Department of the Treasury Internal Revenue Service

Calendar Year — Due **04/15/2021**

2021 Form 1040-ES Payment Voucher 1

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

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

3,952.

REV 04/20/21 PRO

1555

Department of the Treasury Internal Revenue Service

Calendar Year — Due **06/15/2021**

2021 Form 1040-ES Payment Voucher 2

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

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

3,952.

REV 04/20/21 PRO

1555

Department of the Treasury Internal Revenue Service

Calendar Year — Due **09/15/2021**

2021 Form 1040-ES Payment Voucher 3

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

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

3,952.

REV 04/20/21 PRO

1555

Department of the Treasury Internal Revenue Service

Calendar Year — Due **01/18/2022**

2021 Form 1040-ES Payment Voucher 4

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

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

3,952.

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

Submission Identification Number (SID)				
Taxpayer's name		Social security	y number	
VAMSI KRISHNA POTTLA		704-75-	-5727	
Spouse's name		Spouse's soci	al security nu	ımber
SREE BODDULURI		863-15-	-4194	
Part I Tax Return Information — Tax Ye	ear Ending December 31, 2020 (Ente	r year you ar	e authoriz	ing.)
Enter whole dollars only on lines 1 through 5.				
Note: Form 1040-SS filers use line 4 only. Leave lin	es 1, 2, 3, and 5 blank.			
1 Adjusted gross income			1 .	217,175.
			2	34,329.
3 Federal income tax withheld from Form(s) W-	-2 and Form(s) 1099		3	21,957.
4 Amount you want refunded to you			4	
			5	12,528.
Part II Taxpayer Declaration and Signat	ure Authorization (Be sure you get and	keep a copy	of your i	return)
my knowledge and belief, it is true, correct, and complereturn (original or amended) I am now authorizing. I conset o send my return to the IRS and to receive from the IRS for any delay in processing the return or refund, and (c) the Agent to initiate an ACH electronic funds withdrawal (direpayment of my federal taxes owed on this return and/or a authorization is to remain in full force and effect until I repayment, I must contact the U.S. Treasury Financial Agousiness days prior to the payment (settlement) date. I altaxes to receive confidential information necessary to a personal identification number (PIN) below is my signatur Electronic Funds Withdrawal Consent.	ent to allow my intermediate service provider, transm (a) an acknowledgement of receipt or reason for rejute date of any refund. If applicable, I authorize the Let debit) entry to the financial institution account ind a payment of estimated tax, and the financial institution notify the U.S. Treasury Financial Agent to terminate gent at 1-888-353-4537. Payment cancellation requiso authorize the financial institutions involved in the unswer inquiries and resolve issues related to the process.	nitter, or electro ection of the tra J.S. Treasury ar licated in the ta on to debit the e the authoriza uests must be processing of payment. I furth	nic return or ansmission, and its design as preparatio entry to this tion. To revore received not the electronner acknowle	(b) the reason ated Financial on software for account. This oke (cancel) as b later than 2 ic payment of edge that the
Taxpayer's PIN: check one box only				
X lauthorize GLOBAL TAXES LLC	to enter or generate	my PIN 5	5 7 2	2 as my
ERO firm no signature on the income tax return (origina	ame	Ente	er five digits, 't enter all ze	but
	income tax return (original or amended) I am r r return is filed using the Practitioner PIN meth			
Your signature ▶	Date ▶ _			
Spouse's PIN: check one box only				
•	to ontor or gonorato	mv PIN 5	4 1 9	1 22 221
X I authorize GLOBAL TAXES LLC ERO firm n	to enter or generate	,	er five digits,	4 as my
signature on the income tax return (origina			i't enter all ze	
☐ I will enter my PIN as my signature on the	income tax return (original or amended) I am r r return is filed using the Practitioner PIN meth			
Spouse's signature ▶	Date ►			
	PIN Method Returns Only—continue below	1		
Part III Certification and Authentication	Practitioner PIN Method Only			
ERO's EFIN/PIN. Enter your six-digit EFIN followed	d by your five-digit self-selected PIN. 5 8	7 2 7 8 Don't ente		9 8 9
I certify that the above numeric entry is my PIN, which is authorized to file for tax year indicated above for the tax requirements of the Practitioner PIN method and Pub. 13	xpayer(s) indicated above. I confirm that I am subn	nitting this retur	rn in accord	ance with the
ERO's signature ▶	Date ▶			
	Retain This Form — See Instructions			

Don't Submit This Form to the IRS Unless Requested To Do So

Form 1040-V 2020 Page **2**

IF you live in	THEN use this address to send in your payment		
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214		
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000		
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, Ohio, Oregon, North Dakota, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501		
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303		

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V** 2020

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service

(99) **202**

Form 1040-V Payment Voucher

▶ Use this voucher when making a payment with Form 1040.

► Do not staple this voucher or your payment to Form 1040.

► Make your check or money order payable to the 'United States Treasury.'

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

of your payment

Enter the amount

12,528.

REV 04/20/21 PRO 1:

VAMSI KRISHNA POTTLA SREE BODDULURI 1120 NORTH WOOD DR 204 EAGAN MN 55121

E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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

Filing Status Check only			_	ed filing separately	•	_		•	. –	_		•	
one box.		ou checked the MFS box, enter the son is a child but not your depende		our spouse. If you	ched	cked the H	OH or Q\	W box, ente	er the	child's	name if t	the qua	alifying
Your first name	and m	iddle initial	Last na	me					١	our so	cial secur	rity nun	nber
VAMSI K	RISH	NA	POTT	LA					•	704-	75-572	27	
If joint return, s	pouse's	s first name and middle initial	Last na	me					5	Spouse'	's social se	ecurity	number
SREE			BODD	ULURI						863-	15-419	94	
Home address	(numbe	er and street). If you have a P.O. box, se	e instruction	ons.				Apt. no.	F	reside	ntial Elect	tion Ca	mpaign
1120 NO	RTH	WOOD DR						204			here if you		
City, town, or p	ost offi	ce. If you have a foreign address, also o	complete s	paces below.	St	ate	ZIF	code			if filing join this fund		
EAGAN					M	IN	5.	5121			low will no		
Foreign countr	y name		F	oreign province/state	e/cou	nty	Fo	reign postal c	ode)	our tax	x or refund	d.	
											You		Spouse
At any time du	ring 20	020, did you receive, sell, send, ex	change, c	r otherwise acquire	e any	financial i	nterest i	n any virtua	al curr	ency?	☐ Yes	X	No
Standard Deduction		eone can claim: You as a d	•				ent						
Deduction	Ц,	Spouse itemizes on a separate retu	irn or you	were a dual-status	salle	971							
Age/Blindness	you:	: Were born before January 2,	1956	Are blind Sp	oous	e: 🗌 Wa	s born b	efore Janua	ary 2,	1956	☐ Is b	olind	
Dependent	s (see	instructions):		(2) Social securi	ty	(3) Relat	ionship	(4) 🗸	if qua	lifies fo	r (see instr	ructions	s):
If more	(1) F	First name Last name		number to you		ou	Child tax cre		tit	Credit for c	other der	pendents	
than four								[
dependents, see instruction	s ——							[
and check								[
here ▶													
	1	Wages, salaries, tips, etc. Attach	Form(s) \	V-2						1	2	217,2	<u> 175.</u>
Attach Sch. B if	2a	Tax-exempt interest	2a		b	Taxable int	erest			2b	,		
required.	3a	Qualified dividends	3a		b	Ordinary d	vidends			3b	,		
	4a	IRA distributions	4a		b	Taxable an	nount .			4b	,		
	5a	Pensions and annuities	5a		b	Taxable an	nount .			5b	,		
Standard	6a	Social security benefits	6a		b	Taxable an	nount .		· <u>·</u>	6b	,		
• Single or	7	Capital gain or (loss). Attach Sch	edule D if	required. If not red	quire	d, check he	ere .		▶ □	7			
Married filing	8	Other income from Schedule 1, li	ne 9							8	_		
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your total in	com	е			. ▶	9	2	217,	175.
 Married filing jointly or 	10	Adjustments to income:					1 1						
Qualifying	а	From Schedule 1, line 22					10a						
widow(er), \$24,800	b	Charitable contributions if you tak	e the stan	dard deduction. Se	e ins	tructions	10b						
Head of	С	Add lines 10a and 10b. These are	e your tot	al adjustments to	inco	ome			. ▶	100			
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	idjusted gross inc	ome				. ▶	11	2	217,	
 If you checked any box under 	12	Standard deduction or itemized	d deducti	ons (from Schedul	le A)					12	:	24,8	800.
Standard	13	Qualified business income deduc	tion. Atta	ch Form 8995 or F	orm	8995-A .				13	;		
Deduction, see instructions.	14	Add lines 12 and 13								14			800.
	15	Taxable income. Subtract line 1	4 from lin	e 11. If zero or less	s, ent	er -0				15	, 1	L92,3	375.

16	Form 1040 (2020))									Page 2
18		16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	34,329.
19		17	Amount from Schedule 2, lir	ne 3						17	
20		18	Add lines 16 and 17							18	34,329.
21		19	Child tax credit or credit for	other dependen	ts					19	
22 Subtract line 21 from line 18. If zero or less, enter -0- 22 34,329 23 0 0 0 0 0 0 0 0 0		20	Amount from Schedule 3, lin	ne 7						20	
23 Other taxes, including self-employment tax, from Schedule 2, line 10		21	Add lines 19 and 20							21	
24 Add lines 22 and 23. This is your total tax 25 Federal income tax withheld from: a Form(s) 1099 c Other forms (see instructions) d Add lines 25a through 25c 25c 25c 25d 21,957. 25d 21,957. 25d 21,957. 25d 21,957. 25d 21,957. 25d 21,957. 26d 2202 estimated tax payments and amount applied from 2019 return 12 you have nontrazable contrast pay. 257 258 Refund 259 260 Recovery rebate credit: See instructions 260 270 Refund 271 282 Add lines 27 through 31. These are your total payments and refundable credits 281 282 Add lines 27 through 31. These are your total payments 283 Add lines 27 through 31. These are your total payments 294 Add lines 27 through 31. These are your total payments 295 Recovery rebate credit: See instructions 31 Amount from Schedule 3, line 13 32 Add lines 27 through 31. These are your total payments 33 Add lines 27 through 31. These are your total payments 34 Amount of line 34 you want refunded to your 2021 estimated tax. 350 Personal identifications 36 Amount of line 34 you want refunded to your 2021 estimated tax. 37 Subtract line 33 from line 24. This is the amount you over now 36 Amount of line 34 you want applied to your 2021 estimated tax. 37 Subtract line 33 from line 24. This is the amount you over now 37 12.528. 38 Subtract line 33 from line 24. This is the amount you over now 38 Amount of line 34 you want applied to your 2021 estimated tax. 38 Estimated tax penalty (see instructions for details. 290 you want to allow another person to discuss this return with the IRS? See instructions for details. 291 Penalter (line 34 you want applied to your 2021 estimated tax. 39 Amount of line 34 you want applied to your 2021 estimated tax. 39 Amount of line 34 you want applied to your 2021 estimated tax. 30 Amount of line 34 you want applied to your 2021 estimated tax. 30 Amount of line 34 you want applied to your 2021 estimated tax. 30 Amount of line 34 you want applied to your 2021 estimated tax. 31 Amount you over now 32 Subtract line 33 from line 24. This is the amou		22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	34,329.
25 Federal income tax withheld from: a Form(s) W-2 25b 21,957. b Form(s) 1999 25b 25c 25c 25c 25c d Add lines 25a through 25c		23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.
25 Federal income tax withheld from: a Form(s) W.2		24	Add lines 22 and 23. This is	your total tax					. ▶	24	34,329.
b Form(s) 1099		25	Federal income tax withheld	from:							
c Other forms (see instructions) d Add lines 25a through 25c 26 20c 20c estimated tax payments and amount applied from 2019 return 26 26 20c 20c estimated tax payments and amount applied from 2019 return 27 28 Additional child tax credit. Attach Schedule 8812 28 29 20c		а	Form(s) W-2				25a	21,	957.		
d Add lines 25a through 25c 25d 21,957.		b	Form(s) 1099				25b				
26 2020 estimated tax payments and amount applied from 2019 return 27 Earned income credit (EIC) . No 27 28 Additional child tax credit. Attach Schedule 8812 . 28 28		С	Other forms (see instruction	s)			25c				
26 2020 estimated tax payments and amount applied from 2019 return 27 Earned income credit (EIC) . No 27 28 Additional child tax credit. Attach Schedule 8812 . 28 28		d	Add lines 25a through 25c							25d	21,957.
additional child tax credit. Attach Schedule 8812 28 Additional child tax credit. Attach Schedule 8812 29 Amount from Schedule 3, line 13 32 Add lines 25d, 26, and 32. These are your total other payments and refundable credits ▶ 33 Add lines 25d, 26, and 32. These are your total payments	• If you have a	26	2020 estimated tax paymen	ts and amount a	pplied from 20	019 return				26	
attach Sch. EtC. 28	qualifying child,						1 1				
and methods and second payments of the second payments and refundable credits. Add lines 27 through 31. These are your total other payments and refundable credits. Add lines 27 through 31. These are your total payments. 32 Add lines 27 through 31. These are your total payments. 33 Add lines 26, 26, and 32. These are your total payments. 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid. 35 Amount of line 34 you want refunded to you. If Form 8888 is attached, check here. 36 Amount of line 34 you want refunded to you. If Form 8888 is attached, check here. 37 Breat land account number		28					28				
See instructions 30 Recovery rebate credit. See instructions 31 Amount from Schedule 3, line 13 32 Add lines 27 through 31. These are your total other payments and refundable credits 33 Add lines 25d, 26, and 32. These are your total payments 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a Amount of line 34 you want applied to your 2021 estimated tax 36 Amount of line 34 you want applied to your 2021 estimated tax 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) 39 Do you want to allow another person to discuss this return with the IRS? See instructions 20 Do you want to allow another person to discuss this return with the IRS? See Instructions 20 Do you want to allow another person to discuss 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. 39 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. 30 Date 31 Proparer's signature. If a joint return, both must sign. 31 Date 32 Proparer's signature. If a joint return, both must sign. 3	nontaxable	29	American opportunity credit	from Form 8863	B. line 8		29				
31 Amount from Schedule 3, line 13 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 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid . 34 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here . ▶ □ 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here . ▶ □ 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here . ▶ □ 35a Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 35a Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 35a Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 35a Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 35a Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 35a Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 35a Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 35a Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 35a Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 35a Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 35a Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 35a Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 35a Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 35a Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 37a 12 , 528. 37b 12 , 528. 37b 12 , 528. 37c 12 , 528. 38c Scinated tax penalty (see instructions) . ▶ 38 1.56. 37c 12 , 528. 38c Scinated tax penalty (see instructions) . ▶ 38 1.56. 38c Scinated tax penalty (see instructions) . ▶ 38 1.56. 37c 12 , 528. 37c 12		30	,		•		30				
32 Add lines 27 through 31. These are your total other payments and refundable credits 32			•								
Refund 34								ts	. ▶	32	
Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ▶ 35a			· ·	•							21.957.
Sign Here Sign Here Do you want to allow another person to discuss this return with the IRS? See instructions. Do you want to allow another person to discuss this return with the IRS? See instructions. Do you want to allow another person to discuss this return with the IRS? See instructions. Date Date Your occupation Freparer's name Preparer's signature Date Prin Check if: Prim's name GLOBAL TAXES LLC Phone no. Prim's name GLOBAL TAXES LLC Phone no. Prim's name GLOBAL TAXES LLC Phone no. Prim's address 2530 Pebble Creek Ln Cumming GA 30041 Firm's address 2530 Pebble Creek Ln Cumming GA 30041 Firm's allow Pirm's address Pirm's address Pirm's address Poone no. Prim's Eln Poone no. Prim's Eln Poone no. Prim's Eln Poone no. Prim's address Poone no. Prim's Eln Poone no. Prim's Eln Poone no. Prim's Eln Poone no. Prim's address Poone no. Poone no. Prim's address Poone no. Prim's address Poone no. Prim's address Poone no. Prim's address Poone no. Poone no. Prim's address Poone no. Prim's address Poone no. Prim's address Poone no. Prim's address Poone no. Poone no. Prim's address Poone no. Prim's address Poone no. Poone no. Poone no. Prim's address Poone no. Poone											227707.
Direct deposit? See instructions. b	Refund						-	-	 ▶ □		
See instructions. ▶ d Account number	Direct deposit?									Jou	
Amount You Owe For details or how to pay, see instructions. Third Party Designee Sign Here Joint return? See instructions. Joint return? See instructions. Sopouse's signature. If a joint return, both must sign. Sign at copy for your records. Phone no. Phone no. Preparer's name Preparer Use Only Amount of line 34 you want applied to your 2021 estimated tax							T	, 00	wings		
Amount You Owe For details on, hote: 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. **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. **Bestimated tax penalty (see instructions) **Do you want to allow another person to discuss this return with the IRS? See instructions **Designee's name ★ Do you want to allow another person to discuss this return with the IRS? See **Instructions							 				
You Owe 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. Now to pay, see instructions. 38 156. Third Party Designee Designee's name ▶ Do you want to allow another person to discuss this return with the IRS? See instructions. Yes. Complete below. No 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 If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶ Seo instructions. Keep a copy for your records. Phone no. Email address Phone no. Email address Preparer's name Preparer's signature Date PTIN Check if: SYAM PRIYA RAM SAGAR GUPTA TALLAM Phone no. (678) 965-9522 Firm's name ▶ GLOBAL TAXES LLC Phone no. (678) 965-9522 Phone no. (678) 965-9522 Phone no. (678) 965-9522	Amount		•							37	12 528
Sign Here Solection For details on how to pay, see instructions 38 156 2020. See Schedule 3, line 12e, and its instructions for details.		31			-					0,	12,520.
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Designee's Phone Personal identification number (PIN) ▶ 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 Foreparer's signature. If a joint return, both must sign. Phone no. Preparer's signature Phone no. Preparer's name Sym Priva Ram Sagar Gupta Tallam Syam Priva Ram Sagar Gupta Tallam 05/16/2021 P02082703 Self-employed Firm's name ▶ GLOBAL TAXES LIC Firm's address ▶ 2530 Pebble Creek Lin Cumming GA 30041 Firm's EIN ▶ 30-1017196											
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶ No No Designee's name ▶ 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. If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶ If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶ If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶ If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶ If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶ If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶ If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶ If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶ If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶ If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶ If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶ If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶ If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶ If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶ If the IRS sent your spouse and Identity Protection PIN, enter it here (see inst.) ▶ If the IRS sent your spouse and Identity Protection PIN, enter it here (see inst.) ▶ If the IRS sent your spouse and Identity Protection PIN, enter it here (see inst.) ▶ If the IRS sent your spouse and Identity Protection PIN, enter it here (see inst.) ▶ If the IRS sent you an		20	·	-			20		156		
Designee's name Personal identification number (PIN) Personal identification in number (PIN) Personal identification in identification number (PIN) Personal identification number (PIN) Personal identification number (PIN) Personal identification number (PIN) Personal identification number (Spouse's signature. If a joint return, both must sign. Date Pouse is signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identify Protection PIN, enter it here (see inst.) Phone no. Preparer's name Preparer's signature Preparer's signature Date PTIN Check if: SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 05/16/2021 P02082703 Self-employed Pirm's name PGLOBAL TAXES LLC Phone no. (678) 965–9522 Phone no. (678) 965–9522 Phone no. (678) 965–9522 Pirm's address P2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN 30–1017196									150.		
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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 Fit the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶ Spouse's signature. If a joint return, both must sign. Date Phone no. Phone no. Email address Preparer's signature Date Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM Firm's name ▶ GLOBAL TAXES LLC Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ▶ 30-1017196	Designee								•		
Here 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			• .								
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Reep a copy for your records. DATA ENGINEER Identity Protection PIN, enter it here (see inst.) ▶		Sn	ouse's signature. If a joint return.	anth must sign	Date			LNEEK	<u> </u>		at vour englise an
Phone no. Email address Preparer's name	Keep a copy for	Sp.	ouse's signature. If a joint return, i	Jour must sign.	Date	opouse's occupat	.1011				
Preparer's name	your records.					DATA ENGI	NEER		(see ii	nst.) ►	
Paid Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 05/16/2021 P02082703 Self-employed Firm's name ► GLOBAL TAXES LLC Phone no. (678)965-9522 Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ► 30-1017196		Ph	one no.		Email address						
Preparer Use Only Firm's name GLOBAL TAXES LLC Phone no. (678)965-9522	Doid	Pre	eparer's name	Preparer's signat	ure		Date	F	PTIN		Check if:
Firm's name ► GLOBAL TAXES LLC Phone no. (678)965-9522 Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ► 30-1017196		SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	05/16/	2021 P	02082	703	Self-employed
Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ▶ 30-1017196		Fir	m's name ▶ GLOBAL TA	XES LLC				'	Phone	e no. (678)965-9522
1010	Use Uniy	Fir	m's address ▶ 2530 Pebb	le Creek L	n Cummin	g GA 30041					·
	Go to www.irs.go	ov/Forr	m1040 for instructions and the late	st information.		BAA	REV 04/2	20/21 PRO			Form 1040 (2020)

Form **8889**

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment Sequence No. 52

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

VAMSI KRISHNA POTTLA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 704-75-5727

Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, it	f required.	
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions	☐ Self-only	✓ X Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others, see the instructions for the amount to enter	3	7,100.
4 5	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs	4 5	0. 7,100.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6	7,100.
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7 8	7 100
8 9 10	Add lines 6 and 7	8	7,100.
11 12 13	Add lines 9 and 10	11 12 13	2,000. 5,100. 0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	II HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	irate HSAS	, complete
14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	16	
	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b	
Part	completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.	arate HSA	
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form	21	



Pay by Check

- Make your check payable to "Minnesota Revenue."
- Print the last four digits of your Social Security number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

Note: Your payment may be delayed if your voucher information is missing or incorrect. When printing the voucher, set your printer to "Actual size" (not "Shrink oversized pages").

Scan Line

The scan line is the most important part of the voucher. When submitting your voucher make sure the scan line:

- Is printed with 66 digits characters, symbols, or masking are unacceptable.
- Is not cut off or missing.

Pay Electronically

- Pay electronically from your bank account. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box or call our automated system at 1-800-570-3329. We do not charge for this service.
- Pay by credit card or debit card. Go to www.paystatetax.com/mn or call 1-855-947-2966. Value Payment Systems processes these payments and charges you a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to www.revenue.state.mn.us and type
 ACH Credit into the Search box.

REV 04/16/21 PRO

Cut carefully along this line to detach. Your check authorizes us to make a one-time electronic fund transfer from your account.



Individual Estimated Tax Payment	Preparer Tax Identification Number:	P02082703
VAMSI KRISHNA POTTLA SREE BODDULURI 1120 NORTH WOOD DR Apt #204 EAGAN MN 55121	Social Security Number (required): Spouse's Social Security Number:	704755727 863154194
Make check payable to:	Tax-Year End:	123121
Minnesota Revenue P.O. Box 64037, St. Paul, MN 55164-0037	Amount of Check:	387 00



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- Print the last four digits of your Social Security number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

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- Pay by credit card or debit card. Go to www.paystatetax.com/mn or call 1-855-947-2966. Value Payment Systems processes these payments and charges you a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to www.revenue.state.mn.us and type
 ACH Credit into the Search box.

REV 04/16/21 PRO

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- Pay by credit card or debit card. Go to www.paystatetax.com/mn or call 1-855-947-2966. Value Payment Systems processes these payments and charges you a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to www.revenue.state.mn.us and type
 ACH Credit into the Search box.

REV 04/16/21 PRO

Cut carefully along this line to detach. Your check authorizes us to make a one-time electronic fund transfer from your account.



Individual Estimated Tax Payment	Preparer Tax Identification Number:	P02082703
VAMSI KRISHNA POTTLA SREE BODDULURI 1120 NORTH WOOD DR Apt #204 EAGAN MN 55121	Social Security Number (required): Spouse's Social Security Number:	704755727 863154194
Make check payable to:	Tax-Year End:	123121
Minnesota Revenue P.O. Box 64037, St. Paul, MN 55164-0037	Amount of Check:	387 00



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- Is not cut off or missing.

Pay Electronically

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- Pay by credit card or debit card. Go to www.paystatetax.com/mn or call 1-855-947-2966. Value Payment Systems processes these payments and charges you a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to www.revenue.state.mn.us and type
 ACH Credit into the Search box.

REV 04/16/21 PRO

Cut carefully along this line to detach. Your check authorizes us to make a one-time electronic fund transfer from your account.



Individual Estimated Tax Payment	Preparer Tax Identification Number:	P02082703
VAMSI KRISHNA POTTLA SREE BODDULURI 1120 NORTH WOOD DR Apt #204 EAGAN MN 55121	Social Security Number (required): Spouse's Social Security Number:	704755727 863154194
Make check payable to:	Tax-Year End:	123121
Minnesota Revenue P.O. Box 64037, St. Paul, MN 55164-0037	Amount of Check:	387 00



Income Tax Return Payment

Pay by Check

- Make your check payable to "Minnesota Revenue."
- Print the last four digits of your Social Security number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

Note: Your payment may be delayed if your voucher information is missing or incorrect. When printing the voucher, set your printer to "Actual size" (not "Shrink oversized pages").

Scan Line

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- Is printed with 66 digits characters, symbols, or masking are unacceptable.
- Is not cut off or missing.

Pay Electronically

- Pay electronically from your bank account. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box or call our automated system at 1-800-570-3329. We do not charge for this service.
- Pay by credit card or debit card. Go to www.paystatetax.com/mn or call 1-855-947-2966. Value Payment Systems processes these payments and charges you a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to www.revenue.state.mn.us and type
 ACH Credit into the Search box.

REV 04/16/21 PRO

Cut carefully along this line to detach. Your check authorizes us to make a one-time electronic fund transfer from your account.



Income Tax Return Payment	Preparer Tax Identification Number:	P02082703
VAMSI KRISHNA POTTLA SREE BODDULURI 1120 NORTH WOOD DR Apt #204 EAGAN MN 55121	Social Security Number (required): Spouse's Social Security Number:	704755727 863154194
Make check payable to: Minnesota Revenue	Tax-Year End:	123120
P.O. Box 64054, St. Paul, MN 55164-0054	Amount of Check:	294 00





2020 Form M1, Individual Income Tax

	SI KRISHNA	POTTLA	<u> </u>	04755727	070919		
Your First Name and Initial SREE If a Joint Return, Spouse's First Name and Initial		Your Last Name BODDULURI Spanned Last Name		our Social Security Number			
				63154194	052919		
		Spouse's Last Name	·	oouse's Social Security Num	·		
	NORTH WOOD DR Home Address	EAGAN City		$rac{N}{\text{ate}} = rac{55121}{\text{ZIP Code}}$	Check if Addres	ss is: Foreign	
(1)	Federal Filing Status (place) Single (2) Married Filing Jointly Indents (see instructions)	(3) Married Filing Separate Spouse Name Spouse SSN	•	(4) Head of Househo	old (5) Qualifying W	/idow(er	
Depende	ent 1 First Name	Dependent 1 Last Name	De	ependent 1 SSN	Dependent 1 Relationship	to You	
Depende	ent 2 First Name	Dependent 2 Last Name	De	ependent 2 SSN	Dependent 2 Relationship to You		
Depende	ent 3 First Name	Dependent 3 Last Name	De	ependent 3 SSN	Dependent 3 Relationship	to You	
	de Spouse's Code Repub Democ Your Federal Return (see in	cratic/Farmer-Labor—12 Grassroot		Libertarian—16 Ger	al Marijuana Now—17 neral Campaign Fund—99 192375 Federal taxable income		
	·		. ,		0.4 =	175	
	Federal adjusted gross income () Additions to Minnesota income f						
3	Add lines 1 and 2				3217	175	
4	Itemized deductions (from Sched	dule M1SA) or your standard o	leduction (see instruction	ns)	. 4∎24	220	
5	Exemptions (determine from inst	ructions)			5 🗖		
6 7	State income tax refund from line Other subtractions from Minness (see instructions; enclose Schedu	ota income from line 47 of Sch	edule M1M				
8	Total subtractions. Add lines 4 th	rough 7			88	220	
9	Minnesota taxable income. Subt	ract line 8 from line 3. If zero or	less, leave blank		9192	<u> 2955</u>	
10	Tax from the table in the Form N	11 instructions			1012	2932	
11	Alternative minimum tax (enclose	e Schedule M1MT)			11 🖷		

2020 M1, page 2



12	Add lines 10 and 11		12	12932
13	Full-year residents: Enter the amount from line 12 on line 1	13. Skip lines 13a and 13b.		
	Part-year residents and nonresidents: From Schedule M1NR	R, enter the amount from line 32 on		
	line 13, from line 28 on line 13a, and from line 29 on line 13	Bb (enclose Schedule M1NR)	13	12932
	0	0		
	13a ■0 13b ■			
14	Other taxes, such as recapture amounts and the tax on lum	p-sum distributions (check appropriate boxes)		
	(a) Calcadada NACHONE (b) Calcadada NACE 20	(a) Calcadada MALC		1
	(a) Schedule M1HOME (b) Schedule M1529	(c) Schedule MILS	14	
15	Tax before credits. Add lines 13 and 14		15	12932
	tax before dreates. Add lines 15 and 11			
16	Amount from line 17 of Schedule M1C, Nonrefundable Cred	dits (enclose Schedule M1C)	16 ■	427
	, ,	,		
17	Subtract line 16 from line 15 (if result is zero or less, leave b	olank)	17	<u> 12505</u>
18	Nongame Wildlife Fund contribution (see instructions)	~		
	This will reduce your refund or increase the amount you ow	ve	18 ■	
10	Add lines 17 and 18		19	12505
19 20	Minnesota income tax withheld. Complete and enclose Scho		19	
20	Minnesota withholding from Forms W-2, 1099, and W-2G (do		20 ■	12211
		,,		
21	Minnesota estimated tax and extension payments made for	r 2020	21 ■	l
22	Amount from line 9 of Schedule M1REF, Refundable Credits	(see instructions; enclose Schedule M1REF)	22	l
				12211
23	Total payments. Add lines 20 through 22		23	
24	REFUND . If line 23 is more than line 19, subtract line 19 from For direct deposit, complete line 25		24 -	
25	Direct deposit of your refund (you must use an account not		24	
		t associated with a foreign same.		
	Checking Savings			
	Routing Number	Account Number		
26	AMOUNT YOU OWE. If line 19 is more than line 23, subtract	ct line 23 from line 19 (see instructions)	26 ■	294
27	Penalty amount from Schedule M15 (see instructions). Also			
	this amount from line 24 or add it to line 26 (enclose Sched		27 ■	
	OU PAY ESTIMATED TAX and want part of your refund credite			i
28	Amount from line 24 you want sent to you		28 ■	
29	Amount from line 24 you want applied to your 2021 estima	ited tax	29 ■	I
	7 mile me mile 2 myed want applied to year 2021 estima	accordant in the control of the cont		
Гахр	ayer: I declare that this return is correct and complete to the	best of my knowledge and belief.		
Your	Signature	Spouse's Signature (If Filing Jointly)	_ <u>_</u>	ate (MM/DD/YYYY)
	99665063	VAMSIPOTLA@GMAIL.COM		ate (14114) 557 11117
	me Phone	Email Address		
SYZ	M PRIYA RAM SAGAR GUPTA TALLAM	05162021	Р	02082703
	Preparer's Signature	Date (MM/DD/YYYY)		TIN or VITA/TCE # (required)
	39659522	SYAM@GTAXFILE.COM		
repa	rer's Daytime Phone	Preparer's Email Address		
	I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue	to discus	ss this return
		with my paid preparer or the third-party designee i	ndicated	on my federal return.

Include a copy of your 2020 federal return and schedules.

REV 04/16/21 PRO

Mail to: Minnesota Individual Income Tax, St. Paul, MN 55145-0010





2020 Schedule M1C, Nonrefundable Credits

Complete this schedule to determine line 16 of Form M1. Include this schedule when filing your return.

VAN	MSI KRISHNA	POTTLA	7047557	'27
our/	First Name and Initial	Your Last Name	Your Social Sec	urity Number
1		rn when both spouses have taxable earned income (enclose Schedule M1MA)	1 ■	427
2	Credit for long-term care insu	rance premiums paid (enclose Schedule M1LTI)	2 ■	
3	Credit for taxes paid to anoth	er state (enclose Schedule(s) M1CR and M1RCR)	3 ■	
4	Credit for Past Military Service	e (see instructions)	4 ■	
5	Employer Transit Pass Credit ((enclose Schedule ETP)	5 ■	
6	SEED Capital Investment Cred	lit (see instructions; enclose certification)	6 ■	
7	Education Savings Account Co	ontribution Credit (enclose Schedule M1529)	7 ■	
8	Credit for Attaining Master's I	Degree in Teacher's Licensure Field (enclose Schedule M1CMD)	8 ■	
9	Student Loan Credit (enclose	Schedule M1SLC)	9 ■	
10		ent Credit	10 🔳	
11	_	cultural Assets	11	
12	Credit for increasing research	activities (enclose Schedule KPI, KS, or KF)	12 🔳	
13	Carryforward of prior year Be BF	ginning Farmer Management Credits (see instructions)	13 🔳	
14	Carryforward of prior year Ov AO AO	vners of Agricultural Assets Credits (see instructions)	14 🔳	
15		edit for Increasing Research Activities	15 🔳	
16	Alternative Minimum Tax Cre	dit (enclose Schedule M1MTC)	16 🔳	0
17	Add lines 1 through 16. Enter	total here and on line 16 of Form M1	17	427

You must include this schedule with your Form M1.





2020 Schedule M1MA, Marriage Credit

VAMSI KRISHNA Your First Name and Initial				755727 cial Security Number	
SREE Spouse's First Name and Initial				863154194 Spouse's Social Security Number	
Part 1 2	Wages, salaries, tips, etc. (see instructions) Self-employment income (from line 3 of federal Schedule SE, less deduction from line 13 of federal Schedule SE)	the self-employment tax			
3	Taxable pension income (see instructions)	3			
4	Taxable Social Security income (from line 6b of federal Form 1040	or 1040-SR) 4			
5	Add lines 1 through 4 for each column	5	111805		105370
6	Amount from line 5, Column A or B, whichever is less (If less than	\$25,000, STOP HERE. You do n	ot qualify)	. 6	105370
7 8	Joint taxable income from line 9 of Form M1. (If less than \$40,000 If line 6 is less than \$103,000, determine the amount of your cred — Full-year residents: Enter the result here and on line 1 of 5 — Part-year residents and nonresidents: Skip ahead to Part 1 If line 6 is \$103,000 or more, continue to Part 2	dit using lines 6 and 7 and the t Schedule M1C	able in the instruction	S.	
Part 9	2 — If Line 6 is \$103,000 or More Enter the amount from line 6			. 9	105370
10	Value of one-half of the standard deduction for Married Filing Join	ntly		10	12,400
11	Subtract line 10 from line 9			11	92970
12	Using the tax schedule for single persons in the M1 instructions, or	compute the tax for the amour	t on line 11	12	5977
13	Amount from line 7	13	192955		
14	Amount from line 11			14	92970
15	Subtract line 14 from line 13 (If zero or less, STOP HERE . You do no	ot qualify)		15	99985
16	Using the tax schedule for single persons in the Form M1 instruct	ions, compute the tax for the a	mount on line 15	16	6528
17	Tax from line 10 of Form M1			17	12932
18	Add lines 12 and 16			_	12505
19	Subtract line 18 from line 17. If the result is more than \$1,533, en Full-year residents: Enter the result here and on line 1 of Schedul Part-year residents and nonresidents: Continue to Part 3.	- ,			427
Part 20	3 — Part-Year Residents and Nonresidents Part-year residents and nonresidents: Enter the percentage from	line 30 of Schedule M1NR		20	
21	Multiply line 8 or line 19, whichever is applicable, by line 20. Ente	r the result here and on line 1	of Schedule M1C	21	

Include this schedule when you file Form M1. Keep a copy for your records. 1031

REV 04/16/21 PRO





2020 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

VAMSI KRISHN	JA	POTTL	A			70475	5727		
Your First Name and Initia	al	Last Name			Your Social Security Number				
SREE		BODDU]	BODDULURI			863154194			
If a Joint Return, Spouse's F	irst Name and Initial	Spouse's Las	Spouse's Last Name				Spouse's Social Security Number		
If you received a fede complete this schedul amounts to the neare W-2G; keep them witl Minnesota wages a complete line 5 on A If the Form W-2 is for: you, enter 1	e to determine line st whole dollar. You n your tax records. A nd Minnesota tax wi	20 of Form M n must include All instructions thheld on Forn C—Box 15	1. List only the for this schedule whe s are included on the ns W-2, other than f	ms that re n you file y nis schedu rom Forms D—Bo State v	port Minnesota incon your return. DO NOT le. w-2G. If you have mo	ne tax withhel send in your F re than five For E—Box 17 Minnesota	d. Round dollar orms W-2, 1099, or		
• spouse, enter 2 a1 1	mark an X below. b1	c1 MN	3305589	d1	111805	e1	7031		
a2 <u>2</u>	_{b2} X	c2 MN	8798349	d2	105370	e2	5180		
a3	b3	c3 MN		d3		e3			
a4	b4	c4 MN		d4		e4			
a5	b5	c5 MN		d5		e5			
	held on Forms 1099,	, W-2G, and 10 B Payer's sever		ore than for C Incom	ur forms, complete line e amount (see the table on ck for amounts to include)	e 6 on the back D Minnesc			
• spouse, enter 2		b1 MN		c1		d1			
a2		b2 MN		c2		d2			
a3		b3 MN		c3		d3			
a4		b4 MN		c4		d4			
Subtotal for additio	Subtotal for additional 1099, W-2G, and 1042-S (from line 6 on page 2)								
Total Minnesota ta	x withheld on all 10	99, W-2G, and	1042-S (add amoun	ts in line 2,	column D)	2■			
3 Total Minnesota ta						3■			
4 Total. Add the Minr	nesota tax withheld	on lines 1, 2, ar	nd 3.				12211		