Internal Revenue Service

IRS e-file Signature Authorization

Social accurity number

ERO must obtain and retain completed Form 8879.
 Co to www.irc.gov/Eorm 8970 for the latest information

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

Submission Identification Number (SID)

Taxpayer's name

l'axpayer's name	Social security number					
VENKATA SHYAM KUMAR GUNDALA 673-17-6418						
Spouse's name	Spouse's social security number					
VENKATA SANTOSHI NAG KALURI	955-99-1923					
Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter year you are authorizing.)						
Enter whole dollars only on lines 1 through 5.						
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1 Adjusted gross income	1 152,638.					
2 Total tax	2 18,247.					
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 16,868.					
4 Amount you want refunded to you	4					
5 Amount you owe	· · · · 5 311.					
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and	I 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

X	l authorize	GLOBAL	IAXES	ERO firm name	to enter or generate my PIN	E	r
$\mathbf{\nabla}$	I authorize	CTODAT	TAVEC	TTO	to optox or concrete my DIN	1	

	7	6	4	1	8	
Enter five digits, but don't enter all zeros						

Enter five digits, but don't enter all zeros

9 1 9 2 3

my

as mv

signature on the income tax return (original or amended) I am now authorizing.

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 ►

Spouse's PIN: check one box only

X I authorize GLOBAL TAXES LLC ERO firm name

signature on the income tax return (original or amended) I am now authorizing.

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 I					 			
Practitioner PIN Method Returns Only—continu	e be	low							
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		8 nter a	 	9	8 9	9

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 – Don't Submit This Form to the IRS Un		
			F 0070 (D 01 0001)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

Date

to enter or generate my PIN

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



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.

(99)

VENKATA SHYAM KUMAR GUNDALA VENKATA SANTOSHI NAG KALURI 20 BOXWOOD DRIVE 38 LITTLETON MA 01460

Enter the amount of your payment. 1555

311.

REV 03/13/21 PRO

INTERNAL REVENUE SERVICE P.O. BOX 931000 LOUISVILLE, KX 40543-7000

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only Hyou 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 micro ta child but not your dependent b Your social security number Your first name and middle initial Last name Your social security number VENKATA SHYAM GUNDALA 673-17-6418 Your, or post files NAG KALURI 955-99-1923 Home address (number and strest). If you have a P.O. box, see instructions. Apt. no. 73.8 Check here if you, or you 20 BOXMOOD DRIVE Na O1460 O1460 You Spouse Foreign country name Foreign province/stata/country Foreign postal code You Spouse You Spouse Standard Someone can claim: You as a dependent You reporter You Spouse You Spouse Persidential Were toor before January 2, 1956 Are blind Spouse: You Spouse Foreign province/stata/country (Pisel aname) (Pisel aname) Spouse Chel for other depende	104		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 20	20	OMB No. 1545	5-0074	IRS Us	e Only	–Do not v	write or staple	in this space.
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Home address (number and street). If you have a P.O. box, see instructions. Apl. no. 38 Presidential Election Campaign 2.0 BOXWOOD DRUVE State ZIP code South in the presidential Election Campaign City, town, or poor diffice. If you have a foreign address, also complete spaces below. State ZIP code Presidential Election Campaign Foreign country name Foreign province/state/county Foreign province/state/county Foreign postal code you tax or refund. You Spouse Someone can claim: You as a dependent Your spouse as a dependent You Spouse Definition Spouse itemizes on a separate return or you were a dual-status alien Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Last name number You Spouse If more than four dependents, see instructions: (2) Social security (3) Relationship (A) If qualifies for see instructions; Is blind Attach 2a Last name Last name Last name Is blind Check here if reginering in the set of the set of the dependents Son X Check there if you, or dependents Standard Sa Qualified dividends<	If joint return, s	pouse's	s first name and middle initial	Last na	me						Spouse	's social se	curity number
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20 BOXWOOD DRIVE 38 Check here if you, or your Spouse if finity, ward 32 City, town, or post office. If you have a foreign address, also complete spaces below. State 2/P code Spouse if finity, ward 32 LITTLEFON MA 0.14 60 box below will not change your tax or refund. Image: Spouse it finity ward 32 Spouse it finity ward 32 Spouse it finity ward 32 No Standard Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Vex No Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents, see instructions): (2) Social security (3) Relationship (4) // If qualifies for (see instructions): Credit for other dependent if more than four dependents, see instructions 1 152, 621. Xi Standard Social security benefits Sa a Qualified dividends 3a b Tax-exempt interest Sa Sa Sa Sa Sa Sa Sa Sa <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>A</td><td>pt. no.</td><td></td><td></td><td></td><td></td></t<>								A	pt. no.				
Curry, Control on the post nices, in your have a holegin address, also complete spaces below. State 2P dode to go to this fund, checking a box below into change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code Vou Spouse At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Deduction 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 Dependents (1) First name Last name number to you Child tax credit Credit for other dependents see instructions 1 152, 621. b Tax-exempt interest 2b 17. Attach 26 Social security benefits 5a b Taxable amount 5b Standard Social security benefits 6a b Taxable amount 5b Standard orenine Social security benefits	20 BOXW	DOD 1	DRIVE					1	38				
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Foreign country name Foreign province/state/county Foreign postal code your tax or refund. 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 Deduction 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 Dependents (see instructions): (I) First name (2) Social security (3) Relationship (4) V/ if qualifies for (see instructions): If more than four dependents, see instructions (1) First name Last name (2) Social security b Relationship (4) V/ if qualifies for (see instructions): If and check	LITTLET	ON				M	A	014					•
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Qualifying widow(er), \$24,800 a From Schedule 1, line 22 10a b Charitable contributions if you take the standard deduction. See instructions 10b 10b • Head of household, \$18,650 c Add lines 10a and 10b. These are your total adjustments to income		10											
widow(er), \$24,800 b Charitable contributions if you take the standard deduction. See instructions 10b • Head of household, \$18,650 c Add lines 10a and 10b. These are your total adjustments to income	jointly or Crow Schoolula 1 line 20				a								
 Head of household, \$18,650 If you checked any box under Standard Deduction, see instructions, see instructions, see instructions, see instructions, see instructions. Add lines 10a and 10b. These are your total adjustments to income	widow(er), b Charitable contributions if you take the standard deduction. See instructions 10b												
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If you checked any box under Standard 12 Standard deduction or itemized deductions (from Schedule A) 12 29,152. I3 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 13 Add lines 12 and 13 13 14 29,152.	household,	usehold, 11 Subtract line 10c from line 9. This is your adjusted gross income					▶ 11	1 1	52,638.				
any box under Standard13Qualified business income deduction. Attach Form 8995 or Form 8995-A13Deduction, see instructions.14Add lines 12 and 131429,152.	 If you checked 	·		,								1	
<i>Deduction,</i> see instructions. 14 Add lines 12 and 13			Qualified business income deducti	ion. Atta	ch Form 8995 o	r Form 8	3995-A				. 13		
	Deduction,											1	29,152.
		15									. 15		

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2020)

16 Tax (see instructions), Check if any from Form(s): 1 □ 8814 2 □ 4972 3 □
18 Add lines 16 and 17 18 18,747 19 Child tax credit or credit for other dependents 19 500 20 Amount from Schedule 3, line 7 20 21 Add lines 19 and 20 21 500 22 18,247 23 0 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 18,247 25 Federal income tax withheld from: 25a 16,868. 6 Form(s) 1099 25b 25c 4 Add lines 25a through 25c 25c 25d 4 Add lines 25a through 31. These are your total exits 28 29 26 22020 estimated tax payments and amount applied from 2019 return 26 26 27 28 Add lines 27 through 31. These are your total other payments and refundable credits 30 1,068. 30 Recovery rebate credit. See instructions 30 1,068. 31 31 32 Add lines 32. Anout of time 34, subtact line 24 from line 33. This is the amount you overpaid 34 34 <
19 Child tax credit or credit for other dependents 19 500 20 Amount from Schedule 3, line 7 20 21 Add lines 19 and 20 21 500 22 Number 11 for mine 18, lf zero or less, enter -0- 22 18, 247 23 Other taxes, including self-employment tax, from Schedule 2, line 10 24 18, 247 25 Federal income tax withheld from: 25a 16, 868. 2 Other taxes, including self-employment tax, from Schedule 2, line 10 24 18, 247 25 Federal income tax withheld from: 25a 16, 868. 225c 4 Add lines 25a through 25c 25c 25d 16, 868. 26 200 estimated tax payments and amount applied from 2019 return 28 26d 16, 868. 27 attach Sch. 25c 25d 16, 868. 28 29 1, 068. 36 Pareican opportunity credit from Form 8863, line 8 29 30 1, 068. 31 31 17, 936 37 Add lines 27 through 31. These are your total other payments and refundable credits 34 35a 17, 936 35a 17, 058 <t< td=""></t<>
20 Amount from Schedule 3, line 7 20 21 Add lines 19 and 20 21 500 22 Subtract line 21 from line 18, if zero or less, enter -0 22 18, 247 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 18, 247 25 Federal income tax withheld from: 25a 16, 868. 26 70m(s) W-2 25b 25c 27 Center forms (see instructions) 25c 25d 28 22020 estimated tax payments and amount applied from 2019 return 26 22d 29 Additional child tax credit. Attach Schedule 8812 28 20 21 Additional child tax credit. Attach Schedule 8812 28 21, 068 31 Amount from Schedule 3, line 3 31 17, 936 34 Add lines 25d, 26, and 32. These are your total payments and refundable credits 33 17, 936 34 Add lines 25d, 26, and 32. These are your total payments 33 17, 936 35a Amount form S4eoule 3, line 13 1 5a 35a
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22 Subtract line 21 from line 18. If zero or less, enter -0- 22 18, 247 23 00 24 Add lines 22 and 23. This is your total tax > > 25 Federal income tax withheld from: 25a 16, 868. 26 Conter forms (see instructions) 25a 25a 27 Federal income tax withheld from: 25a 25a 4 Add lines 25 a through 25c 25a 25a 27 Earned income credit (E(C) 27 27a 28 2020 estimated tax payments and amount applied from 2019 return 27a 29 Add lines 25a through 25c 27a 28 2020 estimated tax payments and amount applied from 2019 return 28a 29 Add lines 27a through 31. These are your total other payments and refundable credits 29a 30 1, 068 31 34 35a 31 34a 35a Add lines 25d, 26, and 32. These are your total other payments and refundable credits >> 34a 36a Add lines 32 is more than line 24, subtract line 33. This is the amount you overpaid 34a 35a 37 Subtract
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 18,247 25 Federal income tax withheld from: 25a 16,868. 26 Form(s) W-2 25b 25c 27 Other forms (see instructions) 25c 25c 28 2020 estimated tax payments and amount applied from 2019 return 26d 26d 29 American opportunity credit from Form 8863, line 8 29 28d 29 American opportunity credit from Form 8863, line 8 29 1,068. 30 1,068. 31 31 31 30 Add lines 25d, 26, and 32. These are your total other payments and refundable credits 32 1,068. 31 Add lines 25d, 26, and 32. These are your total other payments and refundable credits 33 17,936 32 Add lines 25d, 26, and 32. These are your total other payments and refundable credits 34 34 34 35a 34 35a 34 35a 36 Arount from SArbuid 9, line 124. The form 1888 is tatched, check here 35a 37 3111
24 Add lines 22 and 23. This is your total tax → 24 18,247 25 Federal income tax withheld from: a Form(s) W-2 25b 26 Other forms (see instructions) 25c 25d 16,868 27 Earned income credit (EIC) 27 28d 26d 26d 27 Earned income credit (EIC) 27 28d 28d 29d 29d 28 2020 estimated tax payments and amount applied from 2019 return 28d 2020 28d 28d 28d 28d 28d 2020 28d
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b Form(s) 1099 25b c Other forms (see instructions) 25c d Add lines 25a through 25c 25c effyou have a qualifying child, attach Sch. ELC. 28 2020 estimated tax payments and amount applied from 2019 return 26 if you have a merican opportunity credit from Form 8683, line 8 27 Earned income credit (EIC) 28 29 Additional child tax credit. Attach Schedule 8812 28 29 2010 estimated tax payments and amount applied from 2019 return 28 29 2011 estimated tax payments and amount applied from 2019 return 28 29 2020 estimated tax payments and amount applied from 2019 return 28 29 2020 estimated tax payments and amount applied from 2019 return 28 29 2020 estimated tax payments and amount applied from 2019 return 30 1,068. 31 Amount from Schedule 3, line 13 31 31 31 32 Add lines 25d, 26, and 32. These are your total payments 33 17,936 34 54 Account number X X X X X X X X X X
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d Add lines 25a through 25c 25a 16,868 • If you have a qualifying chid, attach Sch. duto a spectra that Sch. Call attach Sch. Call at
• If you have a qualifying child, 27 2020 estimated tax payments and amount applied from 2019 return
attach you have a gualifying child, attach Sch. EIC, attach
qualifying child, 27 states Sch. EC. 28 Additional child tax credit. Attach Schedule 8812
• If you have nontaxable combat pay, see instructions. 28 Additional child tax credit. Attach Schedule 8812 29 30 American opportunity credit from Form 8863, line 8 30 1,068. 31 Amount from Schedule 3, line 13 31 30 1,068. 32 Add lines 25d, 26, and 32. These are your total other payments and refundable credits 33 17,936 33 Add lines 25d, 26, and 32. These are your total other payments 33 17,936 34 Ji file 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 35a Account number X X X X X X X X X X X X X X X X X X X
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see instructions. 30 Recovery rebate credit. See instructions 30 1,068. 31 Amount from Schedule 3, line 13 31 32 1,068 32 Add lines 25 d, 26, and 32. These are your total other payments and refundable credits 32 1,068 33 Add lines 25 d, 26, and 32. These are your total payments 33 17,936 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 b Roting number X
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 33 17,936 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 > > birect deposit? >b Routing number X<
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 . ▶ b Routing number X
Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <t< td=""></t<>
35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <t< td=""></t<>
See instructions. ► d Account number X
Image: A construction of the second of t
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 37 311 Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for now to pay, see instructions. 38 37 311 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions 38 Yes. Complete below. X No Designee's name ▶ Do you want to allow another person to discuss this return with the IRS? See instructions Phone no. ▶ Personal identification number (PIN) ▶ Image: Complete below. X 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 and your signature If the IRS sent you an Identity Protection PIN, enter it here
You Owe For details on how to pay, see instructions. 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. Estimated tax penalty (see instructions) Image: Sign Phone no. ► 38 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 a 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
For details on how to pay, see instructions. Note: Schedule R and Schedule SE filers, life 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. 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 38 Designee's name ▶ Do you want to allow another person to discuss this return with the IRS? See instructions 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 a 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
instructions. 38 Estimated tax penalty (see instructions) .
Designee instructions Yes. Complete below. Image: No Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶ 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 and your signature Vour signature Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here
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 a belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge a vour signature Vour signature Date Your occupation If the IRS sent you an Identify Protection PIN, enter it here
Sign Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge a belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge a your signature Vour signature Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here
Here belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledg Your signature Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here
Your signature Date Your occupation In the HS sent you an identity Protection PIN, enter it here
Joint return? SOF'TWARE ENGINEER (see inst.)►
See instructions. 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 h
your records.
Phone no. Email address
Preparer's name Preparer's signature Date PTIN Check if:
Paid SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/21/2021 P02082703
Preparer
Use Only Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ► 30-101719
Go to www.irs.gov/Form1040 for instructions and the latest information. BAA REV 03/13/21 PRO Form 1040 (20

Go to www.irs.gov/Form1040 for instructions and the latest information.

SCHEDULE	Α
(Form 1040)	

Itemized Deductions

► Go to www.irs.gov/ScheduleA for instructions and the latest information.

► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074 2020

Department of the Treasury Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16. Internal Revenue Service (99)

Attachment Sequence No. 07

Name(s) shown on							cial security number
V GUNDALA	&				67	3-1	L7-6418
Medical		Caution: Do not include expenses reimbursed or paid by others.					
and		Medical and dental expenses (see instructions)	1	2,500			
Dental	2 Enter amount from Form 1040 or 1040-SR, line 11 2 152,638.						
Expenses		Multiply line 2 by 7.5% (0.075)	3	11,448			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0	· ·		_	4	0.
Taxes You	5	State and local taxes.					
Paid	a	State and local income taxes or general sales taxes. You may include					
		either income taxes or general sales taxes on line 5a, but not both. If					
		you elect to include general sales taxes instead of income taxes,					
		check this box	5a	7,030			
		State and local real estate taxes (see instructions)	5b	1,187	'.		
		State and local personal property taxes	5c		_		
		I Add lines 5a through 5c	5d	8,217	7.		
	e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing			_		
		separately)	5e	8,217	7.		
	6	Other taxes. List type and amount ►			_		
			6				
	7	Add lines 5e and 6			_	7	8,217.
Interest	8	Home mortgage interest and points. If you didn't use all of your home					
You Paid		mortgage loan(s) to buy, build, or improve your home, see			_		
Caution: Your mortgage interest		instructions and check this box \ldots \ldots \ldots \ldots \ldots			_		
deduction may be	a	Home mortgage interest and points reported to you on Form 1098.					
limited (see instructions).		See instructions if limited	8a	19,140).		
,	k	Home mortgage interest not reported to you on Form 1098. See					
		instructions if limited. If paid to the person from whom you bought the					
		home, see instructions and show that person's name, identifying no.,					
		and address					
		•					
			8b		_		
	C	Points not reported to you on Form 1098. See instructions for special					
		rules	8c	1,195	•		
		Mortgage insurance premiums (see instructions)	8d).		
		Add lines 8a through 8d	8e	20,335	5.		
		Investment interest. Attach Form 4952 if required. See instructions .	9		_		
		Add lines 8e and 9	· ·		_	10	20,335.
Gifts to	11	Gifts by cash or check. If you made any gift of \$250 or more, see					
Charity			11	600	·		
Caution: If you made a gift and	12	Other than by cash or check. If you made any gift of \$250 or more,			_		
got a benefit for it,		see instructions. You must attach Form 8283 if over \$500.	12		_		
see instructions.		Carryover from prior year	13		-		
		Add lines 11 through 13			-	14	600.
Casualty and	15	Casualty and theft loss(es) from a federally declared disaster (othe					
Theft Losses		disaster losses). Attach Form 4684 and enter the amount from line 1			- E	4.5	
	10	instructions	•		_	15	
Other	16	Other—from list in instructions. List type and amount ▶					
Itemized						10	
Deductions					-	16	
Total	17	Add the amounts in the far right column for lines 4 through 16. Also, e		this amount or	I	4 -	00 1 - 0
Itemized		Form 1040 or 1040-SR, line 12			- F	17	29,152.
Deductions	18	If you elect to itemize deductions even though they are less than your sheak this hav			I, 		
		check this box	•	🟲 🛓			

For Paperwork Reduction Act Notice, see the Instructions for Forms 1040 and 1040-SR. BAA REV 03/13/21 PRO

888 Form

Department of the Treasury

Health Savings Accounts (HSAs)

OMB No. 1545-0074 2020

Sequence No. 52

Attachment

Attach to Form 1040, 1040-SB, or 1040-NB.	Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.

Internal Revenue Service Go to www.irs.gov/Form8889 for instruct	
	10.1040 CD === 1040 ND

Name(s) shown on Form 1040. 1040-SR. or 1040-NR	Social security number of HSA
	beneficiary. If both spouses
	have HSAs, see instructions ► 673-17-6418

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if 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			
4	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020.	cuon	opous	
1	See instructions	Se	f-only	🗙 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	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		0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5		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	Add lines 6 and 7	8		7,100.
9	Employer contributions made to your HSAs for 2020 9 1,600.			
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11		1,600.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		5,500.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12	13		0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.			
Part	HSA Distributions. If you are filing jointly and both you and your spouse each have sepa a separate Part II for each spouse.	irate I	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		
17a	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			efore	
	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.			3
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			

For Paperwork Reduction Act Notice, see your tax return instructions.

1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box

21

Form 8867 Paid Preparer's Due Diligence Checklist						OMB No. 1545-0074		
Form		Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) an Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Sta	nd atus	2	02	0		
	nent of the Treasury Revenue Service	 To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PF Go to www.irs.gov/Form8867 for instructions and the latest information 	R, or 1040-SS.	Attach Seque	nment ence No.	70		
Тахрауе	er name(s) shown or	return	Taxpayer identi	ication n	umber			
V G	UNDALA & V	KALURI	673-17-6	418				
Enter pr	reparer's name and I	PTIN						
SYA	M PRIYA RAM	I SAGAR GUPTA TALLAM	P0208270	3				
Part	Due Dili	gence Requirements						
		propriate box for the credit(s) and/or HOH filing status claimed on the return a						
for the	()	ned (check all that apply).		AOTC		HOH		
1		blete the return based on information for tax year 2020 provided by the tained by you?		Yes X	No	N/A		
2	worksheets for AOTC workshe	claimed on the return, did you complete the applicable EIC and/or CTC/ und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, eet found in the Form 8863 instructions, or your own worksheet(s) that provide	, and/or the					
3	,	nd all related forms and schedules for each credit claimed?	t do both of	X				
	Interview the	taxpayer, ask questions, and contemporaneously document the taxpayer's reat the taxpayer is eligible to claim the credit(s) and/or HOH filing status.	esponses to					
		mation to determine that the taxpayer is eligible to claim the credit(s) and/or of figure the amount(s) of any credit(s)	0	×				
4	information rea	nation provided by the taxpayer or a third party for use in preparing the asonably known to you, appear to be incorrect, incomplete, or inconsistent ons 4a and 4b. If "No," go to question 5.)	? (If "Yes,"		X			
а	Did you make	reasonable inquiries to determine the correct, complete, and consistent inform	nation? .					
b	you asked, wh	emporaneously document your inquiries? (Documentation should include the nom you asked, when you asked, the information that was provided, and the d on your preparation of the return.)	impact the					
5	keep a copy applicable wor 8867 and any	y the record retention requirement? To meet the record retention requiremen of your documentation referenced in 4b, a copy of this Form 8867, a c rksheet(s), a record of how, when, and from whom the information used to pr applicable worksheet(s) was obtained, and a copy of any document(s) prov you relied on to determine eligibility for the credit(s) and/or HOH filing status	opy of any epare Form ided by the					
	the amount(s)			×				
	List those doc	uments provided by the taxpayer, if any, that you relied on:						
6	credit(s) and/c	e taxpayer whether he/she could provide documentation to substantiate eligit or HOH filing status and the amount(s) of any credit(s) claimed on the return red for audit?		X				
7	Did you ask th	e taxpayer if any of these credits were disallowed or reduced in a previous yea	ar?	X				
	•	re disallowed or reduced, go to question 7a; if not, go to question 8.)						
а		ete the required recertification Form 8862?						
8		is reporting self-employment income, did you ask questions to prepare a co	mplete and					
		ule C (Form 1040)?			000			

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (2020)

Form 8	867 (2020)			Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part		claim (CTC, A	CTC,
	or ODC, go to Part IV.)			
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?			
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?			×
Part	IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC	, go to	Part V	
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?	alified	Yes	No
Part		s, go t	o Part '	√I.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) as status on the return of the taxpayer identified above if you:	nd/or H	OH filir	ıg
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);			
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;	ist for a	iny app	licable
	C. Submit Form 8867 in the manner required; andD. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 <i>Document Retention.</i>	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligit	oility for	the
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.	ble wor	ksheet(s) was
	5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount			
	If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty comply related to a claim of an applicable credit or HOH filing status.	for ea	ch failu	re to
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correc complete?		Yes X	No

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Form 8867 (2020)

Additional information from your 2020 Federal Tax Return

Schedule A: Itemized Deductions Ln 5b(a), RE tax main res

Ln 5b(a), RE tax main res	Itemization Statement
Description	Amount
PROPERTY TAX	1,187.
Total	1,187.



Form M-8453 Individual Income Tax Declaration for Electronic Filing

Massachusetts **Department of**

Revenue

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2020.								
Your first name and initial	Last name		Your Social Security number					
VENKATA SHYAM KUMAR GUNDALA			673176418					
If a joint return, spouse's first name and initial	Last name		Spouse's Social Security number					
VENKATA SANTOSHI NAG KALURI			955991923					
Present street address (and apartment number)								
20 BOXWOOD DRIVE APT NO 38								
City/Town/Post Office	State	Zip	Filing status: Single	Married filing jointly				
LITTLETON	MA	01460	□ Married filing separately □	Head of household				

Part 1. Tax Return Information for Electronic Filing

1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12)	153011
2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36)	6881
3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38)	0
4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42)	7030
5 Refund amount (from Form 1, line 50, or Form 1-NR/PY, line 54)	149
6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55)	

Part 2. Declaration and Signature of Taxpaver

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2020 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature Date Spouse's signature (if joint return, both must sign) Date

Part 3. Declaration and Signature of Electronic Return Originator (ERO)

I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

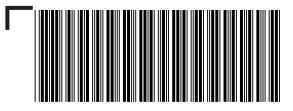
ERO's signature and SSN or PTIN		Date			EIN		Check if	
		03212021		301017	301017196		self-employed	
Firm name (or yours, if self-employed) an	nd address			City/Town		State	Zip	Check if also
GLOBAL TAXES LLC	2530 PEBBLE	CREEK	LN	CUMMING		GA 3	30041	paid preparer

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

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

Paid preparer's signature and SSN or PTIN		Date		EIN	EIN	
	P02082703	0321	12021	301017196		self-employed
Firm name (or yours, if self-employed) and a	ddress		City/Town	State	Zip	
SYAM PRIYA RAM SAGAR GUPTA TALLAM 2	530 PEBBLE CREEP	LN	CUMMING	GA	30041	





2020 Form 1

MA20001011555 Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1-December 31, 2020 or other taxable Ending

Year beginning

VENKATA SHYAM KU	GUNDALA	673176418
VENKATA SANTOSHI	KALURI	955991923
20 BOXWOOD DRIVE	LITTLETON	MA 01460

Fill in if: X Original return State Election Campaign Fund:	Amended retur	n Amend	ed return due to feder	al change	Apt. no. \$1 You	38 \$1 Spouse	TOTAL
Fill in if veteran of U.S. armed forces who	served in Opera	ations Enduring I	Freedom, Iragi Freedo	om, Noble Eagle	.	t. cheree	
or Sinai Peninsula		0	<i>,</i> ,		You	Spouse	
Taxpayer deceased					You	Spouse	
Fill in if under age 18					You	Spouse	
a. Total federal income		152638			Name change	d since 2019	
b. Federal adjusted gross income		152638			Fill in if noncus	stodial parent	
1. Filing status (select one only):	Single				Fill in if filing S	chedule TDS	;
	X Marrie	d filing jointly					
	Marrie	d filing separate	return				
	Head of	of household	You are a cus	stodial parent who ha	as released claim to	exemption fo	r child(ren)
2. Exemptions							
a. Personal exemptions					2a		8800
b. Number of dependents. (Do no	ot include yours	elf or your spous	e.) Enter number	1	× \$1,000 = 2b		1000
c. Age 65 or over before 2021	You +	Spouse =			× \$700 = 2c		
d. Blindness	You +	Spouse =			× \$2,200 = 2d		
e. Medical/dental					2e		
f. Adoption					2f		
g. Total exemptions. Add items 2	a through 2f. Ei	nter here and on	line 18		2g		9800
SIGN HERE. Under penalties of perju	ry, I declare the	at to the best of	my knowledge and	belief this return a	nd enclosures are t	true, correct	and complete.
Your signature	Date	5	pouse's signature		Date		
					857-44	45-180	5

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



2020 Form 1, pg. 2 MA20001021555

Massachusetts Resident Income Tax Return

673176418

3.	Wages, salaries, tips	3	153011
4.	Taxable pensions and annuities	4	100011
5.	Mass. bank interest: a. – b. exemption	= 5	
6a.	Business/profession income/loss	6a	
6b.	Farming income/loss	6b	
7.	Rental, royalty and REMIC, partnership, S corp., trust income/loss	7	
8a.	Unemployment	8a	
8b.	Mass. lottery winnings	8b	
9.	Other income from Schedule X, line 5	9	
10.	TOTAL 5.0% INCOME	10	153011
11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	11a	2000
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	11b	
12.	Child under age 13, or disabled dependent/spouse care expenses	12	
13.	Number of dependent member(s) of household under age 12, or dependents age 65 or ow	/er (not you or your spouse) as of	
	12/31/20, or disabled dependent(s)		
	Not more than two. a. 1	× \$3,600 = 13	3600
14.	Rental deduction. a.	÷ 2 = 14	
15.	Other deductions from Schedule Y, line 19	15	
16.	Total deductions. Add lines 11 through 15	16	5600
17.	5.0% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	17	147411
18.	Exemption amount	18	9800
19.	5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	19	137611
20.	INTEREST AND DIVIDEND INCOME	20	17
21.	TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20	21	137628

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1



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Massachusetts Resident Income Tax Return

673176418

22.	TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the		
	amount in Schedule D, line 21 by .0585	22	6881
23.	12% INCOME. Not less than "0." a.	× .12 = 23	
24.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS	24	
	Fill in if any excess exemptions were used in calculating lines 20, 23 or 24		
25.	Credit recapture amount (from Credit Recapture Schedule)	25	
26.	Additional tax on installment sale	26	
27.	If you qualify for No Tax Status, fill in and enter "0" on line 28		
28.	TOTAL INCOME TAX. Add lines 22 through 26	28	6881
29.	Limited Income Credit	29	
30.	Income tax due to another state or jurisdiction	30	
31.	Other credits from Credit Manager Schedule	31	
32.	INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. Not less than "0"	32	6881
33	Voluntary Contributions		
55.	Voluntary Contributions		
55.	a. Endangered Wildlife Conservation	33a	
55.	-	33a 33b	
55.	a. Endangered Wildlife Conservation		
55.	a. Endangered Wildlife Conservation b. Organ Transplant Fund	33b	
55.	a. Endangered Wildlife Conservationb. Organ Transplant Fundc. Massachusetts Public Health HIV and Hepatitis Fund	33b 33c	
55.	 a. Endangered Wildlife Conservation b. Organ Transplant Fund c. Massachusetts Public Health HIV and Hepatitis Fund d. Massachusetts U.S. Olympic Fund 	33b 33c 33d	
55.	 a. Endangered Wildlife Conservation b. Organ Transplant Fund c. Massachusetts Public Health HIV and Hepatitis Fund d. Massachusetts U.S. Olympic Fund e. Massachusetts Military Family Relief Fund 	33b 33c 33d 33e	
33.	 a. Endangered Wildlife Conservation b. Organ Transplant Fund c. Massachusetts Public Health HIV and Hepatitis Fund d. Massachusetts U.S. Olympic Fund e. Massachusetts Military Family Relief Fund f. Homeless Animal Prevention and Care 	33b 33c 33d 33e 33f	
	 a. Endangered Wildlife Conservation b. Organ Transplant Fund c. Massachusetts Public Health HIV and Hepatitis Fund d. Massachusetts U.S. Olympic Fund e. Massachusetts Military Family Relief Fund f. Homeless Animal Prevention and Care Total. Add lines 33a through 33f 	33b 33c 33d 33e 33f 33	
34.	 a. Endangered Wildlife Conservation b. Organ Transplant Fund c. Massachusetts Public Health HIV and Hepatitis Fund d. Massachusetts U.S. Olympic Fund e. Massachusetts Military Family Relief Fund f. Homeless Animal Prevention and Care Total. Add lines 33a through 33f Use tax due on Internet, mail order and other out-of-state purchases 	33b 33c 33d 33e 33f 33 33 34	
34. 35.	 a. Endangered Wildlife Conservation b. Organ Transplant Fund c. Massachusetts Public Health HIV and Hepatitis Fund d. Massachusetts U.S. Olympic Fund e. Massachusetts Military Family Relief Fund f. Homeless Animal Prevention and Care Total. Add lines 33a through 33f Use tax due on Internet, mail order and other out-of-state purchases Health care penalty a. You + b. Spouse 	33b 33c 33d 33e 33f 33 34 35	6881



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Massachusetts Resident Income Tax Return

673176418

			8000
38.	Massachusetts income tax withheld	38	7030
39.	2019 overpayment applied to your 2020 estimated tax	39	
40.	2020 Massachusetts estimated tax payments	40	
41.	Payments made with extension	41	
42.	Amended return only. Payments made with original return. Not less than "0"	42	
43.	Earned Income Credit. a. Number of qualifying children b. Amount from U.S. re	eturn × .30 = 43	
	Note: You cannot claim the Earned Income Credit if your filing status is married filing) separately unless you qualify	
	for an exception (see instructions). Fill in if you qualify for this exception		
44.	Senior Circuit Breaker Credit	44	
45.	Other Refundable Credits	45	
46.	Excess Paid Family Leave Withholding	46	
47.	TOTAL. Add lines 38 through 46	47	7030
48.	Overpayment. Subtract line 37 from line 47	48	149
49.	Amount of overpayment you want applied to your 2021 estimated tax	49	
50.	Refund. Subtract line 49 from line 48. Mail to: Massachusetts DOR, PO Box 7000, B	Boston, MA 02204 50	149
	Direct deposit of refund. Type of account X checking		
	savings		
	RTN # 011900254 account # 385018607738		
51.	Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Mass. DOR, PO Bo	ox 7003, Boston, MA 02204 51	
	Interest Penalty M-2210 amt.		EX enclose
	,		Form M-2210
Mav t	he Department of Revenue discuss this return with the preparer shown here?		
	ot want preparer to file my return electronically	(this may delay your refund)	Paid preparer's
	paid preparer's name	Date Check if self-employed	
	AM PRIYA RAM SAGAR GUPTA TALLAM	03212021	P02082703
Paid r	preparer's signature	Paid preparer's phone	Paid preparer's EIN
	······································	678-965-9522	30-1017196
SYA	AM PRIYA RAM SAGAR GUPTA TALLAM		
~ 11	BE SURE TO INCLUDE THIS PAGE WIT	TH FORM 1. PAGE 1	





2020 Schedule DI MA20SDI011555

VENKATA SHYAM KU GUNDALA 673176418 Schedule DI. Dependent Information VENKATA SAI SAMA 955991948 GUNDALA SON 11122015 Is dependent a qualifying child for earned income credit? > Is dependent a qualifying child for earned income credit? Is dependent a qualifying child for earned income credit? > Is dependent a qualifying child for earned income credit? > Is dependent a qualifying child for earned income credit? > Is dependent a qualifying child for earned income credit? > Is dependent a qualifying child for earned income credit? > Is dependent a qualifying child for earned income credit? > Is dependent a qualifying child for earned income credit? Is dependent a qualifying child for earned income credit? >

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2020 Schedule B

MA20010011555

VE	ENKATA SHYAM KU	GUNDALA	673176418		
Part	1. Interest and Dividend Inc	ome			
1	Total interest income	ome		1	17
2.	Total ordinary dividends			2	Ξ,
3.	Other interest and dividends not inc	cluded above		3	
4.	Total interest and dividends			4	17
5.	Total interest from Massachusetts I	banks		5	± ,
6a.	Other interest and dividends to be			6a	
6b.	Part-year/Nonresidents only			6b	
7.	Subtotal			7	17
8.	Allowable deductions from your trad	de or business		8	
9.				9	17
Part	2. Short-Term Capital Gains	s/Losses and Long-Te	erm Gains on Collectibles		
10.	Massachusetts short-term capital g			10	
11.	Massachusetts long-term capital ga			11	
12.		change or involuntary con	version of property used in a trade or business and		
	held for one year or less			12	
13a.	Add lines 10 through 12			13a	
13b.	Part-year/Nonresidents only			13b	
13c.	Subtract line 13b from line 13a. No	t less than 0		13c	
14.	Allowable deductions from your trace	de or business		14	
15.	Subtotal			15	
16.	Massachusetts short-term capital lo			16	
17.		change or involuntary conv	version of property used in a trade or business and		
	held for one year or less			17	
18.	Prior short-term unused losses for	years beginning after 1981		18	

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2020 Schedule B, pg. 2 673176418 MA20010021555

19a.	Combine lines 15 through 18	19a	
19b.	Part-year/Nonresidents only	19b	
19c.	Exclude line 19b losses from line 19a	19c	
20.	Short-term losses applied against interest and dividends	20	
21.	Available short-term losses	21	
22.	Short-term losses applied against long-term gains	22	
23.	Short-term losses available for carryover in 2021	23	
24.	Short-term gains and long-term gains on collectibles	24	
25.	Long-term losses applied against short-term gain	25	
26.	Subtotal	26	
27.	Long-term gains deduction	27	
28.	Short-term gains after long-term gains deduction	28	
Parl	3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains	on Collectibles	
29.	Enter the amount from line 9	29	17
30.	Short-term losses applied against interest and dividends	30	
31.	Subtotal interest and dividends	31	17
32.	Long-term losses applied against interest and dividends	32	
33.	Adjusted interest and dividends	33	17
34.	Enter the amount from line 28	34	
35.	Adjusted gross interest, dividends and certain capital gains	35	17
36.	Excess exemptions	36	
37.	Subtract line 36 from line 35	37	17
38.	Interest and dividends taxable at 5.0%	38	17
39.	Taxable 12% capital gains	39	
40.	Available short-term losses for carryover in 2021	40	





2020 Schedule INC MA20INC011555

MAZUINCUIISSS

VENKATA SHYAM KU GUNDALA 673176418
Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
010233346	7030	153011	10832		W2

TOTALS

7030

153011

10832

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673176418

2020 Schedule HC MA20029011555

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions). **Note:** Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return. VENKATA SHYAM KU GUNDALA

1a. Date of birth 02211984 1b. Spouse's date of birth 07151990 1c. Family size

	—	•	1 5 9 6 7
- 2.	Federal adjusted gross income	2	15263

3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. Note: MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2020, you turned 18, you	3a	You:	Х	Full-year MCC	Part-year MCC	No MCC/None	
were a part-year resident or a taxpayer was deceased.	3a	Spouse:	Х	Full-year MCC	Part-year MCC	No MCC/None	
If you filled in the full-year or part-year MCC oval, go to line 4. If you filled in No MCC/None, go to line 6.							

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2020, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

4a. Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below)		You		Spouse
4b. MassHealth. Fill in and go to line 5	Х	You	Х	Spouse
4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5		You		Spouse
4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5		You		Spouse
4e. Other program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net		You		Spouse
is not considered insurance or minimum creditable coverage.				

4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

Fill in if you were not issued Form MA 1099-HC.

4g. Spouse Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

Fill in if you were not issued Form MA 1099-HC.

5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Other wise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2020, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

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2020 Schedule HC, pg. 2

673176418 MA20029021555

Your Health Insurance

6 Yes No

6. Was your income in 2020 at or below 150% of the federal poverty level? If you answer Yes, you are not subject to a penalty in 2020. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2020, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7. Complete this section only if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2020. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least 15 days or more. If, during 2020, you turned 18, you were a part-year resident or a taxpayer was deceased, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

Months Covered By Health Insurance

You:	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Spouse:	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
 												• •

If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row), go to line 8a. Otherwise, a penalty does not apply to you in 2020. Skip the remainder of this schedule and complete your tax return.

Religious Exemption and Certificate of Exemption

8a.	Religious exemption: Are you claiming an exemption from the requirement to purchase health insurance based	8a You	Yes	No
	on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by			
	health insurance?	Spouse	Yes	No
lf you a	nswer Yes, go to line 8b. If you answer No, go to line 9.			
8b.	If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2020 tax year?	8b You	Yes	No
		Spouse	Yes	No
lf you a	nswer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to li	ne 8b, go to line	9.	
9.	Certificate of exemption: Have you obtained a Certificate of Exemption issued by the Massachusetts Health	9 You	Yes	No
	Connector for the 2020 tax year?	Spouse	Yes	No
lf vou a	nswer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax			

return. If you answer No to line 9, go to line 10.





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Affordability as Determined By State Guidelines

Note: This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2020 tax year.

10. Did your employer offer affordable health insurance that met minimum creditable coverage requirements	10 You	Yes	No		
as determined by completing the Schedule HC Worksheet for Line 10 in the instructions?	Spouse	Yes	No		
Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligible for health insurance offered to					
your employer, you were self-employed or you were unemployed.					
11. Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC	11 You	Yes	No		
Worksheet for Line 11 in the instructions?	Spouse	Yes	No		
If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate you	r penalty amount				
12. Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements	12 You	Yes	No		
as determined by completing the Schedule HC Worksheet for Line 12 in the instructions?	Spouse	Yes	No		
If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care Penalty Worksheet in the					

instructions to calculate your penalty amount.

Complete Only If You Are Filing An Appeal

You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.

You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2020 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal. **You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty.** Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

Note: If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do not assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

Spouse: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.