

# IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name VINEETHA KONDA	Social security number 710-80-0135
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	63,744.
2	Total tax . . . . .	2	7,082.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	9,551.
4	Amount you want refunded to you . . . . .	4	3,669.
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 

0	0	1	3	5
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 as my signature on the income tax return (original or amended) I am now authorizing.  
ERO firm name  
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

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

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

  
Don't enter all zeros

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

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

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

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

Your first name and middle initial: VINEETHA, Last name: KONDA, Your social security number: 710-80-0135
If joint return, spouse's first name and middle initial, Last name, Spouse's social security number

Home address (number and street): 121 SHERINGHAM CT, Apt. no.: K, Presidential Election Campaign: [ ] You [ ] Spouse
City, town, or post office: DAYTON, State: OH, ZIP code: 45429
Foreign country name, Foreign province/state/county, Foreign postal code

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

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

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (Child tax credit, Credit for other dependents)

Main income table with columns for various income types (1-15) and sub-columns (a, b, c) for adjustments. Total income: 64,034. Adjusted gross income: 63,744. Standard deduction: 12,400. Taxable income: 51,344.

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	7,082.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	7,082.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	7,082.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	7,082.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	9,551.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	9,551.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) <b>NO</b>	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,200.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	1,200.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	10,751.

• 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 <b>overpaid</b>	34	3,669.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,669.
b	Routing number 044000037	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number 000000875110970		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

Amount You Owe

For details on how to pay, see instructions.

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

Third Party Designee

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

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

Sign Here

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

Your signature	Date	Your occupation SOFTWARE DEVELOPER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (937) 449-3045 Email address VINITAKUD@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 11/20/2021	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 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
VINEETHA KONDA

Your social security number  
710-80-0135

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-5,700.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-5,700.

**Part II Adjustments to Income**

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

**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2020**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

VINEETHA KONDA

710-80-0135

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

**A** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No

**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)					
<b>A</b>	CHIRALA CHIRALA ANDHRA PRADESH IN 522102					
<b>B</b>						
<b>C</b>						
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>	
<b>A</b>	3		<b>A</b>	365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>			<input type="checkbox"/>
<b>C</b>			<b>C</b>			<input type="checkbox"/>

**Type of Property:**

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

<b>Income:</b>		<b>Properties:</b>		<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b>	Rents received . . . . .	<b>3</b>		550.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>		250.		
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>				
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>		5,500.		
<b>14</b>	Repairs. . . . .	<b>14</b>		250.		
<b>15</b>	Supplies . . . . .	<b>15</b>		250.		
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities . . . . .	<b>17</b>				
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		6,250.		
<b>21</b>	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 <b>Form 6198</b> . . . . .	<b>21</b>		-5,700.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>		( -5,700. )	( )	( )
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		550.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		6,250.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>		( 5,700. )		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> 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 . . . . .	<b>26</b>		-5,700.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

SC8453 (Rev. 11/16/20) 3299

Personal information section including names (VINEETHA KONDA), social security numbers (710-80-0135), home address (121 SHERINGHAM CT APT K, DAYTON OH 45429), and tax year (2020).

Table with 8 rows and 3 columns: Line number, Description (e.g., Federal taxable income, Net SC tax), and Amount (e.g., 51,344.00).

Part II: Direct Deposit of Refund or EFW Payment of Tax Due. Includes routing transit number (RTN) 044000037 and bank account number (BAN) 00000875110970.

Part III: Declaration of Taxpayer. Includes consent checkboxes for direct deposit and electronic payment authorization.

If I have filed a balance due return, I understand that if the SC Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

I declare that I have compared the information (including direct deposit or EFW data) on my return with the information I have provided to my electronic return originator (ERO) and the amounts agree with the amounts on my SC tax return.

Sign Here section with lines for taxpayer and spouse signatures and dates.

Part IV: Declaration of Electronic Return Originator (ERO) and Paid Preparer (See Instructions.) I declare that I have received the above taxpayer's return and the entries on this form are complete and correct to the best of my knowledge.

ERO's Use Only section: Signature of GLOBAL TAXES LLC, Date 11-20-2021, FEIN 30-1017196, Address 2530 Pebble Creek Ln, Cumming, GA.

Paid Preparer's Use Only section: Signature of SYAM PRIYA RAM SAGAR GUPTA TALLAM, Date 11-20-2021, FEIN 30-1017196, Address 2530 Pebble Creek Ln Cumming GA.



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2020 INDIVIDUAL INCOME TAX RETURN

Your Social Security Number 710 80 0135 Check if deceased Spouse's Social Security Number Check if deceased



For the year January 1 - December 31, 2020, or fiscal tax year beginning \_\_\_\_\_, 2020 and ending \_\_\_\_\_, 2021

First name and middle initial VINEETHA Last name KONDA Suffix Spouse's first name, if married filing jointly Last name Suffix Mailing address (number and street, PO Box) 121 SHERINGHAM CT K County code 99 City DAYTON State OH ZIP 45429 Daytime phone number with area code Check if address is outside US Foreign country address including postal code

- Amended Return: Check if this is an Amended Return. (Attach Schedule AMD)
Check this box if you are a part-year or nonresident filing an SC Schedule NR
Check this box only if you are filing a composite return on behalf of a Partnership or S Corporation. Do not check this box if you are an individual
Check this box if you have filed a federal or state extension.
Check this box if you served in a military combat zone during the filing period.
Name of the combat zone:

CHECK YOUR FEDERAL FILING STATUS (1) [X] Single (3) [ ] Married filing separately - enter spouse's SSN: (2) [ ] Married filing jointly (4) [ ] Head of household (5) [ ] Qualifying widow(er)

Number of dependents claimed on your 2020 federal return 0
Number of dependents claimed that were under the age of 6 years as of December 31, 2020
Number of taxpayers age 65 or older as of December 31, 2020

DEPENDENTS

Table with 5 columns: First name, Last name, Social Security Number, Relationship, Date of birth (MM/DD/YYYY)



**INCOME AND ADJUSTMENTS**

Your SSN 710-80-0135

**2020**

<b>1</b> Enter <b>federal taxable income</b> from your federal form. If zero or less, enter zero here Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 below	<b>1</b>	<b>Dollars</b> 51,344	<b>00</b>
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**ADDITIONS TO FEDERAL TAXABLE INCOME**

<b>a</b> State tax addback, if itemizing on federal return (see instructions)	<b>a</b>	00	
<b>b</b> Out-of-state losses Type: _____	<b>b</b>	00	
<b>c</b> Expenses related to National Guard and Military Reserve Income	<b>c</b>	00	
<b>d</b> Interest income on obligations of states and political subdivisions other than South Carolina	<b>d</b>	00	
<b>e</b> Other additions to income. (attach explanation - see instructions)	<b>e</b>	00	
<b>2 Total additions</b> (add line a through line e)	<b>2</b>		<b>00</b>
<b>3</b> Add line 1 and line 2 and enter the total here	<b>3</b>		<b>00</b>

**SUBTRACTIONS FROM FEDERAL TAXABLE INCOME**

<b>f</b> State tax refund, if included on your federal return	<b>f</b>	00	
<b>g</b> Total and permanent disability retirement income, if taxed on your federal return	<b>g</b>	00	
<b>h</b> Out-of-state income/gain (do not include personal service income) Check type of income/gain: <input type="checkbox"/> Rental <input type="checkbox"/> Business <input type="checkbox"/> Other _____	<b>h</b>	00	
<b>i</b> 44% of net capital gains held for more than one year	<b>i</b>	00	
<b>j</b> Volunteer deductions (see instructions) Type: _____	<b>j</b>	00	
<b>k</b> Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program	<b>k</b>	00	
<b>l</b> Active Trade or Business Income deduction (see instructions)	<b>l</b>	00	
<b>m</b> Interest income from obligations of the US government	<b>m</b>	00	
<b>n</b> Certain nontaxable National Guard or Reserve pay	<b>n</b>	00	
<b>o</b> Social Security and/or railroad retirement, if taxed on your federal return	<b>o</b>	00	
<b>p</b> Retirement Deduction (see instructions)			
<b>p-1</b> Taxpayer (date of birth: _____)	<b>p-1</b>	00	
<b>p-2</b> Spouse (date of birth: _____)	<b>p-2</b>	00	
<b>p-3</b> Surviving spouse (date of birth of deceased spouse: _____)	<b>p-3</b>	00	
Military Retirement Deduction (see instructions)			
<b>p-4</b> Taxpayer (date of birth: _____)	<b>p-4</b>	00	
<b>p-5</b> Spouse (date of birth: _____)	<b>p-5</b>	00	
<b>p-6</b> Surviving spouse (date of birth of deceased spouse: _____)	<b>p-6</b>	00	
<b>q</b> Age 65 and older deduction (see instructions)			
<b>q-1</b> Taxpayer (date of birth: _____)	<b>q-1</b>	00	
<b>q-2</b> Spouse (date of birth: _____)	<b>q-2</b>	00	
<b>r</b> Negative amount of federal taxable income	<b>r</b>	00	
<b>s</b> Subsistence allowance (multiply _____ days by \$8)	<b>s</b>	00	
<b>t</b> Dependents under the age of 6 years on December 31 of the tax year	<b>t</b>	00	
<b>u</b> Consumer Protection Services	<b>u</b>	00	
<b>v</b> Other subtractions (see instructions)	<b>v</b>	00	
<b>w</b> South Carolina Dependent Exemption (see instructions)	<b>w</b>	00	
<b>4 Total subtractions</b> (add line f through line w)	<b>4</b>	<	<b>00</b> >
<b>5</b> Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter amount from Schedule NR, line 48. If less than zero, enter zero here. This is your <b>SOUTH CAROLINA INCOME SUBJECT TO TAX</b>	<b>5</b>	25,045	<b>00</b>
<b>6</b> TAX on your South Carolina Income Subject to Tax (see SC1040TT)	<b>6</b>	1,231	<b>00</b>
<b>7</b> TAX on Lump Sum Distribution (attach SC4972)	<b>7</b>	00	
<b>8</b> TAX on Active Trade or Business Income (attach I-335)	<b>8</b>	00	
<b>9</b> TAX on excess withdrawals from Catastrophe Savings Accounts	<b>9</b>	00	
<b>10</b> Add line 6 through line 9 and enter the total here. This is your <b>TOTAL SOUTH CAROLINA TAX</b>	<b>10</b>	1,231	<b>00</b>





NON-REFUNDABLE CREDITS

Table with 5 rows for non-refundable credits (lines 11-15). Line 15 total: 1,231.00

PAYMENTS AND REFUNDABLE CREDITS

Table with 11 rows for payments and refundable credits (lines 16-22e). Line 22 total: 0.00

AMENDED RETURN: Use Schedule AMD for line 23 calculation.

Table with 3 rows for amended return (lines 23-25). Line 23 total: 1,820.00; Line 24: 589.00; Line 25: 0.00

AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the amount from line 25 on line 31.

Table with 6 rows for tax due and refund (lines 26-30). Line 29 total: 0.00; Line 30 total: 589.00

REFUND OPTIONS (subject to program limitations)

Form for refund options including choice of Direct Deposit, Debit Card, or Paper Check, and routing/bank account numbers.

Table with 4 rows for tax due and balance due (lines 31-34). Line 34 total: 0.00

Pay online using our free tax portal, MyDORWAY, at dor.sc.gov/pay.

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

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

I authorize the Director of the SCDOR or delegate to discuss this return, attachments, and related tax matters with the preparer. Yes [ ] No [X]

Preparer information: SYAM PRIYA RAM SAGAR GUPTA TALLAM, Date 11-20-2021, PTIN P02082703, Firm name GLOBAL TAXES LLC, address 2530 Pebble Creek Ln Cumming GA 30041, Phone (678) 965-9522

MAIL TO: REFUNDS OR ZERO TAX: SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100
BALANCE DUE: Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105

1555



dor.sc.gov

STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2020 NONRESIDENT SCHEDULE

SCHEDULE NR (Rev. 10/15/20) 3081

For the year January 1 - December 31, 2020, or fiscal tax year beginning 2020 and ending 2021

Table with 4 columns: Your name (KONDA, VINEETHA), Your Social Security Number (710-80-0135), Spouse's first name, Spouse's Social Security Number

Table with 3 columns: Dates of SC residency to, Schedule NR is for Nonresidents or Part-year residents, Attach to completed SC1040.

INCOME AND EXCLUSIONS

Main table with 4 columns: Line number, Description, INCOME AS SHOWN ON FEDERAL RETURN COLUMN A, SOUTH CAROLINA INCOME COLUMN B. Includes lines 1-16 with values like 69,734 and 31,094.

Attach to SC1040

ADJUSTMENTS TO INCOME

Table with 4 columns: Line number, Description, FEDERAL ADJUSTMENT, SC ADJUSTMENT. Includes lines 17-21 with values like 00.

SC adjustment cannot exceed 100% of federal adjustment. Continued on next page.

30811202



SC adjustment continued

		COLUMN A	COLUMN B
22 Self-employed SEP, SIMPLE, and qualified plans	22		00
23 Self-employed health insurance deduction	23		00
24 Penalty on early withdrawal of savings	24		00
25 Alimony paid	25		00
26 IRA deduction	26		00
27 Student loan interest deduction	27		00
28 Tuition and fees deduction	28		00
29 Charitable contributions if you take the standard deduction	29	290	00
30 Total adjustments: Add line 17 through line 29	30	290	00
31 Adjusted gross income: Subtract line 30 from line 16	31	63,744	00

**SOUTH CAROLINA ADJUSTMENTS**

**ADDITIONS**

32 South Carolina additions	32		00
-----------------------------	----	--	----

**SUBTRACTIONS**

33 South Carolina dependent exemption (see instructions)	33		00
34 44% of net capital gains held for more than one year	34		00
35 Retirement deduction (see instructions)			
a) Taxpayer (date of birth: _____)	35a		00
b) Spouse (date of birth: _____)	35b		00
c) Surviving spouse (date of birth of deceased spouse: _____)	35c		00
Military retirement deduction (see instructions)			
d) Taxpayer (date of birth: _____)	35d		00
e) Spouse (date of birth: _____)	35e		00
f) Surviving spouse (date of birth of deceased spouse: _____)	35f		00
36 Age 65 and older deduction (see instructions - must be resident for part of the year)			
a) Taxpayer (date of birth: _____)	36a		00
b) Spouse (date of birth: _____)	36b		00
37 Deductions for dependents under 6 years of age on December 31 of the tax year (see instructions - must be resident for part of the year)			
Date of birth: _____ SSN: _____			
Date of birth: _____ SSN: _____	37		00
38 Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program	38		00
39 Active Trade or Business Income deduction (see instructions)	39		00
40 Consumer Protection Services	40		00
41 Other subtractions (see instructions)	41		00
42 Total South Carolina subtractions: Add line 33 through line 41	42		00
43 Total South Carolina adjustments: Subtract line 42 from line 32	43		00
44 SC modified adjusted gross income: Add Column B, line 31 and line 43	44		31,094

45 PRORATION:  
Line 31, Column B divided by line 31, Column A = 48.78 % (do not exceed 100%)

46 DEDUCTIONS ADJUSTMENT:  
If using the standard deduction, enter the amount from federal form on line 46.  
If itemizing, use the Schedule NR instructions, and enter the amount from Part IV on line 46.  
Enter the following amounts from the instructions:

Part I (Itemized Deductions) \_\_\_\_\_  
Part II, Worksheet, line 6 (State Taxes) \_\_\_\_\_  
Part III (Other Expenses) \_\_\_\_\_

46	12,400	00
47	6,049	00
48	25,045	00

47 Allowable deductions: Multiply line 46 by 48.78 % (from line 45)

48 South Carolina taxable income: Subtract line 47 from line 44, Column B. Enter the difference here and on SC1040, line 5. If line 48 is a negative figure, enter zero on SC1040, line 5

Attach this form and a complete copy of your federal return to your SC1040. Check the Schedule NR box on the front of SC1040. Do not submit Schedule NR separately. We cannot process your return if this form is submitted separately.



201010013

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

Print Using Blue or Black Ink Only.

VINEETHA First Name MI KONDA Last Name 710800135 SSN/Taxpayer Identification Number

Spouse's First Name MI Spouse's Last Name SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

- 1. Amount of overpayment to be applied to 2021 estimated tax
2. Amount of overpayment to be refunded to you REFUND 523
3. Total amount due (Pay in full by April 15, 2021. See instructions.)

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described above agree with the amounts shown on the corresponding lines of my 2020 Maryland electronic income tax return.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 00135 as my signature on my tax year 2020 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature Date

Spouse's PIN: check one box only

[ ] I authorize to enter or generate my PIN as my signature on my tax year 2020 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's signature Date

Practitioner PIN Method Returns Only

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. 58727861989

I certify this numeric entry is my PIN, which is my signature for the tax year 2020 electronically filed income tax return for the taxpayer(s). I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-file Providers.

ERO's signature Date 11202021

DO NOT MAIL



205050013

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2020, ENDING \_\_\_\_\_

Print Using Blue or Black Ink Only

710800135 Social Security Number Spouse's Social Security Number

VINEETHA First Name MI

KONDA Last Name



Spouse's First Name MI

Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit www.ssa.gov.

Spouse's Last Name

121 SHERINGHAM CT Current Mailing Address Line 1 (Street No. and Street Name or PO Box) Maryland County

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

City, Town or Taxing Area Name of county and incorporated city, town or special taxing area in which you were employed on the last day of the taxable period if you earned wages in Maryland. (See Instruction 6.)

DAYTON OH 45429 City or Town State ZIP Code + 4

FILING STATUS See Instruction 1 to determine if you are required to file.

- CHECK ONE BOX 1. [X] Single (If you can be claimed on another person's tax return, use Filing Status 6.) 2. [ ] Married filing joint return or spouse had no income 3. [ ] Married filing separately, Spouse's SSN 4. [ ] Head of household 5. [ ] Qualifying widow(er) with dependent child 6. [ ] Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 8.)

RESIDENCE INFORMATION See Instruction 9.

Enter 2-letter state code for your state of legal residence. OH

If PA resident, enter both County \_\_\_\_\_ and City, Borough or Township \_\_\_\_\_

Were you a resident of another state for the entire year of 2020? If no, attach explanation. [X] Yes [ ] No

Are you or your spouse a member of the military? [ ] Yes [X] No

Did you file a Maryland income tax return for 2019? [ ] Yes [X] No If "Yes," was it a [ ] Resident or a [ ] Nonresident return?

Dates you resided in Maryland for 2020. If none, enter "NONE": FROM None TO None (MMDDYYYY).

[ ] Check here for Maryland taxes withheld in error. (See Instruction 4.)

EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form in order to receive the applicable exemption amount.

A. [X] Yourself [ ] Spouse Enter number checked 1 See Instruction 10 A. \$ 3200

B. [ ] 65 or over [ ] 65 or over

[ ] Blind [ ] Blind Enter number checked [ ] X \$1,000 B. \$

C. Enter number from line 3 of Dependent Form 502B [ ] See Instruction 10 C. \$

D. Enter Total Exemptions (Add A, B and C.) [1] Total Amount D. \$ 3200

Place your W-2 wage and tax statements and ATTACH HERE with ONE staple. Do not attach check or money order to Form 505. Attach check or money order to Form PV.



205050113

Name VINEETHA KONDA SSN 710800135

INCOME AND ADJUSTMENTS INFORMATION

Table with 4 columns: Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows 1-17.

ADDITIONS TO INCOME

Table with 4 columns: Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows 18-21.

SUBTRACTIONS FROM INCOME

Table with 4 columns: Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows 22-25.

DEDUCTION METHOD See Instruction 15. (All taxpayers must select one method and check the appropriate box.)

Table with 4 columns: Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows 26-31.

MARYLAND TAX COMPUTATION - COMPLETE FORM 505NR BEFORE CONTINUING.

Table with 4 columns: Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows 32-33.



205050213

Name VINEETHA KONDA SSN 710800135

- 34. Other income tax credits... 34.
35. Business tax credits... You must file this form electronically to claim business tax credits on Form 500CR
36. Total credits... 36.
37. Maryland tax after credits... 37. 2442
38. Contribution to Chesapeake Bay and Endangered Species Fund... 38.
39. Contribution to Developmental Disabilities Services and Support Fund... 39.
40. Contribution to Maryland Cancer Fund... 40.
41. Contribution to Fair Campaign Financing Fund... 41.
42. Total Maryland income tax and contributions... 42. 2442
43. Total Maryland tax withheld... 43. 2965
44. 2020 estimated tax payments... 44.
45. Nonresident tax paid by pass-through entities... 45.
46. Refundable income tax credits... 46.
47. Total payments and credits... 47. 2965
48. Balance due... 48.
49. Overpayment... 49. 523
50. Amount of overpayment TO BE APPLIED TO 2021 ESTIMATED TAX... 50.
51. Amount of overpayment TO BE REFUNDED TO YOU... 51. 523
52. Interest charges... 52.
53. TOTAL AMOUNT DUE... 53.

DIRECT DEPOSIT OF REFUND (See Instruction 22.) Be sure the account information is correct. For Splitting Direct Deposit, use Form 588. To comply with banking and NACHA (National Automated Clearing House Association) rules, if this refund will go to an account outside of the United States, place "Y" in this box [ ] or if you authorize the State of Maryland to direct deposit your refund check this box [X] and complete the following information clearly and legibly.

54a. Type of account: [X] Checking [ ] Savings 54b. Routing Number (9-digits) 044000037
54c. Account Number 000000875110970 54d. Name(s) as it appears on the bank account

Check here [ ] if you authorize your preparer to discuss this return with us. Check here [ ] if you authorize your paid preparer not to file electronically. Check here [ ] if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 25). 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. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Your signature Date Spouse's signature Date
Taxpayer(s) daytime phone number
2530 PEBBLE CREEK LN Street address of Preparer/Firm
CUMMING GA 30041 City, State, ZIP Code + 4
SYAM PRIYA RAM SAGAR GUPTA TALLAM Signature of Preparer other than taxpayer (Required by Law)
GLOBAL TAXES LLC Printed name of the Preparer/Firm's name
6789659522 Telephone number of Preparer P02082703 Preparer's PTIN (Required by law)

CODE NUMBERS (3 digits per line)



**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 505. Place Form PV with attached check/money order on TOP of Form 505 and mail to:**

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





**MARYLAND  
FORM  
505NR**

**NONRESIDENT  
INCOME TAX  
CALCULATION**  
ATTACH TO YOUR TAX RETURN



20505N013

**2020**

Print Using  
Blue or Black Ink Only

VINEETHA  
First Name

KONDA  
Last Name

710800135  
Social Security Number

Spouse's First Name

MI Spouse's Last Name

Spouse's Social Security Number

**If you are filing Form 505, use the Form 505NR Instructions appearing on page 2 of this form.  
If you are filing Form 515, use the Form 505NR Instructions appearing in Instruction 18 of the Form 515 Instructions.**

**PART I - CALCULATION OF TAX WITHOUT ALLOWING CERTAIN MODIFICATIONS**

- 1. Enter Taxable net income from Form 505, line 31 (or Form 515, line 32) . . . . . 1. 64234
- 2. Enter tax from Tax Table or Computation Worksheet Schedules I or II. Continue to Part II. . . . . 2. 2999

**PART II - CALCULATION OF MARYLAND TAX**

- 3. Enter your federal adjusted gross income from Form 505 (or Form 515), line 17 (Column 1) . . . . . 3. 63744
- 3a. Earned Income (See instructions.) . . . . . 3a. 69734
- 4. Enter your federal adjusted gross income plus additions from Form 505 (or 515) line 21. . . . . 4. 69734
- 5. Enter the Taxable Military Income of a Nonresident from line 22 of Form 505. . . . . 5. \_\_\_\_\_
- 6a. Enter your subtractions from line 23 of Form 505 or Form 515 . . . . . 6a. \_\_\_\_\_
- 6b. Enter non-Maryland income from Form 505 (or 515) not included on lines 5 or 6a of this form (See instructions.) . . . . . 6b. 31095
- 7. Add lines 5 through 6b plus line 7 of Form 502LU. . . . . 7. 31095
- 8. Maryland Adjusted Gross Income. Subtract line 7 from line 4. . . . . 8. 38639

**If you are using the standard deduction, recalculate the standard deduction based on the income on line 8 and enter on line 8a . . . . . 8a. 2300**

- 9. Maryland Income Factor. Divide line 8 by line 3. The factor cannot exceed 1.000000 and cannot be less than 0. If line 8 is 0 or less, the factor is 0. If line 8 is greater than 0 and line 3 is 0 or less, the factor is 1.000000. . . . . 9. 606159
- 10. Deduction amount.  
If you are using the standard deduction, multiply the standard deduction on line 8a by line 9 of this form and enter on line 10a . . . . . 10a. 1394  
If you are itemizing your deductions, multiply the deduction on Form 505, line 26d, by line 9 of this form and enter on line 10b. . . . . 10b. \_\_\_\_\_

**Form 515 Users, see Instruction 18 in Form 515 Instructions.**

- 11. Net income (Subtract line 10a or 10b from line 8.) . . . . . 11. 37245
- 12. Exemption amount. Multiply the total exemption amount on Form 505, line 28 (or Form 515, line 29) by line 9. . . . . 12. 1940
- 13. Maryland Taxable Net Income (Subtract line 12 from line 11.) . . . . . 13. 35305
- 14. Enter the tax amount from line 2 of this form. . . . . 14. 2999
- 15. Maryland Nonresident factor: Divide the amount on line 13 on this form by line 1. If more than 1.000000, enter 1.000000. If 0 or less, the factor is 0. . . . . 15. 549631
- 16. Maryland Tax. Multiply line 14 by line 15. Enter this amount on Form 505, line 32a (Form 515, line 33). . . . . 16. 1648
- 17. Special nonresident tax. Multiply line 13 of this form by 0.0225. Enter this amount on Form 505, line 32b. If line 13 is 0 or less, enter 0 . . . . . 17. 794

**FOR FORM 515 FILERS ONLY.**

**If you are: (1) a nonresident employed in Maryland and (2) you are a resident of a local jurisdiction that imposes a local income or earnings tax on Maryland residents, then you must file a Form 515 to report and pay a tax on your Maryland wages. Form 515 filers pay a local income tax instead of the Special Nonresident Tax.**

- 18. Local Income Tax. Multiply line 13 of this form by the local rate of the Maryland county (or Baltimore City) where you are employed. Enter this amount on Form 515, line 39. If line 13 is 0 or less, enter 0 . . . . . 18. \_\_\_\_\_



11 20 21

Check here if this is an amended return. Include the Ohio IT RE. Do NOT include a copy of the previously filed return.

Check here if claiming an NOL carryback. Include Schedule IT NOL.

Primary taxpayer's SSN (required) 710 80 0135

If deceased check box

Spouse's SSN (if filing jointly)

If deceased check box

School district # (see instructions).

SD# 5703

First name VINEETHA M.I. Last name KONDA

Spouse's first name (only if married filing jointly) M.I. Last name

Address line 1 (number and street) or P.O. Box 121 SHERINGHAM CT

Address line 2 (apartment number, suite number, etc.) APT K

City DAYTON State OH ZIP code 45429 Ohio county (first four letters) MONT

Foreign country (if the mailing address is outside the U.S.) Foreign postal code

Residency Status - Check only one for primary. Filing Status - Check one (as reported on federal income tax return). Ohio Nonresident Statement - See instructions for required criteria.

Do not staple or paper clip.

Table with 2 columns: Description and Amount. Rows include Federal adjusted gross income, Additions, Deductions, Exemption amount, Ohio income tax base, Taxable business income, and Line 5 minus line 6.



MM-DD-YY Code

2020 Ohio IT 1040 Individual Income Tax Return



SSN 710 80 0135

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1, 8a. Nonbusiness income tax liability, 8b. Business income tax liability, 8c. Income tax liability before credits, 9. Ohio nonrefundable credits, 10. Tax liability after nonrefundable credits, 11. Interest penalty on underpayment of estimated tax, 12. Use tax due on internet, mail order or other out-of-state purchases, 13. Total Ohio tax liability before withholding or estimated payments, 14. Ohio income tax withheld, 15. Estimated and extension payments, 16. Refundable credits, 17. Amended return only, 18. Total Ohio tax payments, 19. Amended return only, 20. Line 18 minus line 19, 21. Tax liability, 22. Interest due on late payment of tax, 23. TOTAL AMOUNT DUE, 24. Overpayment, 25. Original return only, 26. Original return only (a-f), 27. REFUND.

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Primary signature \_\_\_\_\_ Phone number (937) 449-3045
Spouse's signature \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522

Preparer's TIN (PTIN) P 02082703

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

NO Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679

Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057



2020 Ohio Schedule of Credits

Primary taxpayer's SSN



20280198 Sequence No. 7

11 20 21 710 80 0135

Nonrefundable Credits

Table with 3 columns: Line number, Description, and Amount. Includes rows for Tax liability before credits, various nonrefundable credits (retirement, child care, etc.), and total tax less credits.



# 2020 Ohio Schedule of Credits

Primary taxpayer's SSN

710 80 0135



20280298

Sequence No. 8

### Nonresident Credit

Date of nonresidency	to	State of residency	
26. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy) .....			00
27. Ohio adjusted gross income (Ohio IT 1040, line 3).....			00
28. Divide line 26 by line 27 and enter the result here (four digits; do not round). Multiply this factor by line 25 to calculate your nonresident credit .....			00

### Resident Credit

29. Portion of Ohio adjusted gross income taxed by another state or the District of Columbia while an Ohio resident- Ohio IT RC, line 1a (include a copy) .....	69733	00	
30. Ohio adjusted gross income (Ohio IT 1040, line 3).....	63744	00	
31. Divide line 29 by line 30 and enter the result here (four digits; do not round). Multiply this factor by line 25 and enter the result here.....	1.0000		
	1522	00	
32. 2020 income tax liability after credits paid to another state or the District of Columbia Ohio IT RC, line 1b (include a copy) .....	3673	00	
33. Enter the lesser of line 31 or line 32. This is your Ohio resident tax credit. Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax.....			1522 00
MD      SC			
34. <b>Total nonrefundable credits</b> (add lines 9, 24, 28 and 33; enter here and on Ohio IT 1040, line 9) ....			1522 00

### Refundable Credits

35. Refundable Ohio historic preservation credit ( <b>include a copy of the credit certificate</b> ) .....			00
36. Refundable job creation credit & job retention credit ( <b>include a copy of the credit certificate</b> ) .....			00
37. Pass-through entity credit ( <b>include a copy of the Ohio IT K-1s</b> ).....			00
38. Motion picture & Broadway theatrical production credit ( <b>include a copy of the credit certificate</b> ).....			00
39. Venture capital credit ( <b>include a copy of the credit certificate</b> ) .....			00
40. <b>Total refundable credits</b> (add lines 35 through 39; enter here and on Ohio IT 1040, line 16).....			00



10211411

Tax Year

2020

# IT RC – Ohio Resident Credit Calculation

Use this form for tax years 2020 and forward.

This form is for individuals who were subjected to individual income tax by another state or the District of Columbia while a resident of Ohio. Include a copy of this form when filing your Ohio IT 1040.

Taxpayer name VINEETHA KONDA	SSN 710 80 0135
---------------------------------	--------------------

List any income taxed and any taxes paid to each state next to its postal abbreviation and list any income taxed and taxes paid to the District of Columbia next to "DC." Taxes paid on an individual's behalf by a pass-through entity on a composite income tax return should be included on this form. Only income included in your Ohio adjusted gross income is eligible for this credit.

States without an income tax are not listed; do not include income earned or received in those states on this form. Additionally, full-year nonresidents are not entitled to this credit and should not use this form.

**Important:** Do not list any income in column A if you do not have tax paid in column B. Do not list a tax paid in column B if you do not have income taxed in column A.

	(A) Income Taxed		(B) Tax Paid		(A) Income Taxed		(B) Tax Paid
AL	00		00		MN	00	00
AR	00		00		MO	00	00
AZ	00		00		MS	00	00
CA	00		00		MT	00	00
CO	00		00		NC	00	00
CT	00		00		ND	00	00
DC	00		00		NE	00	00
DE	00		00		NH	00	00
GA	00		00		NJ	00	00
HI	00		00		NM	00	00
IA	00		00		NY	00	00
ID	00		00		OK	00	00
IL	00		00		OR	00	00
IN	00		00		PA	00	00
KS	00		00		RI	00	00
KY	00		00		SC	31 094 00	1 231 00
LA	00		00		TN	00	00
MA	00		00		UT	00	00
MD	38 639 00	00	2 442 00	00	VA	00	00
ME	00		00		VT	00	00
MI	00		00		WI	00	00
					WV	00	00

1a. **Ohio Adjusted Gross Income Taxed by Other States and the District of Columbia** (sum of all Column A amounts). Enter here and on the corresponding line of the Ohio Schedule of Credits .... 1a. 69 733 00 00

1b. **Tax Paid to Other States and the District of Columbia** (sum of all Column B amounts). Enter here and on the corresponding line of the Ohio Schedule of Credits..... 1b. 3 673 00 00



PAYMENT DUE  
PLEASE REMIT TO:  
**CITY OF DAYTON**  
PO BOX 643700  
CINCINNATI, OH 45264-3700

# 2020 CITY OF DAYTON INDIVIDUAL INCOME TAX RETURN

**RETURN WITH PAYMENT DUE BY APRIL 15, 2021**  
90% of Estimated Tax Liability due by January 15, 2022

TAXPAYER NAME, ADDRESS & ACCOUNT NUMBER

VINEETHA KONDA

121 SHERINGHAM CT APT K  
DAYTON OH 45429

Is this Dayton Tax Return:  Single  Joint Filing

TAX ID # OR SS # 710 80 0135

TAX ID # OR SS # \_\_\_\_\_

Your phone # (937) 449-3045

Your Email address VINITAKUD@GMAIL.COM

May we contact you by secured email?  Yes  No

Are you a Dayton resident?  Yes  No

Did you file a Dayton Return last year?  Yes  No

Did you file on a different Tax ID# last year?  Yes  No  
If so, please list Tax ID# \_\_\_\_\_

Did You Move during this tax year?  Yes  No

Old address \_\_\_\_\_

Date Moved in \_\_\_\_\_ or Date Moved Out \_\_\_\_\_

If you moved more than once during the year, attach list to tax return showing addresses and dates

All supporting W-2's and Federal Schedules must be submitted with this return

**Please Complete Work Sheet On Reverse Side Before Completing Section A**

PLEASE ATTACH CHECK AND WAGE STATEMENTS (W-2'S) HERE

## SECTION A TOTAL TAXABLE INCOME

- Wages, Salaries, Tips, and Other Employee Compensation-Use highest wage figure on W-2. See Section A on back of return. (Part year residents must pro-rate their income based on time lived in Dayton.) ..... \$ 69 734 00
- Other Taxable Income or Deductions from Reverse Side..... \$ \_\_\_\_\_
- Taxable Income (Add Lines 1 through 2)..... \$ 69 734 00
- Dayton Tax Due @ 2.5% of Line 3** ..... \$ 1 743 00
- Payments and Credits:
 

A. Dayton Tax Withheld .....	\$ _____		OFFICE USE ONLY
B. Other City Tax Withheld .....	\$ _____		
C. Estimated Taxes Paid/Prior Year Credit.....	\$ _____		
D. Other Credits /Partnership Payments.....	\$ _____		
- Total Payments and Credits (Add Lines 5A through 5D) ..... \$ \_\_\_\_\_
- Balance of Tax Due (Line 4 minus Line 6)** ..... \$ 1 743 00
- Penalty \$ \_\_\_\_\_ Interest \$ \_\_\_\_\_ Total Penalty/Interest \$ \_\_\_\_\_
- Amount Due: Make Checks Payable to City of Dayton**..... \$ 1 743 00
- If Overpayment: Credit to Estimated Taxes \$ \_\_\_\_\_ or Refund \$ \_\_\_\_\_  
If your refund is \$10.00 or less, no refund will be issued. If you owe \$10.00 or less, no payment is necessary.

## SECTION B DECLARATION OF ESTIMATED TAX FOR TAX YEAR 2021

- Estimated Income Subject To Tax \$ 69 734 00 @ 2.5% = ..... \$ 1 743 00
- Estimated Tax Withheld By Your Employer(s) ..... \$ \_\_\_\_\_
- Total Estimated Tax Due (Line 11 minus Line 12) ..... \$ 1 743 00
- Credit From Prior Tax Year..... \$ \_\_\_\_\_
- Net Estimated Tax Due (Line 13 minus Line 14) ..... \$ 1 743 00
- Estimated Tax Amount Due is 22.5% of Line 15 (First Payment)..... \$ \_\_\_\_\_
- TOTAL AMOUNT DUE (Line 9 plus Line 16) AMOUNT ENCLOSED:** ..... \$ 1 743 00

## SECTION C CREDIT CARD PAYMENTS

To help keep your information secure, credit card payments will be accepted by telephone at (937) 333-3500 or online at <https://www.daytonohio.gov/paytax>. If paying by telephone, select "Option 2" to connect to the tax system, and then press "Option 1" to make a payment. To speak to a customer service representative during normal business hours, select "Option 2" and then "Option 0".

READ BEFORE SIGNING: The undersigned declare this return and attached schedules to be a true and complete return for the taxable year stated and that the figures used herein are the same as used for Federal Tax purposes, adjusted to the requirements of the Dayton city tax ordinances represented by this return. I understand that if I am under withheld in the following tax year (by \$200.00 or 10% of tax due) I will be charged an underpayment penalty if I fail to make required estimated tax payments. If this return was prepared by a tax professional, may we contact them directly?  Yes  No

**X**  
\_\_\_\_\_  
Tax Preparer Signature

(678) 965-9522  
Tax Preparer Phone #

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Spouse Signature