## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

	1.01.01.00							
Submi	ssion Identification Number (SID)							
Taxpaye	r's name	Social securi	ty numl	per				
GOUT	THAM R SATTU	859-25	-803	0				
Spouse's	s name	Spouse's soo	oouse's social security number					
Part	Tax Return Information — Tax Year Ending December 31, 2020 (Er	nter year you a	re au	thorizing	ı.)			
	whole dollars only on lines 1 through 5.				, ,			
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1	Adjusted gross income		1	71	L,679.			
_	Total tax		2	3	3,831.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	٥	9,558.			
	Amount you want refunded to you		4		727.			
	Amount you owe	<u> </u>	5	_				
Part	Taxpayer Declaration and Signature Authorization (Be sure you get ar penalties of perjury, I declare that I have examined a copy of the income tax return (original or amen-							
return (or to send for any Agent to paymer authoriz paymer business taxes to personal	wiledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I a original or amended) I am now authorizing. I consent to allow my intermediate service provider, trail my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the oinitiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account not of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation as days prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the confidential information receives my signature for the income tax return (original or amended) and the Mithetication number (PIN) below is my signature for the income tax return (original or amended)	nsmitter, or electric rejection of the tree U.S. Treasury a indicated in the trution to debit the inate the authoriz requests must be the processing one payment. I fur	onic refansmis and its cax prepare entry ation. The receif the elather acceptance of the elather	turn origina ssion, (b) to designated paration so to this according To revoke ved no late ectronic posts	ator (ERO) the reason d Financial oftware for count. This (cancel) a ter than 2 ayment of e that the			
	nic Funds Withdrawal Consent.  yer's PIN: check one box only				l			
X		ate my PIN	8 (	0 3 0	as my			
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	asiny			
	I will enter my PIN as my signature on the income tax return (original or amended) I are if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN m below.							
Your si	ignature ▶ Date ▶	<b>-</b>						
Spous	e's PIN: check one box only							
	I authorize to enter or general	ate my PIN			as my			
	ERO firm name	,	ter five	digits, but	ao my			
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros				
	I will enter my PIN as my signature on the income tax return (original or amended) I at if you are entering your own PIN and your return is filed using the Practitioner PIN m below.							
Spouse	e's signature ▶ Date ▶	•						
	Practitioner PIN Method Returns Only—continue bel	ow						
Part I	Certification and Authentication — Practitioner PIN Method Only							
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5	8 7 2 7 Don't ent	8 6 er all ze		8 9			
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual incommoded to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am suments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers	ne tax return (orig ubmitting this ret	nal or urn in a	amended) accordanc				
ERO's	signature ▶ Date ▶	<b>&gt;</b>						
	ERO Must Retain This Form — See Instructions							
	Don't Submit This Form to the IRS Unless Requested T	o Do So						

## **£1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.		Single  Married filing jointly u checked the MFS box, enter the	_	ed filing separately your spouse. If you		_		•	_				
		son is a child but not your depende											
Your first name		iddle initial	Last na				cial securit						
GOUTHAM			SATT			859-25-8030							
It joint return, s	pouse's	s first name and middle initial	Last nai	me	Spo	Spouse's social security number							
Home address	(numbe	er and street). If you have a P.O. box, se	e instruction	ons.				Apt. no.	Pre	sider	ntial Electic	on Campaign	
2304 SE	7TH	LANE						21			nere if you,	•	
City, town, or p	ost offi	ce. If you have a foreign address, also o	complete s	paces below.	Sta	ite	ZIP	code			0,	tly, want \$3 Checking a	
GRIMES					I	A	50	)111	١ ٠	_	ow will not	•	
Foreign country name				Foreign province/state	coun	ty	For	eign postal co	de you	ır tax	or refund.		
At any time du	ring 20	220 did you roopiyo soll sond ox	change o	ar othorwico acquir	201/	financial in	toroet in	any virtual	CUrron		Yes	⊠ Spouse ⊠ No	
At any time do		020, did you receive, sell, send, ex						l arry virtuar	curren				
Standard Deduction		eone can claim:	•				nt						
Age/Blindness	s You:	□ Were born before January 2,	1956	Are blind Sp	ouse	: Was	born be	efore Janua	ry 2, 19	156	☐ Is bli	ind	
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relation	nship	(4) 🗸	if qualifie	es for	r (see instrud	ctions):	
If more		irst name Last name		number		to yo	u	Child ta	x credit		Credit for oth	ner dependents	
than four													
dependents, see instruction	e												
and check													
here ▶									]				
	_1_	Wages, salaries, tips, etc. Attach	Form(s) \	N-2					.	1	7	76,029.	
Attach Sch. B if	2a	Tax-exempt interest	2a		b T	axable inte	rest		.	2b			
required.	3a	Qualified dividends	3a		<b>b</b> (	Ordinary div	idends			3b			
	4a	IRA distributions	4a		<b>b</b> T	axable am	ount .			4b			
	5a	Pensions and annuities	5a		<b>b</b> T	axable am	ount .			5b			
Standard	6a	Social security benefits	6a		<b>b</b> T	axable am	ount .		<u>.</u>	6b			
Deduction for— Single or	7	Capital gain or (loss). Attach Sch	edule D if	required. If not red	quired	, check he	e .	•	· □	7			
Married filing	8	Other income from Schedule 1, li	ne 9							8		<u>-4,100.</u>	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your <b>total in</b>	come				•	9	7	71,929.	
Married filing jointly or	10	Adjustments to income:				ı	1						
Qualifying	а	From Schedule 1, line 22					10a						
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions 10b 250.											
Head of	С	Add lines 10a and 10b. These are	e your <b>tot</b>	al adjustments to	inco	me			•	10c		250.	
household, \$18,650	11	Subtract line 10c from line 9. This is your <b>adjusted gross income</b>										71,679.	
If you checked any box under	12	Standard deduction or itemized	d deducti	i <b>ons</b> (from Schedul	e A)				.	12	1	<u>12,400.</u>	
Standard	13	Qualified business income deduc	tion. Atta	ich Form 8995 or F	orm 8	8995-A .			.	13			
Deduction, see instructions.	14	Add lines 12 and 13							.	14	_	L2,400.	
	15	Taxable income. Subtract line 1	4 from lin	e 11. If zero or less	, ente	er-0			.	15	5	59,279.	

Form 1040 (2020	))									Page <b>2</b>			
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	8,831.			
	17	Amount from Schedule 2, lir	ne 3				<del></del> .		17				
	18	Add lines 16 and 17							18	8,831.			
	19	Child tax credit or credit for	other dependen	ts					19				
	20	Amount from Schedule 3, lir	ne 7					. [	20				
	21	Add lines 19 and 20						. [	21				
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. [	22	8,831.			
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .			. [	23	0.			
	24	Add lines 22 and 23. This is							24	8,831.			
	25	Federal income tax withheld	•							5,5521			
	а	Form(s) W-2				25a	9,5	58.					
	b	Form(s) 1099				25b							
	С	Other forms (see instruction				25c							
	d	Add lines 25a through 25c	,						25d	9,558.			
	26	2020 estimated tax paymen						_	26	273331			
<ul> <li>If you have a L qualifying child,</li> </ul>	27	Earned income credit (EIC)				27							
attach Sch. EIC.	28	Additional child tax credit. A				28		-					
If you have nontaxable	29	American opportunity credit				29		-					
combat pay, see instructions.	30	Recovery rebate credit. See		•		30		-					
see instructions.	31	Amount from Schedule 3, lir											
	32	Add lines 27 through 31. The				31			20				
	33	Add lines 25d, 26, and 32. T							32	9,558.			
		· · · · · · · · · · · · · · · · · · ·							33	727.			
Refund	34	If line 33 is more than line 24	$\vdash$	34	727.								
Divert deposit?	35a	Amount of line 34 you want Routing number 0 5 1		35a	121.								
Direct deposit? See instructions.	►b		ings										
	► d	Account number 0 0 0 0 0 0 2 6 3 2 0 8 2 9 5  Amount of line 34 you want applied to your 2021 estimated tax ► 36											
<u> </u>	36	•											
Amount You Owe	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe	now			<b>•</b>	37				
For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for											
how to pay, see		2020. See Schedule 3, line 1	•			1 1							
instructions.	38	Estimated tax penalty (see in				38							
Third Party		you want to allow another	•					. 1 . 1 1	1	V N			
Designee		structions				. ► <u></u> Ye				<b>X</b> No			
		signee's me ▶		Phone no. ▶			Personal number (		ation				
Sign		der penalties of perjury, I declare t	hat I have examine		l accompanying sch	nedules and sta			ne hes	t of my knowledge and			
Sign		lief, they are true, correct, and com											
Here	Yo	ur signature		Date	Your occupation			If the IF	RS ser	nt you an Identity			
	k	-								N, enter it here			
Joint return?	<b>L</b>				SOFTWARE 1			(see ins					
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	ion				nt your spouse an ection PIN, enter it here			
your records.								(see ins	· .	ection in in, enter it here			
	———Ph	one no.		Email address									
		eparer's name	Preparer's signat			Date	PT	IN .	$\neg$	Check if:			
Paid		I PRIYA RAM SAGAR GUPTA TALLAM			מווסדם דמו.ו.אא			20827	703	Self-employed			
Preparer				TOTAL DUGAN	COLIA IADUAN	01/21/20	, <u> </u>						
<b>Use Only</b>		m's name ► GLOBAL TA: m's address ► 2530 Pebb			678)965-9522								
0-1				LI CUIIIIIIII			. === :	Firm's	LIIN				
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 04/16/2	1 PRO			Form <b>1040</b> (2020)			

# SCHEDULE 1 (Form 1040)

**Additional Income and Adjustments to Income** 

OMB No. 1545-0074

2020

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

GOUTHAM R SATTU

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

Attachment Sequence No. 01 Your social security number

859-25-8030

Par	Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
<b>2</b> a	Alimony received	<b>2</b> a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-4,100.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,		4 100
Dar	line 8	9	-4,100.
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

#### **SCHEDULE E**

Name(s) shown on return

(Form 1040)

**Supplemental Income and Loss** 

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

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

OMB No. 1545-0074

Department of the Treasury ▶ Go to www.irs.gov/ScheduleE for instructions and the latest information. Internal Revenue Service (99)

Attachment Sequence No. **13** 

Your social security number

GOUT	HAM R SATTU						859	9-25-8	030	j	
Part	Income or Loss	s From Rental Real Estate and Ro	yalties	Note: If you	are in th	e business c	of rentin	g persona	al pro	perty,	use
	Schedule C. See	instructions. If you are an individual, rep	ort farm	rental income	or loss f	rom Form 48	<b>335</b> on p	oage 2, lir	ne 40	١.	
A Dic	d you make any payme	nts in 2020 that would require you to	file Fo	rm(s) 1099? S	See inst	ructions .		[	_ Y	es 🗵	No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?						[	_ Y	es 🗌	No
1a		each property (street, city, state, ZIF									
Α	CHAMPAPET HYDE	RABAD TELANGANA IN 5000	59								
В											
С											
1b	Type of Property	2 For each rental real estate prop	perty lis	sted	Fair	Rental		onal Us	lse QJV		
	(from list below)	above, report the number of fa personal use days. Check the	iir renta O.IV bo	l and		Days	[	Days			
A	3	if you meet the requirements to file as a   A   185									
В		qualified joint venture. See inst	truction	s. <b>B</b>							
C				С							
	of Property:										
_	gle Family Residence	3 Vacation/Short-Term Rental	5 Lan	d	7 Self-						
	ti-Family Residence	4 Commercial	6 Roy	alties	8 Othe	r (describe)	)				
Incom		Properties:		Α		Е	3			С	
3			3		450.						
4	Royalties received .		4								
Expen											
5			5								
6	•	nstructions)	6								
7		nance	7		500.						
8			8								
9			9								
10	-	essional fees	10								
11	_		11		650.						
12		id to banks, etc. (see instructions)	12								
13			13								
14			14		,100.						
15			15	1,	,100.						
16			16								
17			17	1,	,200.						
18		e or depletion	18								
19			19								
20	•	lines 5 through 19	20	4 ,	,550.						
21		line 3 (rents) and/or 4 (royalties). If									
		instructions to find out if you must		4	100						
	file Form 6198		21	-4	,100.						
22		l estate loss after limitation, if any,			100 \	,					,
00-	on Form 8582 (see in		22 (	-4,	100.)	(	<i>1</i> F	)(			)
23a		eported on line 3 for all rental prope			23a		45	U.			
b		eported on line 4 for all royalty prop	erties		23b			-			
C C		eported on line 12 for all properties			23c						
d		eported on line 18 for all properties eported on line 20 for all properties			23d		1 [[				
e 24		eported on line 20 for all properties e amounts shown on line 21. <b>Do no</b>			23e		4,55	24			
24 25	•	e amounts shown on line 21. <b>Do no</b> esses from line 21 and rental real estate		-				24 25 (			00 /
25								23 (		<del>'</del> + , 1	.00.)
26		ate and royalty income or (loss). V, and line 40 on page 2 do not									
		v, and line 40 on page 2 do not 40), line 5. Otherwise, include this ar						26		-4,	100.





#### Iowa Individual Income Tax Declaration for an e-File Return

tax.iowa.gov

r first name, middle initial, and last	name <u>GOUTHAM</u> R	Spouse's first name, middle initial, and last name									
r Social Security number 859-	25-8030		Spouse's Social Security number								
ne address, City, State, ZIP 230	4 SE 7TH LANE,	21	GRIMI	ES IA 501	11						
Part I Tax Return Information					Spouse g status 3)		A. You or Joint				
1. Iowa Net Income (IA 1040,	line 26 A & B)			, ,	,	1 <sub>A</sub>					
2. Total Tax (IA 1040, line 42											
3. Iowa Income Tax Withheld											
4. Amount to be Refunded (IA							400 .00				
5. Total Amount Due (IA 1040	*						.00				
Part II Declaration of Taxpayer	•										
7. I consent that my as an agent to recommend as an agent to recommend and a second or electronic payme authorization is to (515) 281-3114 of date. Note: This electronic playment authorization is to (515) which is accommended as a second and a second a	va Department of Revenum account indicated below in account indicated below in the first of taxes to receive concerning the first of taxes to receive concerning the first of taxes to receive concerning the first of taxes and the first of taxes are concerned in the first of taxes.	ue (IDR) and its de w for payment of n (the payment/s confidential inform effect until I notify ent cancellation ren your bank accoulal institution to requestry a few	esignated financial ager ny individual lowa taxes settlement date). I also ation necessary to an IDR to terminate the a quests must be receive int will be identified with uest that they allow a w	at to initiate an ess owed on this rauthorize the fiswer inquiries authorization. To ded no later than a the ACH Comithdrawal from y	lectronic funds wit eturn, and the fina nancial institution and resolve issue revoke (cancel) a five business day pany ID 4426004 your bank account	hdrawal ancial ins involved es relate a payme s prior to 574. If yo by this A	(direct debit) entry to the stitution to debit the entry I in the processing of the do to the payment. This nt, I must contact IDR at the payment/settlement ou currently have a debit				
Type of Account:	Savings 🗆	Checking 🛚									
Will this refund go to (or pay	ment come from) an acc	ount outside the U	nited States? Yes □ N	o 🛛							
Under penalties of perjury, I de and statements for tax year end the amounts in Part I above are attachments, and statements be (ERO). In addition, by using so transmission of my tax return ele is rejected, I authorize IDR to i understand that if IDR does not consent that my refund be direct refund, or direct debit is delayed understand that this declaration	ting December 31, 2020 the amounts shown on the sent to the lowa Depart of tware to prepare and trectronically. I authorize for receive full and timely pattly deposited as designated, I authorize IDR to d	and certify to the he copy of my electment of Revenue ransmit my return DR to inform my Elejection so that the ayment of my tax ted in Part II and isclose to my ER	best of my knowledge a ctronic income tax retur (IDR) through the Inte electronically, I conse RO and/or transmitter w he return can be corre- liability I will remain liat declare that the inform O and/or transmitter the	and belief, it is to the consent that real Revenue South to the disclowhen my electronic ted and re-transle for the tax like attion shown in the reason(s) for the tax of the consent that the co	rue, correct and of t my return, includervice (IRS) by m sure to IDR of all nic return has bee nsmitted. If I have ability and all appl Part II is correct. I	omplete ling acco y Electro informa n accept filed a icable pe f the pro	. I further declare that ompanying schedules, onic Return Originator attion pertaining to the red. In the event that it balance due return, I enalties and interest. I ocessing of my return,				
Your Signature		Date	Spouse Signat	ture. If a joint re	turn, both must siç	jn.	Date				
Part III Declaration of Electron I declare that I have reviewed the only a collector, I am not respect to a collector of the col	he above taxpayer's retu onsible for reviewing the mitting this return to the l described in the lowa Mo IDR, but must be retaine relates was filed. I will m taxpayer's return and ac	rn and that entried return and only of IRS. I have provide dernized e-File (New York of the ERO for nake a copy available companying scheme.	s on form IA 8453-IND declare that this form a ed the taxpayer with a MeF) Information for eaperiod of three years able to IDR upon requedules, attachments, an	accurately reflection copy of all form File Providers per from the due cast. If I am a pai	ets the data on the sand information ublication. I under date of the return of the preparer, under	e return to be file stand the or the fili penaltie	. I have obtained the ed with IDR and have at the original form IA ing date, whichever is s of perjury, I declare				
ERO Signature		Date	also paid preparer	Check if s employed		IN					
Firm's name (or yours if GLO self-employed)	BAL TAXES LLC				FEIN	30-10	017196				
Address, City, State, ZIP <sub>253</sub>	0 PEBBLE CREEK	LN CUMMIN	IG GA 30041		Phone Number	(678)	965-9522				
Paid Preparer	YA RAM SAGAR GUPTA TALI		e 04/27/2021	Check if self- employed □			P02082703				
Firm's name (or yours if G	LOBAL TAXES LL	ıC			FEIN	30-10	017196				
self-employed)  Address, City, State, ZIP	E20 DEDDIE CDE	IDIZ TAT CITAN	TNG GA 20041		Phone	/ 600	\ 0.6.E \ 0.E.2.2				

		1040 Iowa Individual Income Tax Return beginning and ending								
Step 1: F	ill in all	spaces. You must fill in your Social Security number (SSN).		wa wa war	HERALINARIA	FAICIA	PRODUCTION HAVE	APL ISSUANS		#9.■III
Your last		Your first name/middle initial:				W.W		K S H.S. H.		81£
SATT		GOUTHAM R me: Spouse's first name/middle initial:								紙
Spouse's				KIND METATORIN	ishyddayddi	77.187.	cie zaktaka kustu	aeraan	75 <b>0</b> 7604	AS III
2304	SĒ	ddress (number and street, apartment, lot, or suite number) or PO Box: 7TH LANE, 21								
City, Stat		IA 50111								
Spouse	SSN:	Your SSN: 859-25-8030								
Step 2 Fi	iling Sta	tus: Mark one box only								
1 X	Single: V	Vere you claimed as a dependent on another person's lowa return? Yes No X	Email Addr	ess:						
2	Married	filing a joint return. (Two-income families may benefit by using status 3 or 4.)	Check this	box if you or yo	our spouse were	65 or o	lder as of 12/31	/20.		
3	Married	filing separately on this combined return. Spouse use column B.	Residence	on 12/31/20: C	County No. 77		School Dis	strict No. 3	231	
4	Married	filing separate returns. Spouse's name:	SSN:			N	et Income: \$			
5 H	Head of	household with qualifying person. If qualifying person is not claimed as a dependent on this return	rn, enter the perso	on's name and	SSN below.			•		
6	Qualifyir	ng widow(er) with dependent child. Name:		SSN:						
Step 3 E	xemptio	ons B	. Spouse (Filing St	tatus 3 ONLY)		,	A. You or Joint			
		redit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3		X \$ 40 = \$			1	X \$ 40 =	<u> </u>	40
		each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind		X \$ 20 = \$		- 📩 _		X \$ 20 =	<u> </u>	
		s: Enter 1 for each dependent		<b>e.</b> Total \$		- ^ _		X \$ 40 =	= <u>\$</u> tal <b>\$</b>	40
		ele Social Security benefits as calculated on line 13 of Iowa Social Security Worksheet	B Spouse	e/Status 3 🛦		_	A. You or		ω Ψ	10
Otep 4 K	еропал		ıse/Status 3		or Joint	B Spo	use/Status 3		A. You	or Joint
Step 5	1.	Wages, salaries, tips, etc1.	.00		6,029.00	В. оро	aco, ciatac c		71. 104	or court
Gross Income	2.	Taxable interest income. If more than \$1,500, complete Sch. B2.	.00		.00					
_	3.	Ordinary dividend income. If more than \$1,500, complete Sch. B3.	.00		.00					
	4.	Taxable alimony received4.	.00		.00					
	5.	Business income/(loss). See instructions	.00		.00			OTE: Use	,	
	6.	Capital gain/(loss). See instructions6.	.00		.00			lue or blad ik, no pen		
	7.	Other gains/(losses). See instructions7.	.00		.00		0	r red ink.		
	8.	Taxable IRA distributions8.	.00		.00					
	9.	Taxable pensions and annuities9.	.00		.00					
	10.	Rents, royalties, partnerships, estates, etc. See instructions10.	.00		<u>4,100</u> .00					
	11.		.00		.00					
		Unemployment compensation. See instructions12.	.00		.00					
		Gambling winnings	.00		.00					
	14.	Other income, bonus depreciation, and section 179 adjustment14.	00		00		0.0		71,9	20 00
Step 6	16.	Gross Income. Add lines 1-14  Payments to an IRA, Keogh, or SEP					00	_	11,7	<u>47.00</u>
Adjust- ments to			00		.00					
Income	18.	Health insurance premium	00		.00					
	19.	Penalty on early withdrawal of savings	00		<u>0</u> .00					
	20.	Alimony paid	.00		.00					
	21.	Pension/retirement income exclusion	00 00		.00					
	22.	Moving expense deduction from federal form 390322.	.00		.00					
	23.	Iowa capital gain deduction; Include corresponding IA 100		\						
	24.	scheduleOther adjustmentsSTMT ADJ24.	.00		00 250 <sub>.00</sub>					
	25.	Total adjustments. Add lines 16-24	00				.00	<b>A</b>	2	50.00
	26.				-		00	. —	71,6	79 <sub>.00</sub>
Step 7	27.	Federal income tax refund/overpayment received in 202027.	.00	<u> </u>	.00					00
Federal Taxes	28.		00 = 00 <b>4</b>		.00					
and Qualified	29.	Addition for federal taxes. Add lines 27 and 28					.00			00.00
Deduc- tions	30.	Total. Add lines 26 and 29			30.		.00		71.6	579.00
-	31.	31		<b>A</b>	0 EEO -				-, -	
	32.	in 2020, and federal taxes paid in 2020 for 2019 and prior years  Qualified business income deduction. 25.0% (.25) of federal	00	. ——	9,558 <sub>.00</sub>					
		amount. See instructions	.00	<u> </u>	.00					
	33.		.00	<b></b>	.00				_	
	34.	, , , , , , , , , , , , , , , , , , , ,					.00			558 .00
	ან.	Balance. Subtract line 34 from line 30. Enter here and on line 36, page 2			ນປ.		.00	<b>A</b>	62,I	L21 <sub>.00</sub>



<b>2020</b> Step 8	<b>IA</b>	<b>1040</b> , page 2 BALANCE. From side 1,	line 35								e/Status		A. You		B. Spouse	e/Status 3		A. You or Joint 62,121.00
Taxable Income	37.	Deduction. Check one be													•	.00		2,110.00
	38.	TAXABLE INCOME. SU			,		,							38.		.00		60,011.00
Step 9	39.	Tax from tables or altern									.00			3,284	00		,	<u></u> .00
Tax, Credits,	40.	Iowa lump-sum tax. See													_			
and Check-	41.	lowa alternative minimur													.00			
off Contri-	42.	Total tax. ADD lines 39,														0	0	3,284.00
butions	43.	Total exemption credit a												40		0		<u> </u>
	44.	Tuition and textbook cree													.00			
_	45.	Volunteer firefighter/EMS													.00			
	46.	Total credits. ADD lines	43, 44, a	and 45.											.00	.00		40 .00
_	47.	BALANCE. SUBTRACT													•	.00		3,244.00
	48.	Credit for nonresident or	part-ye	ar resid	lent. Mu	ıst inclu	ıde IA 1	26 and 1	federal re	eturn				48.		.00		.00
	49.																	3,244.00
	50.	Out-of-state tax credit. M														.00		.00
	51.	BALANCE. SUBTRACT	line 50 t	from 49	). If less	than z	ero, ent	er zero.						51.		.00		3,244.00
	52.	Other nonrefundable low	a credit	ts. Must	t include	e IA 148	3 Tax C	redits S	chedule.					52.		.00		.00
	53.	BALANCE. SUBTRACT	line 52 t	from lin	e 51. If	less tha	an zero	, enter z	ero					53.	-			3,244.00
	54.	School district surtax or l	EMS su	rtax. Ta	ke perd	entage	from ta	able; mu	Itiply by I	ine 53.				54.		.00		0.00
	55.	Total state and local tax.	ADD lir	nes 53 :	and 54.									55.				3,244.00
	56.	TOTAL state and local ta	x before	e contri	butions	. Comb	ine colu	ımns A a	and B on	line 5	and en	ter he	ere				-	3,244.00
	57.																	
	Fish	n/Wildlife 57a: ▲ S	ate Fair	57b: ▲		Firefi	ghters/Ve	eterans 5	7c: ▲		Child Abu	ise Pr	evention 57	d: <b>▲</b>	Enter he	ere 57.		.00
		TOTAL STATE AND LO																3,244 .00
Step 10 Credits	59.	lowa fuel tax credit. Inclu	de IA 4	136				5	59.		.00	<b>A</b>			.00			
Orcuito	60.	Check One: Child and	depend	lent car	e credit		OR								_			_
		▲ Early child	lhood d	evelopi	ment cre	edit		6	60. 		.00	•			.00			
	61.	lowa earned income tax									.00	•			.00			
	62.																	
	63.	63. lowa income tax withheld																
	64.	Estimated and voucher p	•			•									.00			
	65.	TOTAL ADD lines 59 th	•															2 644
Step 11	66.	TOTAL CREDITS. ADD																3,644 <sub>.00</sub>
Refund	67.	If line 66 is more than lin  Amount of line 67 to be f								•	•						<b>A</b> _	400.00
	00.	Amount of line of to be i	KEFUNI	DED											KEF	סס טאוע 66.	<b>^</b> -	400.00
	68	Ba. Routing number:	0	5	1	9	0	0	3	6	6	68l	o. Type	Checkin	g X	8	Savings	
	68	8c. Account number:	0	0	0	0	0	0	2	6	3	2	0	8	2 9	5		
	69.																	
Step 12	70.	If line 66 is less than line	58, sub	otract lir	ne 66 fro	om line	58. Thi	s is the	AMOUN	T OF T			E			70.	<b>A</b>	.00
Pay	71.	Penalty for underpayment	nt of est	imated	tax fron	n IA 22	10, IA 2	210S, o	r IA 2210	F. Che	eck if anr	nualiz	zed incom	e method	is used. 🛦	71.	<b>A</b>	.00
	72.	Penalty and interest	▲ 72a. F	Penalty			.00		▲ 72k	. Inter	est		.00	ADD. I	Enter total.	72.	_	.00
	73.	TOTAL AMOUNT DUE.	ADD lin	nes 70,	71, and	172. En	ter here	e						PAY	THIS AMO	OUNT 73.	<b>A</b>	.00
Step 13	I, the	e undersigned, declare und plete.	ler pena	alties of	perjury	or false	e certifio	cate, tha	at I have	examir	ed this r	eturn	ı, and, to t	he best of	f my knowl	edge and	belief,	it is true, correct, and
SIGN																		
HERE							<b>A</b>										TALL	M 04/27/2021
elor:	Your	signature			D	ate	Cl	neck if d	leceased		Date of o	death	1	Preparer'	s signature	9		Date
SIGN HERE							<b>A</b>								82703		30	-1017196
	Spou	use's signature			D	ate	Cl		leceased		Date of o	death	1	Preparer's		C70\^	C	Firm's FEIN
								(860	1)995	-836	1				(	678)9	02-5	10 <u>4</u> 4

Daytime telephone number

This return is due April 30, 2021. Sign, enclose W-2s, and verify SSNs.

MAILING ADDRESS: lowa Income Tax Document Processing,
PO BOX 9187, Des Moines IA 50306-9187

Make check payable to lowa Department of Revenue



Form IA 1040 Line 24

# Other Adjustments Statement Attach to return

2020 Statement ADJ

 Name
 Social Security No.

 GOUTHAM R SATTU
 859-25-8030

		Spouse/Status 3	You or Joint
	Accrual method		
b	Active duty military pay included in line 15 Gross Income		
	(see detailed IA 1040 instructions online)		
	Alternative motor vehicle deduction		
d	Capital gains from installment sales reported on the 2001 lowa		
	return using the accrual method		
е	Capital or ordinary gain from involuntary conversion related to		
	eminent domain		
f	Claim of right deduction may be taken on line 24, or you can		
	calculate the tax reduction as a credit claimed on line 62, but		
	not both		
g	College Savings Iowa or Iowa Advisor 529 Plan contributions,		_
	up to \$3,439 per beneficiary		
h	Disability income exclusion - Include Form IA 2440		_
i	RESERVED FOR FUTURE USE		_
j	First-time homebuyer savings account qualifying contributions		
	up to \$2,137 per account holder. For joint account holders		
	filing married filing jointly you may claim up to \$4,274		
	Employer social security credit from federal return		
ı	Federal alcohol and cellulosic biofuel fuels credit from		
	federal return		
m	Foreign-earned income exclusion and/or foreign housing		_
	deduction from federal return		
n	Gains or losses from distressed sale transactions		
0	Health savings account deduction from federal form 1040,		
	Schedule 1		
р	Injured veterans program, contributions to (do not put on IA Sch. A)		
	Injured veterans program, (only grants from)		
r	In-home health care		_
s	Iowa Veterans Trust Fund		
t	Military exemptions, not already excluded (see detailed		
	IA 1040 instructions online)		
u	Net operating loss, lowa		
	Organ transplant expenses		
	Partnership income and/or S corporation income: Modifications		
	that decreased the income		
X	Segal Americorps Education Award Payments		
у	Speculative shell buildings		
Z	Student loan interest deduction from federal 1040,		
	Schedule 1, line 20		
aa	Victim compensation awards		
	Wages paid certain individuals		
CC	Work Opportunity Credit from federal return		_
do	Other federal adjustments prior to calculation of federal 1040		_
	line 8b (federal adjusted gross income) not already taken on		
	IA 1040:		
	1 Jury duty pay given to employer		
	2 Other:		_
	Educator expenses		
	Tuition and Fees Deduction		
g	Nonresident Electric Utility Worker Training and Emergency	_	
	Response Work Reciprocity (see detailed IA 1040 instructions		
	online)		
	Rapid Response to State Disasters		
	Iowa ABLE savings plan trust, up to \$3,439 per beneficiary		
	Charitable contribution for non-itemizers from Form 1040 In 10b .		250.
	Federal, state or local grant to communications service provider		
Ш	Economic Development Authority Grant provided under the		
	Iowa Small Business Grant Program (if included in Sch C, In 1)		
	Totals		250.