

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

| | |
|-----------------------------------------------|---------------------------------------|
| Taxpayer's name NAGA PRATHYUSHA AMBATIPUDI | Social security number 691-54-1008 |
| Spouse's name | Spouse's social security number |

Part I Tax Return Information – Tax Year Ending December 31, (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 | 159,523. |
| 2 Total tax | 2 | 29,389. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 30,941. |
| 4 Amount you want refunded to you | 4 | 1,552. |
| 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

| | | | | |
|---|---|---|---|---|
| 4 | 1 | 0 | 0 | 8 |
|---|---|---|---|---|

 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: NAGA PRATHYUSHA
Last name: AMBATIPUDI
Your social security number: 691-54-1008
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions. 119 TOWNE STREET
City, town, or post office. If you have a foreign address, also complete spaces below. STAMFORD
State: CT
ZIP code: 06902
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [] You [] Spouse

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

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

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

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

Main income table with columns for line numbers and amounts. Includes sections for Attach Sch. B if required, Standard Deduction for, and Taxable income calculation.

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 | 29,389. |
| 17 | Amount from Schedule 2, line 3 | 17 | 0. |
| 18 | Add lines 16 and 17 | 18 | 29,389. |
| 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 | 29,389. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 23 | 0. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 29,389. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 30,941. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 30,941. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) | 27 | |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 30,941. |

Refund

| | | | |
|------------|-------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------------------|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 1,552. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 1,552. |
| b | Routing number 052001633 | c | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
| d | Account number 446031771904 | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |

Amount You Owe

For details on how to pay, see instructions.

| | | | |
|-----------|----------------------------------------------------------------------|-----------|--|
| 37 | Subtract line 33 from line 24. This is the amount you owe now | 37 | |
| 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 | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| <i>[Signature]</i> | | SERVICENOW DEVELOPER | |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| | | | |
| Phone no. | Email address | | |

Paid Preparer Use Only

| | | | | |
|-----------------------------------|---------------------------------------|------------|-----------|----------------------------------------|
| Preparer's name | Preparer's signature | Date | PTIN | Check if: |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA RAM SAGAR GUPTA TALLAM | 02/24/2021 | P02082703 | <input type="checkbox"/> Self-employed |
| Firm's name | Firm's address | | | Phone no. |
| GLOBAL TAXES LLC | 2530 Pebble Creek Ln Cumming GA 30041 | | | (678) 965-9522 |
| Firm's EIN | | | | |
| | | | | 30-1017196 |

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

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2020

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return

NAGA PRATHYUSHA AMBATIPUDI

Your social security number

691-54-1008

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes** **No**

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 62,135. | 64,622. | 9,009. | 6,522. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | 13. | 13. | | 0. |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | 6,522. |

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back | | | | 15 |

Part III Summary

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------|
| <p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | 16 | 6,522. |
| <p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> | | |
| <p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p> | 18 | |
| <p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶</p> | 19 | |
| <p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p> | | |
| <p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> | 21 () | |
| <p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p> | | |

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

NAGA PRATHYUSHA AMBATIPUDI

Social security number or taxpayer identification number

691-54-1008

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | ROBINHOOD SECURITIES LLC | 05/29/20 | 12/04/20 | 62,135. | 64,622. | W | 9,009. | 6,522. |
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| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ► | | | | 62,135. | 64,622. | | 9,009. | 6,522. |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

NAGA PRATHYUSHA AMBATIPUDI

Social security number or taxpayer identification number

691-54-1008

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | ROBINHOOD SECURITIES LLC | 06/22/20 | 09/23/20 | 13. | 13. | | | 0. |
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| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ► | | | | 13. | 13. | | | 0. |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form CT-1040 Required Fields

The following fields are required to be automatically populated or completed for taxpayers to continue filing, or must be completed in response to the selection of other fields.

Required to be Automatically-Populated Fields

Each page of each form submitted to DRS must include the following automatically populated fields:

1. **Document Identification Numbers** - Three occurrences of the Document Identification Number (DIN) must be on each page. The QR Code and two DINs must be on each scannable page. (See Document Identification Number and Quick Reference (QR) Code, on Page 4.)
2. **Social Security Number** - The Social Security Number must appear at the top of Form CT-1040, Pages 2, 3, and 4.
3. In addition, the following **Checklist for filing your Connecticut income tax return** must be included when hard copies of the form are printed. Taxpayers should not send the checklist to DRS with the return.

Do not send this sheet with your return.

Checklist for filing your Connecticut income tax return:

1. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Verify that the address lines on the return are correct and proper abbreviations are used.
3. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
4. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
5. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
6. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
7. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at www.ct.gov/TSC using the Taxpayer Service Center.)
8. **Do not attach or send copies of forms W-2 or 1099.**
9. Send **all** completed pages of CT-1040, Schedule CT-EITC, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, and Form CT-6251. Send **all** four pages of your completed return, both pages of your completed CT-EITC schedule, and any other supporting schedules.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2020 Form CT-1040" on your check.
12. To mail your return, use the following addresses:
 - For all tax returns with payment:
 - Department of Revenue Services
 - PO Box 2977
 - Hartford CT 06104-2977
 - For refunds and tax returns without payment:
 - Department of Revenue Services
 - PO Box 2976
 - Hartford CT 06104-2976
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited.
15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040.

Do not send this sheet with your return.

10401220V011555



Form CT-1040 - 2020
Connecticut Resident Income Tax Return
(Rev. 12/20)

Page 1 of 4

Other tax year, beginning: and ending:

Y S N FJ N MFS N HOH N QW

691 - 54 - 1008 - -

NAGA PRATHYUSHA AMBATIPUDI N Dec.

N Dec.

119 TOWNE ST N CT-8379 N CT-2210

N CT-1040 CRC N Federal Form 1310

STAMFORD CT 06902 - •

| | | |
|-----------------------------------------------------------------------------------------------------------------|-----|--------|
| 1. Federal adjusted gross income (from federal Form 1040, Line 11, or federal Form 1040-SR, Line 11) | 1. | 159523 |
| 2. Additions to federal adjusted gross income (from Schedule 1, Line 38) | 2. | 0 |
| 3. Add Line 1 and Line 2 | 3. | 159523 |
| 4. Subtractions from federal adjusted gross income (from Schedule 1, Line 50) | 4. | 0 |
| 5. Connecticut adjusted gross income: Line 4 subtracted from Line 3. | 5. | 159523 |
| 6. Income tax | 6. | 8822 |
| 7. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59) | 7. | 0 |
| 8. Line 7 subtracted from Line 6. If Line 7 is greater than Line 6, "0" is entered. | 8. | 8822 |
| 9. Connecticut alternative minimum tax (from Form CT-6251) | 9. | 0 |
| 10. Add Line 8 and Line 9. | 10. | 8822 |
| 11. Credit for property taxes paid on your primary residence, motor vehicle, or both (from Schedule 3, Line 68) | 11. | 0 |
| 12. Line 11 subtracted from Line 10. If less than zero, "0" is entered. | 12. | 8822 |
| 13. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11) | 13. | 0 |
| 14. Connecticut income tax: Line 13 subtracted from Line 12. If less than zero, "0" is entered. | 14. | 8822 |
| 15. Individual use tax (from Schedule 4, Line 69). If no tax is due, "0" is entered. | 15. | 0 |
| 16. Total tax: Add Line 14 and Line 15. | 16. | 8822 |

Clip check here. Do not use staples. Do not send Forms W-2 or 1099, or Schedules CT K-1.



10401220V011555

Form CT-1040, Page 2 of 4

10401220V021555



• 691541008

17. Amount from Line 16

17. 8822

Forms W-2, W-2G, and 1099 Information

| | Col. A - Employer or Payer's Fed. ID # | Col. B - CT Wages, Tips, etc. | Col. C - CT Income Tax Withheld |
|------|----------------------------------------|-------------------------------|---------------------------------|
| 18a. | 74 - 3112275 | • 153000 | 8626 |
| 18b. | - | • 0 | 0 |
| 18c. | - | • 0 | 0 |
| 18d. | - | • 0 | 0 |
| 18e. | - | • 0 | 0 |

18f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 18f. 0

| | | |
|------------------------------------------------------------------------------------------------|------|------|
| 18. Total Connecticut income tax withheld: Amounts in Column C. | 18. | 8626 |
| 19. All 2020 estimated tax payments and any overpayments applied from a prior year | 19. | 0 |
| 20. Payments made with Form CT-1040 EXT | 20. | 0 |
| 20a. Earned income tax credit (from Schedule CT-EITC, Line 16). | 20a. | 0 |
| 20b. Claim of right credit (from Form CT-1040 CRC, Line 6). | 20b. | 0 |
| 20c. Pass-through entity tax credit: (from Schedule CT-PE, Line 1). Schedule must be attached. | 20c. | 0 |
| 21. Total payments and refundable credits: Add Lines 18, 19, 20, 20a, 20b and 20c. | 21. | 8626 |
| 22. Overpayment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21. | 22. | 0 |

23. Amount of Line 22 you want applied to your 2021 estimated tax 23. 0

24. Reserved for future use 24. 0

24a. Total contributions of refund to designated charities (from Schedule 5, Line 70) 24a. 0

25. Refund: Lines 23, 24, and 24a subtracted from Line 22. 25. 0

If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.

25a. Acct. type N Ck. N Sv. 25b. Rout. # 25c. Acct. #

25d. Refund going to a bank account outside the U.S. 25d. N

26. Tax due: If Line 17 is more than Line 21, Line 21 subtracted from Line 17. 26. 196

27. If late: Penalty entered. Line 26 multiplied by 10% (.10). 27. 0

28. If late: Interest entered. Line 26 multiplied by number of months or fraction of a month late, then by 1% (.01). 28. 0

29. Interest on underpayment of estimated tax (from Form CT-2210) 29. 0

30. Total amount due: Add Lines 26 through 29. 30. 196.00

Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

| | | | |
|-------------------------------------------|---------------|----------------------------|----------------------|
| Your signature | Date | Home/cell telephone number | |
| • | • | 9375738396 | |
| Spouse's signature (if joint return) | Date | Daytime telephone number | |
| • | • | • | |
| Paid preparer's signature | Date | Telephone number | Paid Preparer's PTIN |
| • SYAM PRIYA RAM SAGAR GUPT | • 022421 | • 6789659522 | P02082703 |
| Paid preparer's name | FEIN | | |
| SYAM PRIYA RAM SAGAR GUPTA TALL | 301017196 | | |
| Firm's name, address and ZIP code | Self-employed | | |
| • 2530 PEBBLE CREEK LN CUMMING GA 30041 - | N | | |

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

| | | |
|-----------------|------------------|--------------------------------------|
| Designee's name | Telephone number | Personal identification number (PIN) |
| • | • | • |

Sign Here
Keep a copy for your records.

10401220V021555

10401220V031555



• 691541008

Schedule 1 - Modifications to Federal Adjusted Gross Income

| | | |
|------------------------------------------------------------------------------------------------------------------|------|---|
| 31. Interest on state and local government obligations other than Connecticut | 31. | 0 |
| 32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations | 32. | 0 |
| 33. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income | 33. | 0 |
| 34. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero. | 34. | 0 |
| 35. Loss on sale of Connecticut state and local government bonds | 35. | 0 |
| 36. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year. | 36. | 0 |
| 36a. 80% of Section 179 federal deduction. | 36a. | 0 |
| 37. Other - specify • | 37. | 0 |
| 38. Total additions: Add Lines 31 through 37. | 38. | 0 |
| 39. Interest on U.S. government obligations | 39. | 0 |
| 40. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations | 40. | 0 |
| 41. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet) | 41. | 0 |
| 42. Refunds of state and local income taxes | 42. | 0 |
| 43. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities | 43. | 0 |
| 44. Military retirement pay | 44. | 0 |
| 45. 25% of income received from Connecticut Teachers' Retirement System | 45. | 0 |
| 46. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero. | 46. | 0 |
| 47. Gain on sale of Connecticut state and local government bonds | 47. | 0 |
| 48. CHET contributions made in 2020 or an excess carried forward from a prior year Acct. #: | 48. | 0 |
| 48a. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding three years. | 48a. | 0 |
| 48b. 28% of pension or annuity income. | 48b. | 0 |
| 49. Other - specify • | 49. | 0 |
| 50. Total subtractions: Add Lines 39 through 49. | 50. | 0 |

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

| | | |
|------------------------------------------------|-----|---|
| 51. Modified Connecticut adjusted gross income | 51. | 0 |
|------------------------------------------------|-----|---|

| | | Col. A | Col. B |
|------------------------------------------------------------------------------------------------------------------------------------------|-----|--------|--------|
| 52. Qualifying jurisdiction's name and two-letter code | 52. | | |
| 53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 worksheet) | 53. | 0 | 0 |
| 54. Line 53 divided by Line 51 | 54. | 0.0000 | 0.0000 |
| 55. Income tax liability: Line 11 subtracted from Line 6. | 55. | 0 | 0 |
| 56. Line 54 multiplied by Line 55 | 56. | 0 | 0 |
| 57. Income tax paid to a qualifying jurisdiction | 57. | 0 | 0 |
| 58. Lesser of Line 56 or Line 57 | 58. | 0 | 0 |
| 59. Total credit: Add Line 58, all columns. | 59. | | 0 |

10401220V031555

Form CT-1040, Page 4 of 4

10401220V041555



• 691541008

Schedule 3 - Property Tax Credit

65 years or older One or more dependents on federal return

| <i>Qualifying Property</i> | <i>Primary Residence</i> | <i>Auto 1</i> | <i>Auto 2</i> |
|------------------------------------------------------------------------------------------------------------|--------------------------|---------------|-----------------|
| Name of Connecticut Tax Town or District | • | • | • |
| Description of Property | • | • | • |
| Date(s) Paid | • | • | • |
| Amount Paid | 60. | 0 | 61. |
| | | 0 | 62. |
| 63. Total property tax paid: Add Lines 60, 61, and 62. | | | 63. 0 |
| 64. Maximum property tax credit allowed | | | 64. • 200 |
| 65. Lesser of Line 63 or Line 64. | | | 65. • 0 |
| 66. Property tax credit limitation decimal amount: If zero, the amount from Line 65 is entered on Line 68. | | | 66. • 0.00 |
| 67. Line 65 multiplied by Line 66. | | | 67. • 0 |
| 68. Line 67 subtracted from Line 65. | | | 68. 0 |

Schedule 4 - Individual Use Tax

| | | |
|--------------------------------------------------------------------------------------------|-------|---|
| 69a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7) | 69a. | 0 |
| 69b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7) | 69b. | 0 |
| 69c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7) | 69c. | 0 |
| 69d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7) | 69d. | 0 |
| 69. Individual use tax: Add Lines 69a, 69b, 69c, and 69d. | 69. • | 0 |

Schedule 5 - Contributions to Designated Charities

| | | |
|------------------------------------------------------------|------|---|
| 70a. AR | 70a. | 0 |
| 70b. OT | 70b. | 0 |
| 70c. ES/W | 70c. | 0 |
| 70d. BCR | 70d. | 0 |
| 70e. SNS | 70e. | 0 |
| 70f. MR | 70f. | 0 |
| 70g. CBS | 70g. | 0 |
| 70h. MHCIA | 70h. | 0 |
| 70. Total Contributions: Add Lines 70a through 70h. | 70. | 0 |
| Taxpayer email | | |