount Due): (573) 751-3505
Fax: (573) 522-1762
E-mail: income@dor.mo.gov





MISSOURI DEPARTMENT OF
REVENUE
**2020 Credit for Income Taxes Paid To
 Other States or Political Subdivisions**

Complete this form if you or your spouse have income from another state or political subdivision. If you had multiple credits, complete a separate form for each state or political subdivision.

Attach Form MO-CR and **all income tax returns** for each state or political subdivision to Form MO-1040.

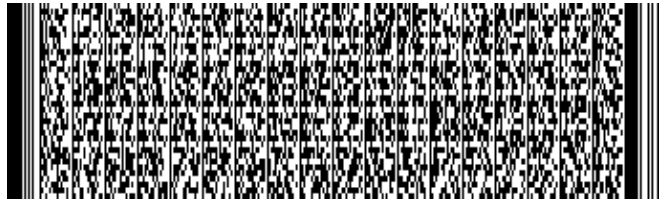
| | |
|--|--|
| Name | Social Security Number |
| <input type="text" value="SHIVA RAMA RAJU CHEKURI"/> | <input type="text" value="312"/> - <input type="text" value="39"/> - <input type="text" value="2283"/> |

| | |
|----------------------|--|
| Spouse's Name | Spouse's Social Security Number |
| <input type="text"/> | <input type="text"/> - <input type="text"/> - <input type="text"/> |

| | Yourself (Y) | | Spouse (S) | |
|---|--------------|--|------------|--|
| 1. Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Line 5S) | 1Y | <input type="text" value="63089"/> . <input type="text" value="00"/> | 1S | <input type="text"/> . <input type="text"/> |
| 2. Claimant's Missouri income tax (Form MO-1040, Line 27Y and 27S). Use the two letter abbreviation for the state or name of political subdivision. See the table on back for the two letter abbreviation, or enter the name of the political subdivision below. _____ | 2Y | <input type="text" value="2496"/> . <input type="text" value="00"/> | 2S | <input type="text"/> . <input type="text"/> |
| | | State of: <input type="text" value="GA"/> | | State of: <input type="text"/> |
| 3. Wages and commissions | 3Y | <input type="text" value="17741"/> . <input type="text" value="00"/> | 3S | <input type="text"/> . <input type="text"/> |
| 4. Other income (Describe nature _____) | 4Y | <input type="text" value="0"/> . <input type="text" value="00"/> | 4S | <input type="text"/> . <input type="text"/> |
| 5. Total - Add Lines 3 and 4. | 5Y | <input type="text" value="17741"/> . <input type="text" value="00"/> | 5S | <input type="text"/> . <input type="text"/> |
| 6. Less, related adjustments (Federal Form 1040 or 1040-SR, Line 10c) | 6Y | <input type="text"/> . <input type="text"/> | 6S | <input type="text"/> . <input type="text"/> |
| 7. Net amounts - Subtract Line 6 from Line 5 | 7Y | <input type="text" value="17741"/> . <input type="text" value="00"/> | 7S | <input type="text" value="0"/> . <input type="text" value="00"/> |
| 8. Percentage of your income taxed - Divide Line 7 by Line 1 | 8Y | <input type="text" value="28."/> % | 8S | <input type="text" value="0."/> % |
| 9. Maximum credit - Multiply Line 2 by percentage on Line 8 | 9Y | <input type="text" value="699"/> . <input type="text" value="00"/> | 9S | <input type="text"/> . <input type="text"/> |
| 10. Income tax you paid to another state or political subdivision. This is not income tax withheld. The income tax is reduced by all credits, except withholding and estimated tax. | 10Y | <input type="text" value="727"/> . <input type="text" value="00"/> | 10S | <input type="text" value="0"/> . <input type="text" value="00"/> |
| 11. Credit - Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 28Y or Line 28S. If you have multiple credits, add the amounts on Line 11 from each Form MO-CR before entering on Form MO-1040 | 11Y | <input type="text" value="699"/> . <input type="text" value="00"/> | 11S | <input type="text" value="0"/> . <input type="text" value="00"/> |



2100411512



Georgia Form **500** (Rev. 06/20/20)

Individual Income Tax Return

Georgia Department of Revenue

2020 (Approved software version)

Page **1**

Fiscal Year
Beginning

STATE GA
ISSUED

Fiscal Year
Ending

YOUR DRIVER'S
LICENSE/STATE ID

061962268

YOUR FIRST NAME MI YOUR SOCIAL SECURITY NUMBER
1. SHIVA RAMA RAJU 312-39-2283

LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX
CHEKURI

SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED

2. 2850 DELK RD SE

APT NO 19K

CITY (Please insert a space if the city has multiple names) STATE ZIP CODE
3. MARIETTA GA 30067

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. 3

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. A

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself 6b. Spouse 6c. 1

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse)..... 7a.

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



2100411522

YOUR SOCIAL SECURITY NUMBER
 312-39-2283

7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

| | |
|-------------------------------|----------------------------|
| First Name, MI. | Last Name |
| Social Security Number | Relationship to You |
| First Name, MI. | Last Name |
| Social Security Number | Relationship to You |
| First Name, MI. | Last Name |
| Social Security Number | Relationship to You |
| First Name, MI. | Last Name |
| Social Security Number | Relationship to You |

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3,456.

8. Federal adjusted gross income (From Federal Form 1040)..... 8. 63089
 (Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.

9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) 9.

10. Georgia adjusted gross income (Net total of Line 8 and Line 9)..... 10.

11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)..... 11a.
 (See IT-511 Tax Booklet)

b. Self: 65 or over? Blind? Total x 1,300=..... 11b.
 Spouse: 65 or over? Blind?

c. Total Standard Deduction (Line 11a + Line 11b)..... 11c.
 Use EITHER Line 11c OR Line 12c (Do not write on both lines)

12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.

a. Federal Itemized Deductions (Schedule A-Form 1040) 12a.

b. Less adjustments: (See IT-511 Tax Booklet) 12b.

c. Georgia Total Itemized Deductions..... 12c.

13. Subtract either Line 11c or Line 12c from Line 10; enter balance..... 13.



2100411532

YOUR SOCIAL SECURITY NUMBER
312-39-2283

| | | | |
|---|------|-------|------|
| 14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C | 14a. | | |
| 14b. Enter the number from Line 7a. Multiply by \$3,000..... | 14b. | | |
| 14c. Add Lines 14a. and 14b. Enter total..... | 14c. | | |
| 15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)..... | 15a. | 15688 | |
| 15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information).... | 15b. | | |
| 15c. Georgia Taxable Income (Line 15a less Line 15b)..... | 15c. | 15688 | |
| 16. Tax (Use the Tax Table in the IT-511 Tax Booklet) | 16. | 727 | |
| 17. Low Income Credit | 17a. | 17b. | 17c. |
| 18. Other State(s) Tax Credit (Include a copy of the other state(s) return) | 18. | | |
| 19. Credits used from IND-CR Summary Worksheet | 19. | | |
| 20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically) | 20. | | |
| 21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 | 21. | | 0 |
| 22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero | 22. | | 727 |

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11, or for Form G2-FL enter zero.**

| (INCOME STATEMENT A) | (INCOME STATEMENT B) | (INCOME STATEMENT C) |
|---|--|--|
| 1. WITHHOLDING TYPE: <input checked="" type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP | 1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP | 1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP |
| 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN <input type="checkbox"/> 273050679 | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/> | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/> |
| 3. EMPLOYER/PAYER STATE WITHHOLDING ID 3144163DZ | 3. EMPLOYER/PAYER STATE WITHHOLDING ID | 3. EMPLOYER/PAYER STATE WITHHOLDING ID |
| 4. GA WAGES / INCOME 17741 | 4. GA WAGES / INCOME | 4. GA WAGES / INCOME |
| 5. GA TAX WITHHELD 872 | 5. GA TAX WITHHELD | 5. GA TAX WITHHELD |

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING

REV 03/02/21 PRO



YOUR SOCIAL SECURITY NUMBER
 312-39-2283

Page 4

(INCOME STATEMENT D)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**

(INCOME STATEMENT E)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**

(INCOME STATEMENT F)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**

3. **EMPLOYER/PAYER STATE WITHHOLDING ID** 3. **EMPLOYER/PAYER STATE WITHHOLDING ID** 3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME** 4. **GA WAGES / INCOME** 4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD** 5. **GA TAX WITHHELD** 5. **GA TAX WITHHELD**

| | | |
|---|-----|-----|
| 23. Georgia Income Tax Withheld on Wages and 1099s | 23. | 872 |
| (Enter Tax Withheld Only and include W-2s and/or 1099s) | | |
| 24. Other Georgia Income Tax Withheld | 24. | |
| (Must include G2-A, G2-FL, G2-LP and/or G2-RP) | | |
| 25. Estimated Tax paid for 2020 and Form IT-560 | 25. | |
| 26. Schedule 2B Refundable Tax Credits..... | 26. | |
| (Cannot be claimed unless filed electronically) | | |
| 27. Total prepayment credits (Add Lines 23, 24, 25 and 26)..... | 27. | 872 |
| 28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due..... | 28. | |
| 29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment | 29. | 145 |
| 30. Amount to be credited to 2021 ESTIMATED TAX | 30. | 0 |
| 31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00)..... | 31. | |
| 32. Georgia Fund for Children and Elderly (No gift of less than \$1.00)..... | 32. | |
| 33. Georgia Cancer Research Fund (No gift of less than \$1.00) | 33. | |
| 34. Georgia Land Conservation Program (No gift of less than \$1.00)..... | 34. | |
| 35. Georgia National Guard Foundation (No gift of less than \$1.00) | 35. | |
| 36. Dog & Cat Sterilization Fund (No gift of less than \$1.00)..... | 36. | |
| 37. Saving the Cure Fund (No gift of less than \$1.00)..... | 37. | |
| 38. Realizing Educational Achievement Can Happen (REACH) Program | 38. | |
| (No gift of less than \$1.00) | | |



2100411552

YOUR SOCIAL SECURITY NUMBER
312-39-2283

Page 5

- 39. Public Safety Memorial Grant (No gift of less than \$1.00)..... 39.
- 40. Form 500 UET (Estimated tax penalty) 500 UET exception attached 40.
- 41. (If you owe) Add Lines 28, 31 thru 40 41.
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE..

Amount Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740399
ATLANTA, GA 30374-0399

42. (If you are due a refund) Subtract the sum of Lines 30 thru 40 from Line 29
THIS IS YOUR REFUND..... 42. 145
If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

42a. Direct Deposit (U.S. Accounts Only)

Type: Checking Savings
Routing Number 071000013
Account Number 759100725

Refund Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740380
ATLANTA, GA 30374-0380

INCLUDE ALL ITEMS IN ENVELOPE, **DO NOT STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN.**
I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Date

Date

Taxpayer's Phone Number
816-446-3736

I authorize DOR to discuss this return with the named preparer.

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address

SYAM PRIYA RAM SAGAR GUPTA TALLAM

Signature of Preparer
Name of Preparer Other Than Taxpayer
SYAM PRIYA RAM SAGAR GUPT

Preparer's Firm Name
GLOBAL TAXES LLC

Preparer's Phone Number
678-965-9522

Preparer's FEIN
30-1017196

Preparer's SSN/PTIN/SIDN
P02082703



2107411512

YOUR SOCIAL SECURITY NUMBER

312-39-2283

DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

| FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A) | INCOME NOT TAXABLE TO GEORGIA (COLUMN B) | GEORGIA INCOME (COLUMN C) |
|--|--|--|
| 1. WAGES, SALARIES, TIPS, etc 67886 | 1. WAGES, SALARIES, TIPS, etc 50145 | 1. WAGES, SALARIES, TIPS, etc 17741 |
| 2. INTEREST AND DIVIDENDS 12 | 2. INTEREST AND DIVIDENDS 12 | 2. INTEREST AND DIVIDENDS 0 |
| 3. BUSINESS INCOME OR (LOSS) | 3. BUSINESS INCOME OR (LOSS) | 3. BUSINESS INCOME OR (LOSS) |
| 4. OTHER INCOME OR (LOSS) -4809 | 4. OTHER INCOME OR (LOSS) -4809 | 4. OTHER INCOME OR (LOSS) 0 |
| 5. TOTAL INCOME: TOTAL LINES 1 THRU 4 63089 | 5. TOTAL INCOME: TOTAL LINES 1 THRU 4 45348 | 5. TOTAL INCOME: TOTAL LINES 1 THRU 4 17741 |
| 6. TOTAL ADJUSTMENTS FROM FORM 1040 | 6. TOTAL ADJUSTMENTS FROM FORM 1040 | 6. TOTAL ADJUSTMENTS FROM FORM 1040 |
| 7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 | 7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 | 7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 |
| 8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 63089 | 8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 45348 | 8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 17741 |
| 9. RATIO: Divide Line 8, Column C by Line 8, Column A enter percentage or check the box for Time Ratio. <input type="checkbox"/> Enter percentage..... | 9. | 28.12 % Not to exceed 100% |
| 10a. Itemized <input type="checkbox"/> or Standard Deduction <input checked="" type="checkbox"/> or Georgia Itemized <input type="checkbox"/> (See IT-511 Tax Booklet) | 10a. | 4600 |
| 10b. Additional Standard Deduction Self: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Total x 1,300= | 10b. | |
| 11. Personal Exemption from Form 500 (See IT-511 Tax Booklet) | | |
| 11a. Enter the number on Line 6c. from Form 500 or 500X 1 multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C | 11a. | 2700 |
| 11b. Enter the number on Line 7a. from Form 500 or 500X multiply by \$3,000... | 11b. | |
| 12. Total Deductions and Exemptions: Add Lines 10a, 10b, 11a, and 11b..... | 12. | 7300 |
| 13. Multiply Line 12 by Ratio on Line 9 and enter result | 13. | 2053 |
| 14. Income before GA NOL: Subtract Line 13 from Line 8, Column C Enter here and on Line 15a, Page 3 of Form 500 or Form 500X..... | 14. | 15688 |