

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **04/15/2021**

2021 Form 1040-ES Payment Voucher 1

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

| | |
|--|------|
| Amount of estimated tax you are paying by check or money order.....▶ | 625. |
|--|------|

REV 04/20/21 PRO 1555

813-36-7108 442-25-8737
DHEERAJ KANKANALA
SANTOSHI SUDHA DEVI RAMBOTLA
8103 S GOLD BLUFF AVE APT 406
BOISE ID 83716

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

813367108 AJ KANK 30 0 202112 430

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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **06/15/2021**

2021 Form 1040-ES Payment Voucher 2

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

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

625.

REV 04/20/21 PRO 1555

813-36-7108 442-25-8737
DHEERAJ KANKANALA
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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **09/15/2021**

2021 Form 1040-ES Payment Voucher 3

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

| | |
|--|------|
| Amount of estimated tax you are paying by check or money order.....▶ | 625. |
|--|------|

REV 04/20/21 PRO 1555

813-36-7108 442-25-8737
DHEERAJ KANKANALA
SANTOSHI SUDHA DEVI RAMBOTLA
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CINCINNATI OH 45280-2502

813367108 AJ KANK 30 0 202112 430

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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **01/18/2022**

2021 Form 1040-ES Payment Voucher 4

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

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

625.

REV 04/20/21 PRO 1555

813-36-7108 442-25-8737
DHEERAJ KANKANALA
SANTOSHI SUDHA DEVI RAMBOTLA
8103 S GOLD BLUFF AVE APT 406
BOISE ID 83716

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

813367108 AJ KANK 30 0 202112 430

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 DHEERAJ KANKANALA | Social security number 813-36-7108 |
| Spouse's name SANTOSHI SUDHA DEVI RAMBOTLA | Spouse's social security number 442-25-8737 |

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 | 214,594. |
| 2 Total tax | 2 | 31,451. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 32,096. |
| 4 Amount you want refunded to you | 4 | 645. |
| 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

| | | | | |
|---|---|---|---|---|
| 6 | 7 | 1 | 0 | 8 |
|---|---|---|---|---|

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

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 GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 5 | 8 | 7 | 3 | 7 |
|---|---|---|---|---|

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

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 [] Single [X] 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

Personal information section including: Your first name and middle initial (DHEERAJ), Last name (KANKANALA), Your social security number (813-36-7108), Spouse's social security number (442-25-8737), Home address (8103 S GOLD BLUFF AVE), City (BOISE), State (ID), ZIP code (83716), and Foreign information fields.

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 6 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes dependent AARYA KANKANALA, Son, with child tax credit checked.

Main tax calculation table with columns for line numbers and amounts. Includes sections for Attach Sch. B if required, Standard Deduction for (with bullet points for filing status options), and final taxable income of 189,794.

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 | 33,710. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 33,710. |
| 19 | Child tax credit or credit for other dependents | 19 | 2,000. |
| 20 | Amount from Schedule 3, line 7 | 20 | 345. |
| 21 | Add lines 19 and 20 | 21 | 2,345. |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 31,365. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 23 | 86. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 31,451. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 32,096. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | 0. |
| d | Add lines 25a through 25c | 25d | 32,096. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) NO | 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 | 32,096. |

Refund

| | | | |
|-----|---|-----|------|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 645. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 645. |
| b | Routing number 051000017 | | |
| c | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number 435027481992 | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |

Amount You Owe

| | | | |
|--|--|----|--|
| 37 | Subtract line 33 from line 24. This is the amount you owe now | 37 | |
| Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. | | | |
| 38 | Estimated tax penalty (see instructions) | 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.) |
| INDUSTRIAL ENGINEER | | INDUSTRIAL ENGINEER | |
| 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.) |
| INDUSTRIAL ENGINEER | | INDUSTRIAL ENGINEER | |
| 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 | 05/18/2021 | P02082703 | <input type="checkbox"/> Self-employed |
| Firm's name | Phone no. | | | |
| GLOBAL TAXES LLC | (678) 965-9522 | | | |
| Firm's address | Firm's EIN | | | |
| 2530 Pebble Creek Ln Cumming GA 30041 | 30-1017196 | | | |

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

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

| | |
|---|--|
| Name(s) shown on Form 1040, 1040-SR, or 1040-NR DHEERAJ KANKANALA & SANTOSHI SUDHA DEVI RAMBOTLA | Your social security number 813-36-7108 |
|---|--|

Part I Additional Income

| | | |
|---|-----------|----------|
| 1 Taxable refunds, credits, or offsets of state and local income taxes | 1 | |
| 2a Alimony received | 2a | |
| b Date of original divorce or separation agreement (see instructions) ▶ _____ | | |
| 3 Business income or (loss). Attach Schedule C | 3 | |
| 4 Other gains or (losses). Attach Form 4797 | 4 | |
| 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | -16,141. |
| 6 Farm income or (loss). Attach Schedule F | 6 | |
| 7 Unemployment compensation | 7 | |
| 8 Other income. List type and amount ▶ _____ | 8 | |
| 9 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 9 | -16,141. |

Part II Adjustments to Income

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

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **02**

| | |
|---|--|
| Name(s) shown on Form 1040, 1040-SR, or 1040-NR DHEERAJ KANKANALA & SANTOSHI SUDHA DEVI RAMBOTLA | Your social security number 813-36-7108 |
|---|--|

Part I Tax

| | | |
|--|----------|--|
| 1 Alternative minimum tax. Attach Form 6251 | 1 | |
| 2 Excess advance premium tax credit repayment. Attach Form 8962 | 2 | |
| 3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 | 3 | |

Part II Other Taxes

| | | |
|---|-----------|-----|
| 4 Self-employment tax. Attach Schedule SE | 4 | |
| 5 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 5 | |
| 6 Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required | 6 | |
| 7a Household employment taxes. Attach Schedule H | 7a | |
| b Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required | 7b | |
| 8 Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) _____ | 8 | 86. |
| 9 Section 965 net tax liability installment from Form 965-A | 9 | |
| 10 Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b | 10 | 86. |

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment
Sequence No. **03**

| | |
|---|--|
| Name(s) shown on Form 1040, 1040-SR, or 1040-NR DHEERAJ KANKANALA & SANTOSHI SUDHA DEVI RAMBOTLA | Your social security number 813-36-7108 |
|---|--|

Part I Nonrefundable Credits

| | | |
|---|----------|------|
| 1 Foreign tax credit. Attach Form 1116 if required | 1 | |
| 2 Credit for child and dependent care expenses. Attach Form 2441 | 2 | 345. |
| 3 Education credits from Form 8863, line 19 | 3 | |
| 4 Retirement savings contributions credit. Attach Form 8880 | 4 | |
| 5 Residential energy credits. Attach Form 5695 | 5 | |
| 6 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____ | 6 | |
| 7 Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 | 7 | 345. |

Part II Other Payments and Refundable Credits

| | | | |
|---|------------|------------|--|
| 8 Net premium tax credit. Attach Form 8962 | | 8 | |
| 9 Amount paid with request for extension to file (see instructions) | | 9 | |
| 10 Excess social security and tier 1 RRTA tax withheld | | 10 | |
| 11 Credit for federal tax on fuels. Attach Form 4136 | | 11 | |
| 12 Other payments or refundable credits: | | | |
| a Form 2439 | 12a | | |
| b Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 | 12b | | |
| c Health coverage tax credit from Form 8885 | 12c | | |
| d Other: _____ | 12d | | |
| e Deferral for certain Schedule H or SE filers (see instructions) | 12e | | |
| f Add lines 12a through 12e | | 12f | |
| 13 Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 | | 13 | |

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

BAA

REV 04/20/21 PRO

Schedule 3 (Form 1040) 2020

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
DHEERAJ KANKANALA & SANTOSHI SUDHA DEVI RAMBOTLA

Your social security number
813-36-7108

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 | 94,224. | 106,544. | 169. | -12,151. |
| 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 | | | | |
| 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 | | | | 7 -12,151. |

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

| | | | |
|-----------|--|-----------|------------|
| 16 | Combine lines 7 and 15 and enter the result | 16 | -12,151. |
| | <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. | | |
| 17 | Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22. | | |
| 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 ▶ | 18 | |
| 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 ▶ | 19 | |
| 20 | Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <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. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | | |
| 21 | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } | 21 | (3,000.) |
| | Note: When figuring which amount is smaller, treat both amounts as positive numbers. | | |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | |

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

OMB No. 1545-0074

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

2020

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

DHEERAJ KANKANALA & SANTOSHI SUDHA DEVI RAMBOTLA

813-36-7108

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

- A** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

| | | | | | |
|-----------|---|--|-------------------------|--------------------------|--------------------------|
| 1a | Physical address of each property (street, city, state, ZIP code) | | | | |
| A | 8103 S GOLD BLUFF AVE BOISE ID 83716 | | | | |
| B | | | | | |
| C | | | | | |
| 1b | Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
| A | 2 | | A 365 | 0 | <input type="checkbox"/> |
| B | | | B | | <input type="checkbox"/> |
| C | | | C | | <input type="checkbox"/> |

Type of Property:

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

| Income: | | Properties: | | A | B | C |
|------------------|---|--------------------|---|-----------|----------|----------|
| 3 | Rents received | 3 | | 700. | | |
| 4 | Royalties received | 4 | | | | |
| Expenses: | | | | | | |
| 5 | Advertising | 5 | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | |
| 7 | Cleaning and maintenance | 7 | | | | |
| 8 | Commissions. | 8 | | | | |
| 9 | Insurance | 9 | | 1,289. | | |
| 10 | Legal and other professional fees | 10 | | | | |
| 11 | Management fees | 11 | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | 13,347. | | |
| 13 | Other interest. | 13 | | | | |
| 14 | Repairs. | 14 | | | | |
| 15 | Supplies | 15 | | | | |
| 16 | Taxes | 16 | | 2,205. | | |
| 17 | Utilities. | 17 | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | |
| 19 | Other (list) ▶ | 19 | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 16,841. | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 | | -16,141. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (| -16,141.) | (|) |
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | | 700. | | |
| b | Total of all amounts reported on line 4 for all royalty properties | 23b | | | | |
| c | Total of all amounts reported on line 12 for all properties | 23c | | 13,347. | | |
| d | Total of all amounts reported on line 18 for all properties | 23d | | | | |
| e | Total of all amounts reported on line 20 for all properties | 23e | | 16,841. | | |
| 24 | Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | (| 16,141.) | | |
| 26 | Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | 26 | | -16,141. | | |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-16,141.

Schedule E (Form 1040) 2020

Child and Dependent Care Expenses



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

▶ Go to www.irs.gov/Form2441 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

DHEERAJ KANKANALA & SANTOSHI SUDHA DEVI RAMBOTLA

Your social security number

813-36-7108

You cannot claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box.

Part I **Persons or Organizations Who Provided the Care—You must complete this part.**
(If you have more than two care providers, see the instructions.)

| 1 (a) Care provider's name | (b) Address (number, street, apt. no., city, state, and ZIP code) | (c) Identifying number (SSN or EIN) | (d) Amount paid (see instructions) |
|----------------------------|--|--|---------------------------------------|
| TRINITY TRINITY | 6854 S EISENMAN RD BOISE ID 83716 | 823-53-8957 | 1,725. |

Did you receive dependent care benefits? **No** → Complete only Part II below.
 Yes → Complete Part III on the back next.

Caution: If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule 2 (Form 1040), line 7a.

Part II **Credit for Child and Dependent Care Expenses**

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

| (a) Qualifying person's name | | (b) Qualifying person's social security number | (c) Qualified expenses you incurred and paid in 2020 for the person listed in column (a) |
|------------------------------|-----------|--|--|
| First | Last | | |
| AARYA | KANKANALA | 836-25-5110 | 1,725. |

| 3 Add the amounts in column (c) of line 2. Don't enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31 | 3 | 1,725. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------|-------------------|-------------------|------------|--|-----|---------------|--|-----|---------------|--|-----|---------------|--|-----|---------------|--|-----|---------------|--|-----|---------------|--|-----|---------------|--|-----|------|--------------|-------------------|-----------------|--|-----|---------------|--|-----|---------------|--|-----|---------------|--|-----|---------------|--|-----|---------------|--|-----|---------------|--|-----|-----------------|--|-----|----------|-------|
| 4 Enter your earned income . See instructions | 4 | 83,154. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4 | 5 | 150,877. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 Enter the smallest of line 3, 4, or 5 | 6 | 1,725. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 | 7 | 214,594. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. If line 7 is: <table border="1"> <thead> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr><td>\$0—15,000</td><td></td><td>.35</td></tr> <tr><td>15,000—17,000</td><td></td><td>.34</td></tr> <tr><td>17,000—19,000</td><td></td><td>.33</td></tr> <tr><td>19,000—21,000</td><td></td><td>.32</td></tr> <tr><td>21,000—23,000</td><td></td><td>.31</td></tr> <tr><td>23,000—25,000</td><td></td><td>.30</td></tr> <tr><td>25,000—27,000</td><td></td><td>.29</td></tr> <tr><td>27,000—29,000</td><td></td><td>.28</td></tr> </tbody> </table> If line 7 is: <table border="1"> <thead> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr><td>\$29,000—31,000</td><td></td><td>.27</td></tr> <tr><td>31,000—33,000</td><td></td><td>.26</td></tr> <tr><td>33,000—35,000</td><td></td><td>.25</td></tr> <tr><td>35,000—37,000</td><td></td><td>.24</td></tr> <tr><td>37,000—39,000</td><td></td><td>.23</td></tr> <tr><td>39,000—41,000</td><td></td><td>.22</td></tr> <tr><td>41,000—43,000</td><td></td><td>.21</td></tr> <tr><td>43,000—No limit</td><td></td><td>.20</td></tr> </tbody> </table> | Over | But not over | Decimal amount is | \$0—15,000 | | .35 | 15,000—17,000 | | .34 | 17,000—19,000 | | .33 | 19,000—21,000 | | .32 | 21,000—23,000 | | .31 | 23,000—25,000 | | .30 | 25,000—27,000 | | .29 | 27,000—29,000 | | .28 | Over | But not over | Decimal amount is | \$29,000—31,000 | | .27 | 31,000—33,000 | | .26 | 33,000—35,000 | | .25 | 35,000—37,000 | | .24 | 37,000—39,000 | | .23 | 39,000—41,000 | | .22 | 41,000—43,000 | | .21 | 43,000—No limit | | .20 | 8 | X .20 |
| Over | But not over | Decimal amount is | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$0—15,000 | | .35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15,000—17,000 | | .34 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17,000—19,000 | | .33 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19,000—21,000 | | .32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21,000—23,000 | | .31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23,000—25,000 | | .30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25,000—27,000 | | .29 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27,000—29,000 | | .28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Over | But not over | Decimal amount is | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$29,000—31,000 | | .27 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31,000—33,000 | | .26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33,000—35,000 | | .25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35,000—37,000 | | .24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37,000—39,000 | | .23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39,000—41,000 | | .22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41,000—43,000 | | .21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43,000—No limit | | .20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 Multiply line 6 by the decimal amount on line 8. If you paid 2019 expenses in 2020, see the instructions | 9 | 345. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions | 10 | 33,710. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Schedule 3 (Form 1040), line 2 | 11 | 345. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

Additional Medicare Tax

▶ If any line does not apply to you, leave it blank. See separate instructions.
 ▶ Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
 ▶ Go to www.irs.gov/Form8959 for instructions and the latest information.

Name(s) shown on return

Your social security number

DHEERAJ KANKANALA & SANTOSHI SUDHA DEVI RAMBOTLA

813-36-7108

Part I Additional Medicare Tax on Medicare Wages

| | | | | |
|----------|---|----------|----------|--------|
| 1 | Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 | 1 | 259,501. | |
| 2 | Unreported tips from Form 4137, line 6 | 2 | | |
| 3 | Wages from Form 8919, line 6 | 3 | | |
| 4 | Add lines 1 through 3 | 4 | 259,501. | |
| 5 | Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000 | 5 | 250,000. | |
| 6 | Subtract line 5 from line 4. If zero or less, enter -0- | 6 | | 9,501. |
| 7 | Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II | 7 | | 86. |

Part II Additional Medicare Tax on Self-Employment Income

| | | | | |
|-----------|---|-----------|--|--|
| 8 | Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) | 8 | | |
| 9 | Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000 | 9 | | |
| 10 | Enter the amount from line 4 | 10 | | |
| 11 | Subtract line 10 from line 9. If zero or less, enter -0- | 11 | | |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | | |
| 13 | Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III | 13 | | |

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

| | | | | |
|-----------|---|-----------|--|--|
| 14 | Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) | 14 | | |
| 15 | Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000 | 15 | | |
| 16 | Subtract line 15 from line 14. If zero or less, enter -0- | 16 | | |
| 17 | Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV | 17 | | |

Part IV Total Additional Medicare Tax

| | | | | |
|-----------|--|-----------|--|-----|
| 18 | Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 8 (check box a) (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V | 18 | | 86. |
|-----------|--|-----------|--|-----|

Part V Withholding Reconciliation

| | | | | |
|-----------|--|-----------|----------|----|
| 19 | Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 | 19 | 3,763. | |
| 20 | Enter the amount from line 1 | 20 | 259,501. | |
| 21 | Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages | 21 | 3,763. | |
| 22 | Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages | 22 | | 0. |
| 23 | Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) | 23 | | |
| 24 | Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions) | 24 | | 0. |

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

2020

Department of the Treasury
Internal Revenue Service

▶ **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**
▶ **Go to www.irs.gov/Form8867 for instructions and the latest information.**

Attachment Sequence No. **70**

| | |
|---|--|
| Taxpayer name(s) shown on return DHEERAJ KANKANALA & SANTOSHI SUDHA DEVI RAMBOTLA | Taxpayer identification number 813-36-7108 |
|---|--|

| | |
|--|------------------|
| Enter preparer's name and PTIN SYAM PRIYA RAM SAGAR GUPTA TALLAM | P02082703 |
|--|------------------|

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

| | Yes | No | N/A |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 1 Did you complete the return based on information for tax year 2020 provided by the taxpayer or reasonably obtained by you? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| a Did you make reasonable inquiries to determine the correct, complete, and consistent information? | <input type="checkbox"/> | <input type="checkbox"/> | |
| b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a Did you complete the required recertification Form 8862? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

| | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 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.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | |
| c 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)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

| | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 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? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

| | Yes | No |
|--|--------------------------|--------------------------|
| 13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? | <input type="checkbox"/> | <input type="checkbox"/> |

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

| | Yes | No |
|--|--------------------------|--------------------------|
| 14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? | <input type="checkbox"/> | <input type="checkbox"/> |

Part VI Eligibility Certification

- ▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
 - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing 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 checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - C. Submit Form 8867 in the manner required; **and**
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

▶ **If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

| | | |
|---|-------------------------------------|--------------------------|
| 15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? | Yes | No |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Only use this voucher when sending a payment without a return.

You can pay in one of two ways:

- Pay **securely** online through our Taxpayer Access Point (TAP) at tax.idaho.gov/quickpay. Visit tax.idaho.gov/epay for more information about other electronic payment options.
- By mail

Complete the voucher below by entering:

- Your name, address and Social Security number (SSN) or EIN
- Spouse's name and SSN, if joint individual return
- The tax type of your return
- The filing period of your return
 - Individuals: Enter 1220
 - Businesses: Enter your fiscal year ending date using the two-digit abbreviations for month and year
Example: September 2020 is entered as **0920**
- The amount you're paying by check or money order

Make your check or money order payable to the Idaho State Tax Commission. Don't staple your check to your voucher or send a check stub.

Mail your voucher and payment to the address on the voucher.

If the full amount of your tax due isn't received or postmarked on or before the due date of your return, we'll charge you penalty and interest on the balance of the tax due.

Contact us:

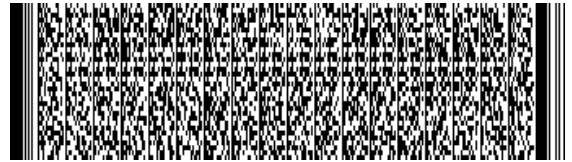
In the Boise area: (208) 334-7660 | Toll free: (800) 972-7660
Hearing impaired (TDD) (800) 377-3529

tax.idaho.gov/contact
Original



Mail to: 1030
Idaho State Tax Commission
PO Box 83784
Boise ID 83707-3784

| | | | | |
|---|-----------------------|------------------------|--|-----------|
| Tax type <input checked="" type="checkbox"/> Individual (01) <input type="checkbox"/> Business (05) | Filing period 1220 | Tran code 95 | Amount paid with voucher \$ 816. | 00 |
| Name as shown on your individual or business return DHEERAJ KANKANALA | | | Social Security number or EIN 813-36-7108 | |
| Spouse's name, if a joint individual return SANTOSHI SUDHA DEVI RAMBOTLA | | | Spouse's Social Security number 442-25-8737 | |
| Current mailing address 8103 S GOLD BLUFF AVE APT 406 | | | | |
| City BOISE | | State ID | ZIP Code 83716 | |



Amended Return? Check the box. State Use Only
 See page 7 of instructions for the reasons to amend and enter the number that applies. **KANK**

For calendar year 2020 or fiscal year beginning _____, ending _____

| | | | | |
|----------------------|--|--------------------------------|--|---|
| Please Print or Type | Your first name and initial DHEERAJ | Your last name KANKANALA | Your Social Security number (SSN) 813-36-7108 | <input type="checkbox"/> Deceased in 2020 |
| | Spouse's first name and initial SANTOSHI SUDHA DEVI | Spouse's last name RAMBOTLA | Spouse's Social Security number (SSN) 442-25-8737 | <input type="checkbox"/> Deceased in 2020 |
| | Current mailing address 8103 S GOLD BLUFF AVE APT 406 | | | Forms and instructions available at tax.idaho.gov |
| | City BOISE | State ID | ZIP Code 83716 | |

Filing Status. Check only one box. **If married filing jointly or separately, enter spouse's name and Social Security number above.**

1. Single 2. Married filing jointly 3. Married filing separately 4. Head of Household 5. Qualifying widow(er) with qualifying dependents

Household. See instructions, page 7. If someone can claim you as a dependent, leave line 6a blank. Enter "1" on lines 6a and 6b, if they apply.

6a. Yourself 1 6b. Spouse 1 6c. Dependents 1 6d. Total Household 3

List your dependents below. If you have more than four dependents, continue on Form 39R. Enter total number on line 6c.

| Dependent's first name | Dependent's last name | Dependent's SSN | Dependent's birthdate (mm/dd/yyyy) |
|------------------------|-----------------------|-----------------|------------------------------------|
| AARYA | KANKANALA | 836-25-5110 | 08/03/2019 |
| | | | |
| | | | |
| | | | |

Income. See instructions, page 7.

Don't Staple

| | | | |
|--|----|--------|----|
| 7. Enter your federal adjusted gross income from federal Form 1040 or 1040-SR, line 11. Include a complete copy of your federal return | 7 | 214594 | 00 |
| 8. Additions from Form 39R, Part A, line 7. Include Form 39R | 8 | | 00 |
| 9. Total. Add lines 7 and 8 | 9 | 214594 | 00 |
| 10. Subtractions from Form 39R, Part B, line 24. Include Form 39R | 10 | 1725 | 00 |
| 11. Qualified business income deduction | 11 | | 00 |
| 12. Total Adjusted Income. Subtract lines 10 and 11 from line 9 | 12 | 212869 | 00 |

Tax Computation. See instructions, page 8.

| | | | | |
|---|---|---|----|----|
| Standard Deduction for Most People Single or Married Filing Separately: \$12,400 Head of Household: \$18,650 Married Filing Jointly or Qualifying Widow(er): \$24,800 | 13. Check — | a. If age 65 or older <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse b. If blind <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse c. If your parent or someone else can claim you as a dependent, check here and enter zero on line 43 <input type="checkbox"/> | | |
| | 14. Itemized deductions. Include federal Schedule A. Federal limits apply | 14 | | 00 |
| 15. State and local income or general sales taxes included on federal Schedule A | 15 | | 00 | |
| 16. Subtract line 15 from line 14. If you don't use federal Schedule A, enter zero | 16 | | 00 | |
| 17. Standard deduction. See instructions, page 8, to determine amount if not standard | 17 | 24800 | 00 | |
| 18. Subtract the larger of line 16 or 17 from line 12. If less than zero, enter zero | 18 | 188069 | 00 | |
| 19. Idaho taxable income. Enter amount from line 18 | 19 | 188069 | 00 | |
| 20. Tax from tables or rate schedule. See instructions, page 52 | 20 | 12483 | 00 | |



21. Tax amount from line 20 21 12483 00

Credits. Limits apply. See instructions, page 9.

22. Income tax paid to other states. Include Form 39R and a copy of other states' returns 22 00

23. Total credits from Form 39R, Part D, line 4. Include Form 39R 23 00

24. Total business income tax credits from Form 44, Part I, line 10. Include Form 44 24 00

25. Idaho Child Tax Credit. Computed amount from worksheet on page 10 25 205 00

26. **Total Credits.** Add lines 22 through 25 26 205 00

27. Subtract line 26 from line 21. If line 26 is more than line 21, enter zero 27 12278 00

Other Taxes. See instructions, page 10.

28. Fuels use tax due. Include Form 75 28 00

29. **Sales/use tax due on untaxed purchases (online, mail order and other)** 29 00

30. Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 44 30 00

31. Tax from recapture of qualified investment exemption (QIE). Include Form 49ER 31 00

32. Permanent building fund tax.
Check the box if you received Idaho public assistance payments for 2020 32 10 00

33. **Total Tax.** Add lines 27 through 32 33 12288 00

Donations. See instructions, page 10. I want to donate to:

34. Idaho Nongame Wildlife Fund 35. Idaho Children's Trust Fund
36. Special Olympics Idaho 37. Idaho Guard & Reserve Family
38. American Red Cross of Idaho Fund 39. Veterans Support Fund
40. Idaho Foodbank Fund 41. Opportunity Scholarship Program

42. **Total Tax Plus Donations.** Add lines 33 through 41 42 12288 00

Payments and Other Credits.

43. Grocery Credit. Computed amount from worksheet on page 12 300
To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 43
To receive your grocery credit, enter the computed amount on line 43 43 300 00

44. Maintaining a home for family member age 65 or older or developmentally disabled. Include Form 39R ... 44 00

45. Special fuels tax refund _____ Gasoline tax refund _____ Include Form 75 45 00

46. Idaho income tax withheld. Include Form W-2s and any 1099s that show Idaho withholding 46 11172 00

47. 2020 Form 51 payments and amount applied from 2019 return 47 00

48. Pass-through income tax. Paid by entity Withheld Include Form ID K-1s 48 00

49. Tax Reimbursement Incentive credit Claim of Right credit See instructions .. 49 00

50. **Total Payments and Other Credits.** Add lines 43 through 49 50 11472 00

Tax Due or Refund. See instructions, page 13.

51. **Tax Due.** If line 42 is more than line 50, subtract line 50 from line 42 51 816 00

52. Penalty Interest from the due date Enter total 52 00
Check box if penalty is caused by an unqualified Idaho medical savings account withdrawal

53. **Total Due.** Add lines 51 and 52. Pay online or make check payable to the Idaho State Tax Commission ... 53 816 00

54. **Overpaid.** If line 42 is less than line 50, subtract lines 42 and 52 from line 50 54 00

55. **Refund.** Amount of line 54 to be refunded to you 55 00

56. **Estimated Tax.** Amount of line 54 to be applied to your 2021 estimated tax 56 00

57. **Direct Deposit. See instructions, page 13.** **Check if final deposit destination is outside the U.S.**

Routing No. Account No. Type of Checking Account: Savings

Amended Return Only. Complete this section to determine your tax due or refund. See instructions.

58. Total due (line 53) or overpaid (line 54) on this return 58 00

59. Refund from original return plus additional refunds 59 00

60. Tax paid with original return plus additional tax paid 60 00

61. Amended tax due or refund. Add lines 58 and 59 then subtract line 60 61 00

Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified below. Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct and complete. See instructions.

| | | | |
|------------------|---|--|---|
| Sign Here | Your signature | Spouse's signature (if a joint return, both must sign) | Date |
| | Paid preparer's signature GLOBAL TAXES LLC | Preparer's EIN, SSN, PTIN 30-1017196 | Taxpayer's phone number (208) 850-1393 |

| | | | |
|--|-------------|-------------------|---|
| Preparer's address 2530 PEBBLE CREEK LN CUMMING | State GA | ZIP Code 30041 | Preparer's phone number (678) 965-9522 |
|--|-------------|-------------------|---|

| | |
|--|---------------------------------------|
| Names as shown on return D KANKANALA & S RAMBOTLA | Social Security number 813-36-7108 |
|--|---------------------------------------|

| | | | | | | | | | |
|---|---|----|----|---|-----|---|------------------|------|----|
| A. Additions. See instructions, page 27. | | | | | | | | | |
| 1. Federal net operating loss deduction included on Form 40, line 7 | ▪ | 1 | | | | | | | 00 |
| 2. Capital loss carryover incurred outside the state before becoming an Idaho resident | ▪ | 2 | | | | | | | 00 |
| 3. Non-Idaho state and local bond interest and dividends | ▪ | 3 | | | | | | | 00 |
| 4. Idaho college savings account withdrawal | ▪ | 4 | | | | | | | 00 |
| 5. Bonus depreciation. Include Form 4562s | ▪ | 5 | | | | | | | 00 |
| 6. Other additions. Include explanation | ▪ | 6 | | | | | | | 00 |
| 7. Total additions. Add lines 1 through 6. Enter here and on Form 40, line 8 | ▪ | 7 | | | | | | | 00 |
| B. Subtractions. See instructions, page 28. | | | | | | | | | |
| 1. Idaho net operating loss carryover | ▪ | | | | | | | | |
| Idaho net operating loss carryback | ▪ | | | | | | Enter total here | | |
| | | 1 | | | | | | | 00 |
| 2. State income tax refund, if included in federal income | ▪ | 2 | | | | | | | 00 |
| 3. Interest from U.S. government obligations | ▪ | 3 | | | | | | | 00 |
| 4. Energy efficiency upgrades | ▪ | 4 | | | | | | | 00 |
| 5. Alternative energy device deduction | | | | | | | | | |
| Year | | | | | | | | | |
| Acquired | | | | | | | | | |
| Type of Device | | | | | | | | | |
| Total Cost | | | | | | | | | |
| Percentage | | | | | | | | | |
| a. 2020 | | | \$ | X | 40% | = | 5a | ▪ | 00 |
| b. 2019 | | | \$ | X | 20% | = | 5b | ▪ | 00 |
| c. 2018 | | | \$ | X | 20% | = | 5c | ▪ | 00 |
| d. 2017 | | | \$ | X | 20% | = | 5d | ▪ | 00 |
| e. Add lines 5a through 5d. Can't exceed \$5,000 | ▪ | 5e | | | | | | | 00 |
| 6. Child/dependent care. Complete worksheet on page 29 and include federal Form 2441 | ▪ | 6 | | | | | | 1725 | 00 |
| 7. Social Security and railroad benefits, if included in federal income | ▪ | 7 | | | | | | | 00 |
| 8. Retirement benefits deduction | | | | | | | | | |
| a. If single, enter \$36,132 or if married filing jointly, enter \$54,198 | ▪ | 8a | | | | | | | 00 |
| b. Federal Railroad Retirement benefits received | ▪ | 8b | | | | | | | 00 |
| c. Social Security benefits received | ▪ | 8c | | | | | | | 00 |
| d. Line 8a minus lines 8b and 8c. If less than zero, enter zero | | 8d | | | | | | | 00 |
| e. Qualified retirement benefits included in federal income | ▪ | 8e | | | | | | | 00 |
| f. Enter the smaller of line 8d or 8e here | ▪ | 8f | | | | | | | 00 |
| 9. Technological equipment donation | ▪ | 9 | | | | | | | 00 |
| 10. Idaho capital gains deduction. Include Form CG | ▪ | 10 | | | | | | | 00 |
| 11. Active duty military pay earned outside of Idaho | ▪ | 11 | | | | | | | 00 |
| 12. Adoption expenses | ▪ | 12 | | | | | | | 00 |
| 13. Idaho medical savings account. Contributions _____ Interest _____ Financial Institution _____ Account number _____ | ▪ | 13 | | | | | | | 00 |
| 14. Idaho college savings program | ▪ | 14 | | | | | | | 00 |
| 15. Maintaining a home for the aged or developmentally disabled | ▪ | 15 | | | | | | | 00 |
| 16. Idaho lottery winnings, less than \$600 per prize | ▪ | 16 | | | | | | | 00 |
| 17. Income earned on a reservation by an American Indian | ▪ | 17 | | | | | | | 00 |

| | | |
|--|----|---------------------------------------|
| Names as shown on return D KANKANALA & S RAMBOTLA | | Social Security number 813-36-7108 |
| 18. Health insurance premiums | 18 | 00 |
| 19. Long-term care insurance | 19 | 00 |
| 20. Workers' compensation insurance | 20 | 00 |
| 21. Bonus depreciation. Include Form 4562s | 21 | 00 |
| 22. First-time home buyer savings account. Contributions _____ Interest _____ Financial Institution _____ Account number _____ <input type="checkbox"/> By checking the box, I attest that I am a first-time home buyer. See instructions. | 22 | 00 |
| 23. Other subtractions. Include explanation | 23 | 00 |
| 24. Total subtractions. Add lines 1 through 4, 5e through 7, and 8f through 23. Enter here and on Form 40, line 10 | 24 | 1725 00 |

C. Credit for income tax paid to other states. See instructions, page 35.

This credit is being claimed for taxes paid to: _____ (State name)

| | | | |
|---|---|----|--|
| 1. Idaho tax, Form 40, line 20 | 1 | 00 | Include a copy of the income tax return and a separate Form 39R for each state for which a credit is claimed. |
| 2. Federal adjusted gross income earned in other state adjusted for Idaho modifications. See instructions | 2 | 00 | |
| 3. Idaho adjusted income. See instructions | 3 | 00 | |
| 4. Divide line 2 by line 3. Enter percentage here | 4 | % | |
| 5. Multiply line 1 by line 4. Enter amount here | 5 | 00 | |
| 6. Other state's tax due minus its income tax credits | 6 | 00 | |
| 7. Enter the smaller of lines 5 or 6 here and on Form 40, line 22 | 7 | 00 | |

D. Credits for Idaho educational entity and Idaho youth and rehabilitation facility contributions, and live organ donation expenses. See instructions, page 36.

| | | |
|---|---|----|
| 1. Credit for Idaho educational entity contributions | 1 | 00 |
| 2. Credit for Idaho youth and rehabilitation facility contributions | 2 | 00 |
| 3. Credit for live organ donation expenses | 3 | 00 |
| 4. Total credits. Add lines 1 through 3. Enter total here and on Form 40, line 23 | 4 | 00 |

E. Maintaining a home for a family member age 65 or older or a family member with a developmental disability. See instructions, page 37.

- Did you maintain a home for an immediate family member age 65 or older (not including you and your spouse) and provide more than one-half of that person's support? Yes No
- Did you maintain a home for an immediate family member with a developmental disability (including you and your spouse) and provide more than one-half of that person's support? Yes No
- List each family member you're claiming:

| Family Member's Name First Name Last Name | Family Member's Social Security Number | Relationship to Person Filing Return | Family Member's Birthdate (mm/dd/yyyy) | Check here if Developmentally Disabled |
|--|--|--------------------------------------|--|--|
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| | | |
|---|---|----|
| 4. Total amount claimed (\$100 for each qualifying member but not more than \$300). Enter here and on Form 40, line 44. (Credit can't be claimed if you took \$1,000 deduction on Part B, line 15.) | 4 | 00 |
|---|---|----|

F. Dependents: (Continued from Form 40, page 1, line 6)

| First Name | Last Name | Social Security Number | Birthdate (mm/dd/yyyy) |
|------------|-----------|------------------------|------------------------|
| | | | |
| | | | |
| | | | |