



<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	6,510.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	6,510.
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 7	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	6,510.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	6,510.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	8,222.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	8,222.
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>	
<b>27</b>	Earned income credit (EIC) <b>NO</b>	<b>27</b>	
<b>28</b>	Additional child tax credit. Attach Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	1,200.
<b>31</b>	Amount from Schedule 3, line 13	<b>31</b>	
<b>32</b>	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	1,200.
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	9,422.

**Refund**

<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	2,912.
<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	2,912.
<b>b</b>	Routing number 042000013	<b>c</b>	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number 130120028159		
<b>36</b>	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	<b>36</b>	

**Amount You Owe**

<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	<b>37</b>	
<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**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 <i>Sowjanya K</i>	Date 05/06/2021	Your occupation SYSTEMS ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. \_\_\_\_\_ Email address **sowjanyakommu231@gmail.com**

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 05/05/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 30-1017196

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

**SCHEDULE 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](http://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  
SOWJANYA KOMMU

**Your social security number**  
804-77-3138

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-5,870.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-5,870.

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶ _____		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	1,973.
<b>21</b>	Tuition and fees deduction. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . .	<b>22</b>	1,973.

**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](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

SOWJANYA KOMMU

804-77-3138

**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

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	10-141/1 OPP RURAL POLICE KOTHAPETA, KAIKALURU ANDHRA PRADESH IN 521333				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	3		<b>A</b> 365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>		<input type="checkbox"/>
<b>C</b>			<b>C</b>		<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
<b>3</b>	Rents received . . . . .	<b>3</b>		490.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>				
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		900.		
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>		1,200.		
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>				
<b>14</b>	Repairs. . . . .	<b>14</b>		1,320.		
<b>15</b>	Supplies . . . . .	<b>15</b>		1,340.		
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities . . . . .	<b>17</b>		1,600.		
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		6,360.		
<b>21</b>	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 . . . . .	<b>21</b>		-5,870.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	(	-5,870.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		490.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		6,360.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	(	5,870.)		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> 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 . . . . .	<b>26</b>		-5,870.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

**Indiana Part-Year or Full-Year Nonresident  
Individual Income Tax Return**

**2020**

Due April 15, 2021

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from    to:

Place "X" in box   
if amending

Your Social Security Number  804  77  3138

Spouse's Social Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name  SOWJANYA  Initial  Last name  KOMMU  Suffix

If filing a joint return, spouse's first name  Initial  Last name  Suffix

Present address (number and street or rural route)  4762 WIMBLETON WAY  Place "X" in box if you are married filing separately.

City  KALAMAZOO State  MI Zip/Postal code  49009

Foreign country 2-character code (see instructions)

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40PNR) for the county where you lived and worked on January 1, 2020.

County where you lived  99 County where you worked  99 County where spouse lived  County where spouse worked

**Round all entries**

1. Complete Schedule A first. Enter here the amount from Section 3, line 36B, and enclose Schedule A \_\_\_\_\_ **Indiana Income**  1  63152.00
2. Enter amount from Schedule B, line 6, and enclose Schedule B \_\_\_\_\_ **Indiana Add-Backs**  2  .00
3. Add line 1 and line 2 \_\_\_\_\_  3  63152.00
4. Enter amount from Schedule C, line 12, and enclose Schedule C \_\_\_\_\_ **Indiana Deductions**  4  .00
5. Subtract line 4 from line 3 \_\_\_\_\_  5  63152.00
6. You must complete Schedule D. Enter amount from Schedule D, line 8, and enclose Schedule D \_\_\_\_\_ **Indiana Exemptions**  6  1000.00
7. Subtract line 6 from line 5 \_\_\_\_\_ **Indiana Adjusted Gross Income**  7  62152.00
8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323) (if answer is less than zero, leave blank)  8  2008.00
9. County tax. Enter county tax due from Schedule CT-40PNR (if answer is less than zero, leave blank)  9  0.00
10. Other taxes. Enter amount from Schedule E, line 5 (enclose sch.)  10  .00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back \_\_\_\_\_ **Indiana Taxes**  11  2008.00



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Name(s) shown on Form IT-40PNR

Your Social Security Number

SOWJANYA KOMMU

804 77 3138

**Section 1: Income or (Loss)** Enter in Column A the same income or loss you reported on your 2020 federal income tax return, Form 1040, Form 1040-SR, and Form 1040 Schedule 1 (except for line 19B and/or a net operating loss carryforward on line 20B; see instructions). Round all entries.

	Column A Income from Federal Return		Column B Income Taxed by Indiana	
1. Your wages, salaries, tips, commissions, etc _____	1A	68964.00	1B	63152.00
2. Spouse's wages, salaries, tips, commissions, etc _____	2A	.00	2B	.00
3. Taxable interest income _____	3A	.00	3B	.00
4. Dividend income _____	4A	.00	4B	.00
5. Taxable refunds, credits, or offsets of stat and local taxes from your federal return _____	5A	.00	5B	.00
6. Alimony received _____	6A	.00	6B	.00
7. Business income or loss from federal Schedule C or C-EZ _____	7A	.00	7B	.00
8. Capital gain or loss from sale or exchange of property from your federal return _____	8A	.00	8B	.00
9. Other gains or (losses) from Form 4797 _____	9A	.00	9B	.00
10. Total IRA distribution _____	10A	.00	10B	.00
11. Total pensions and annuities _____	11A	.00	11B	.00
12. Net rent or royalty income or loss reported on federal Schedule E _____	12A	-5870.00	12B	0.00
13. Income or loss from partnerships _____	13A	.00	13B	.00
14. Income or loss from trusts and estates _____	14A	.00	14B	.00
15. Income or loss from S corporations _____	15A	.00	15B	.00
16. Farm income or loss from federal Schedule F _____	16A	.00	16B	.00
17. Unemployment compensation _____	17A	.00	17B	.00
18. Taxable Social Security benefits _____	18A	.00	18B	.00
19. Indiana apportioned income from Schedule IT-40PNRA _____			19B	.00
20. Other income reported on your federal return _____	20A	.00	20B	.00
List source(s). (Do not include federal net operating loss in Column B. See instructions.)				
21. Subtotal: add lines 1 through 20 _____	21A	63094.00	21B	63152.00



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**Proration Section** See instructions.

21C. **Note:** Nonresident military personnel see special instructions and complete worksheet \_\_\_\_\_ 21C  .00

21D. For all other individuals, divide the amount on line 21B by the amount on line 21A (see instructions if either line 21A and/or 21B are less than zero). Please round your answer to a decimal followed by three numbers. Example:  $\$3,100 \div \$8,000 = .3875$ , which rounds to .388 (do not enter a number greater than 1.00). Enter result here and on Schedule D, line 7 \_\_\_\_\_ 21D  1.000

**Section 2: Adjustments to Income** Note: Enter in Column A only those deductions claimed on your 2020 federal income tax return, Form 1040, Form 1040-SR, and Form 1040 Schedule 1. Round all entries.

	Column A Federal Adjustments		Column B Indiana Adjustments	
22. Educator expenses (see instructions) _____	22A	<input type="text"/> .00	22B	<input type="text"/> .00
23. Certain business expenses of reservists, performing artists, etc _____	23A	<input type="text"/> .00	23B	<input type="text"/> .00
24. Health savings account deduction _____	24A	<input type="text"/> .00	24B	<input type="text"/> .00
25. Moving expenses (see instructions) _____	25A	<input type="text"/> .00	25B	<input type="text"/> .00
26. Deductible part of self-employment tax _____	26A	<input type="text"/> .00	26B	<input type="text"/> .00
27. Self-employed, SEP, SIMPLE, and qualified plans _____	27A	<input type="text"/> .00	27B	<input type="text"/> .00
28. Self-employed health insurance deduction _____	28A	<input type="text"/> .00	28B	<input type="text"/> .00
29. Penalty on early withdrawal of savings _____	29A	<input type="text"/> .00	29B	<input type="text"/> .00
30. Alimony paid _____	30A	<input type="text"/> .00	30B	<input type="text"/> .00
31. IRA deduction _____	31A	<input type="text"/> .00	31B	<input type="text"/> .00
32. Student loan interest deduction (see instructions) _____	32A	<input type="text"/> 1973 .00	32B	<input type="text"/> 0 .00
33. Tuition and Fees _____	33A	<input type="text"/> .00	33B	<input type="text"/> .00
34. Other (see instructions) <input type="text"/>	34A	<input type="text"/> .00	34B	<input type="text"/> .00
35. Add lines 22 through 34 _____	35A	<input type="text"/> 1973 .00	35B	<input type="text"/> 0 .00

**Section 3: Totals**

36. Subtract line 35 from line 21 of Section 1. Carry amount from line 36B to Form IT-40PNR, line 1 \_\_\_\_\_ 36A  61121 .00 36B  63152 .00





Name(s) shown on Form IT-40PNR

SOWJANYA KOMMU

Your Social Security Number

804 77 3138

Complete and enclose Schedule IN-DEP: Dependent Information and Additional  
Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below.

Round all entries

1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000  1000 .00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 6  x \$1000  2  .00  
You **MUST** enclose Schedule IN-DEP.

3. You may claim an additional exemption for each qualifying dependent child:
- who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom you are a legal guardian,
  - who was under the age of 19 by Dec. 31, 2020,
  - or a full-time student who was under the age of 24 by Dec. 31, 2020, and
  - who you are eligible to claim as a dependent on line 2 above.

Enter the number of additional dependents listed on Schedule IN-DEP, Box 7.  x \$1500  3  .00

4. Place "X" in box(es) below if, by December 31, 2020

You were age 65 or older  and/or blind

Spouse was 65 or older  and/or blind

Total number of boxes with Xs  x \$1000  .0

5. If age 65 or older, enter amount from Schedule A, line 36A \$   
If this amount is less than \$40,000, place "X" in box(es) below if:

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs  x \$500  5  .00

6. Add lines 1, 2, 3, 4 and 5  6 1000 .00

7. Enter the number from Schedule A, Proration Section, line 21D  7 1.000

8. Multiply line 6 by line 7. Enter here and on Form IT-40PNR, line 6  **Total Exemptions** 8 1000 .00



Name(s) shown on Form IT-40PNR

Your Social Security Number

SOWJANYA KOMMU

804 77 3138

**Round all entries**

1. Indiana state tax withheld: enclose W-2s, 1099s, IN K-1s showing state tax withholding amounts	1	2038	.00
2. Indiana county tax withheld: enclose W-2s, 1099s, IN K-1s showing county tax withholding amts.	2		.00
3. Estimated tax paid for 2020: include any extension payment made with Form IT-9	3		.00
4. Unified tax credit for the elderly	4		.00
5. Earned income credit: see instructions Enter earned income credit from Schedule IN-EIC, line <b>A-3</b> _____ Box A			.00
Enter number from Schedule A, Proration Section, line 21D _____ Box B		.	
Multiply Box A by Box B, enter total here _____	5		.00
6. Lake County residential income tax credit _____	6		.00
7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____	7		.00
8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) _____	8		.00
9. Headquarters relocation credit (refundable portion - see instructions) _____	9		.00
10. Add lines 1 through 9. Enter total here and on Form IT-40PNR, line 12 <b>Total Credits</b>	10	2038	.00

**Schedule IN-DONATE**

Important. The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

a. Enter fund name		code no.		1a		.00
b. Enter fund name		code no.		1b		.00
c. Enter fund name		code no.		c		.00
2. Add lines 1a through 1c. Enter total here and on Form IT-40/IT-40PNR, line 17 <b>Total Donations</b>	2					.00



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Name(s) shown on Form IT-40PNR

Your Social Security Number

SOWJANYA KOMMU

804 77 3138

**Section 1: Residency Information**

List all state(s) and dates of your (and your spouse's, if filing jointly) residency during 2020. Enter 2-letter state name (e.g. "IL" for Illinois) or the letters "OC" if you were a resident of a foreign country (see instructions).

**Example**

State of Residence	Date From (MM/DD)	Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
IL	01 01 2020	06 01 2020	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IN	06 02 2020	12 31 2020	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Your information**

	(a) State of Residence	(b) Date From (MM/DD)	(c) Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
1A	WI	02 08 2020	12 31 2020	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1B	IN	01 01 2020	02 07 2020	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1C				Yes <input type="checkbox"/> No <input type="checkbox"/>
1D				Yes <input type="checkbox"/> No <input type="checkbox"/>

**Spouse's information if married filing jointly**

	(a) State of Residence	(b) Date From (MM/DD)	(c) Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
2A				Yes <input type="checkbox"/> No <input type="checkbox"/>
2B				Yes <input type="checkbox"/> No <input type="checkbox"/>
2C				Yes <input type="checkbox"/> No <input type="checkbox"/>
2D				Yes <input type="checkbox"/> No <input type="checkbox"/>

Turn over to complete Section 2



Section 2: Additional Information

1. Federal filing information

Are you filing a federal income tax return for 2020? Place "X" in appropriate box. Yes  No

2. Extension of time to file

- a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.
- b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

3. Farm / Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.   
Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

4. MFJ filers. If you are eligible for a refund and you do not want it applied to an existing state income tax liability of your spouse, or to another debt of your spouse to which the state tax refund may be applied, place an "X" in the box and see instructions.

5. Date of death

If any individual listed at the top of the IT-40PNR died during 2020, enter date of death (MM/DD).

Taxpayer's date of death   2020 Spouse's date of death   2020

Authorization Sign Form IT-40PNR after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

6. Your daytime telephone number

Your email address

I authorize the Department to discuss my return with my personal representative.

Yes  No  If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State  ZIP Code

Paid Preparer: Firm's Name (or yours if self-employed)

IN-OPT on file with paid preparer if not filing electronically

PTIN

Address

City

State  ZIP Code

Preparer's signature



Indiana Individual Income Tax  
**DECLARATION OF ELECTRONIC FILING**  
Income Tax for the Tax Year January 1 - December 31, 2020

**Do Not Mail This Form To DOR**

Submission ID       -       -

First Name and Middle Initial SOWJANYA	Last Name KOMMU	Your Social Security Number 804 77 3138	Spouse's Social Security Number
Spouse's First Name and Middle Initial	Spouse's Last Name	Street Address 4762 WIMBLETON WAY	
City KALAMAZOO	State MI	Zip Code 49009	Daytime Telephone Number 937 768 4944

**Part I Tax Return Information (See Instructions on Next Page)**

1. Federal Adjusted Gross Income.....	1.	61121
2. Indiana Adjusted Gross Income.....	2.	62152
3. Total Indiana Tax.....		2008
4. Total State Tax Withheld.....	4.	2038
5. Total County Tax Withheld.....	5.	
6. Total Indiana Tax Credits.....	6.	2038
7. Refund.....	7.	30
8. Amount You Owe.....	8.	

**Part II Direct Deposit**

9. Routing number 04200013 **Note: The first two digits of the routing number must be 01 - 12 or 21 - 32.**

10. Account number 130120028159

11. Type of account:  Checking  Savings  Hoosier Works MC

12. Place an "X" in the box if refund will go to an account outside the United States.

**Do Not Mail This Form To DOR**

My request for direct deposit of my refund includes my authorization for the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type, and Social Security number to ensure my refund is properly deposited.

**Part III Declaration of Taxpayer**

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my income tax return. To the best of my knowledge and belief, my 2020 return is true, correct and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the DOR. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the DOR of all information pertaining to my use of the system and software and to the transmission of my return electronically. I also consent to the DOR sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the DOR to disclose to my ERO and/or transmitter the reason(s) for the delay of when the refund was sent.

**Taxpayer's PIN:** check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN 73138 do not enter all zeros as my signature on my tax year 2020 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return. 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 IV below.

Taxpayer's signature ► Sowjanya K Date 05/06/2021

**Spouse's PIN:** check one box only

- I authorize \_\_\_\_\_ to enter my PIN  do not enter all zeros as my signature on my tax year 2020 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return. 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 IV below.

Spouse's signature ► \_\_\_\_\_ Date \_\_\_\_\_

**Part IV Practitioner Certification and Authentication - Practitioner PIN Method ONLY**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self selected PIN. 58727861989 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2020 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's Signature ► \_\_\_\_\_ Date \_\_\_\_\_

▼ Attach W-2 Forms Here ▼

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Nonresident & part-year resident Wisconsin income tax

For the year Jan. 1-Dec. 31, 2020, or other tax year beginning \_\_\_\_\_, 2020 ending \_\_\_\_\_, 20\_\_.

Check here if this is an amended return [ ] Complete form using BLACK INK

DO NOT STAPLE

Your legal last name KOMMU, Legal first name SOWJANYA, M.I., Your social security number 804773138

Home address (number and street). If you have a PO Box, see page 12 4762 WIMBLETON WAY, Apt. no.

City or post office KALAMAZOO, State MI, Zip code 49009

Foreign Country, Foreign province/state/country, City, village, or town GERMANTOWN

Filing status [X] Single, [ ] Married filing joint return, [ ] Married filing separate return.

Resident status, You Spouse, [ ] Full-year resident of Wisconsin, [ ] Nonresident of Wisconsin; state of residence \_\_\_\_\_ (2-letter state abbreviation)

Part-year resident of Wisconsin from 02 08 20 to 12 31 20, Note: Complete residence questionnaire, page 61

Head of household, NOT married (see page 13), Head of household, married (see page 13)

Resident status, You Spouse, [ ] Full-year resident of Wisconsin, [ ] Nonresident of Wisconsin; state of residence \_\_\_\_\_ (2-letter state abbreviation)

Part-year resident of Wisconsin from 02 08 20 to 12 31 20, Note: Complete residence questionnaire, page 61



PAPER CLIP withholding statements here

PAPER CLIP check or money order here

Table with columns: Income, Print numbers like this, NO COMMAS NO CENTS, A. Federal column, B. Wisconsin column. Rows 1-16 detailing various income types and amounts.

<b>Adjustments to Income</b>		A. Federal column	B. Wisconsin column
<b>17</b>	Educator expenses (see page 25) . . . . .	.00	.00
<b>18</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 25) . . . . .	.00	.00
<b>19</b>	Health savings account deduction (see page 26) . . . . .	.00	.00
<b>20</b>	Moving expenses for members of the Armed Forces (see page 26) . . . . .	.00	.00
<b>21</b>	Deductible part of self-employment tax (see page 26) . . . . .	.00	.00
<b>22</b>	Self-employed SEP, SIMPLE, and qualified plans (see page 26) . . . . .	.00	.00
<b>23</b>	Self-employed health insurance deduction (see page 27) . . . . .	.00	.00
<b>24</b>	Penalty on early withdrawal of savings (see page 28) . . . . .	.00	0.00
<b>25</b>	Alimony paid (see page 28) . . . . .	.00	.00
<b>26</b>	IRA deduction (see page 29) . . . . .	.00	.00
<b>27</b>	Student loan interest deduction (see page 29) . . . . .	1973.00	1973.00
<b>28</b>	Tuition and fees (see page 29) . . . . .	Not deductible for Wisconsin	
<b>29</b>	Other adjustments (see page 29). Enclose Schedule M if line 29b has an amount . . . . .	.00	.00
<b>30</b>	Total adjustments to income. Add lines 17 through 29 . . . . .	1973.00	1973.00
<b>Adjusted Gross Income</b>			
<b>31</b>	Wisconsin income. Subtract line 30, column B from line 16, column B . . . . .		3839.00
<b>32</b>	Federal income. Subtract line 30, column A from line 16, column A . . . . .	61121.00	
<b>33</b>	Divide line 31 by line 32. Carry the decimal to four places. If amount on line 31 is more than amount on line 32, fill in 1.0000. (See page 30) . . . . .		.0628

**Tax Computation**

<b>34</b>	Fill in the <b>larger</b> of Wisconsin income from line 31, column B or federal income from line 32, column A. <b>But</b> , if Wisconsin income from line 31 is zero or less, fill in 0 (zero) . . . . .	<b>34</b>	61121.00
<b>35a</b>	If you (or your spouse) can be claimed as a dependent on anyone else's return, check here and see the "Exception" in the instructions for line 35c on page 31 . . . . .	<b>35a</b>	<input type="checkbox"/>
<b>35b</b>	Aliens (see page 31 to determine if you must check line 35b) . . . . .	<b>35b</b>	<input type="checkbox"/>
<b>35c</b>	Find the standard deduction for amount on line <b>32</b> using table on page 50 . . . . .	<b>35c</b>	5613.00
<b>36</b>	Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zero) . . . . .	<b>36</b>	55508.00
<b>37</b>	<b>Exemptions (Caution: see page 31)</b>		
<b>a</b>	Fill in exemptions allowed . . . . . <u>1</u> x \$700 . . . . .	<b>37a</b>	700.00
<b>b</b>	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <u>      </u> x \$250 . . . . .	<b>37b</b>	.00
<b>c</b>	Add lines 37a and 37b . . . . .	<b>37c</b>	700.00
<b>38</b>	Subtract line 37c from line 36. If line 37c is more than line 36, fill in 0 (zero) . . . . .	<b>38</b>	54808.00
<b>39</b>	Tax (see table on page 52) . . . . .	<b>39</b>	2919.00
<b>40</b>	Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR) . . . . .	<b>40</b>	.00
<b>41</b>	<b>School property tax credits (part-year and full-year residents only)</b>		
<b>a</b>	Rent paid in 2020—heat included <u>.00</u> } Find credit from table page 35 . . . . .	<b>41a</b>	266.00
	Rent paid in 2020—heat not included <u>8800.00</u> }		
<b>b</b>	Property taxes paid on home in 2020 <u>.00</u> } Find credit from table page 36 . . . . .	<b>41b</b>	.00
<b>42</b>	Add credits on lines 40, 41a, and 41b . . . . .	<b>42</b>	266.00
<b>43</b>	Subtract line 42 from line 39. If line 42 is more than line 39, fill in 0 (zero) . . . . .	<b>43</b>	2653.00
<b>44</b>	Fill in ratio from line 33 . . . . .	<b>44</b>	.0628
<b>45</b>	Multiply line 43 by ratio on line 44 . . . . .	<b>45</b>	167.00



Name(s) shown on Form 1NPR SOWJANYA KOMMU		Your social security number 804773138
<b>46</b>	Fill in amount from line 45	<b>46</b> <u>167.00</u>
<b>47</b>	Armed forces member credit. (Full-year Wisconsin residents only)	<b>47</b> <u>.00</u>
<b>48</b>	Working families tax credit. (Full-year Wisconsin residents only)	<b>48</b> <u>.00</u>
<b>49</b>	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	<b>49</b> <u>.00</u>
<b>50</b>	Nonrefundable credits from Schedule CR, line 34. Enclose Schedule CR	<b>50</b> <u>.00</u>
<b>51</b>	Net income tax paid to another state. Enclose Schedule OS	<b>51</b> <u>.00</u>
<b>52</b>	Add lines 47 through 51	<b>52</b> <u>.00</u>
<b>53</b>	Subtract line 52 from line 46. If line 52 is more than line 46, fill in 0 (zero). This is your net tax	<b>53</b> <u>167.00</u>
<b>54</b>	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 39) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	<b>54</b> <u>.00</u>
<b>55</b>	Donations (decreases refund or increases amount owed)	
<b>a</b>	Endangered resources <u>.00</u>	<b>e</b> Military family relief <u>.00</u>
<b>b</b>	Cancer research <u>.00</u>	<b>f</b> Second Harvest/Feeding Amer. <u>.00</u>
<b>c</b>	Veterans trust fund <u>.00</u>	<b>g</b> Red Cross WI Disaster Relief <u>.00</u>
<b>d</b>	Multiple sclerosis <u>.00</u>	<b>h</b> Special Olympics Wisconsin <u>.00</u>
	Total (add lines a through h)	<b>55i</b> <u>.00</u>
<b>56</b>	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 41)	<b>56</b> <u>.00</u> x .33 = <u>.00</u>
<b>57</b>	Other penalties (see page 41)	<b>57</b> <u>.00</u>
<b>58</b>	Add lines 53 through 57	<b>58</b> <u>167.00</u>

**Payments and Credits**

<b>59</b>	Wisconsin income tax withheld. Enclose readable withholding statements	<b>59</b> <u>341.00</u>
<b>60</b>	2020 Wisconsin estimated tax paid and amount applied from 2019 return	<b>60</b> <u>.00</u>
<b>61</b>	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children <input type="checkbox"/> Federal credit <u>.00</u> x <u>    </u> % =	<b>61</b> <u>.00</u>
<b>62</b>	Farmland preservation credit. <b>a.</b> Schedule FC, line 17	<b>62a</b> <u>.00</u>
	<b>b.</b> Schedule FC-A, line 13	<b>62b</b> <u>.00</u>
<b>63</b>	Repayment credit	<b>63</b> <u>.00</u>
<b>64</b>	Homestead credit. (Full-year Wisconsin residents only)	<b>64</b> <u>.00</u>
<b>65</b>	Eligible veterans and surviving spouses property tax credit	<b>65</b> <u>.00</u>
<b>66</b>	Refundable credits from Schedule CR, line 40	<b>66</b> <u>.00</u>
<b>67</b>	AMENDED RETURN ONLY – amount previously paid (see page 47)	<b>67</b> <u>.00</u>
<b>68</b>	Add lines 59 through 67	<b>68</b> <u>341.00</u>
<b>69</b>	AMENDED RETURN ONLY – amount previously refunded (see page 47)	<b>69</b> <u>.00</u>
<b>70</b>	Subtract line 69 from line 68	<b>70</b> <u>341.00</u>





Refund or Amount You Owe

Table with 4 columns: Line number, Description, Line number, Amount. Includes lines 71-75 for AMOUNT OVERPAID, REFUNDED TO YOU, APPLIED TO YOUR 2021 ESTIMATED TAX, AMOUNT YOU OWE, and Underpayment interest.

Third Party Designee section. Includes fields for Designee's name, Phone no., and Personal identification number (PIN) with a grid for digits.

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Sign here section. Includes fields for Your signature (with handwritten signature), Spouse's signature, and Date 05/06/2021.

Mail your return to: Wisconsin Department of Revenue. Includes addresses for (if tax is due) and (if refund or no tax due).

Schedule 1 - Wisconsin Itemized Deduction Credit (see line 40 instructions)

Table for Schedule 1 with 9 rows. Columns: Line number, Description, Line number, Amount. Total credit amount is .05.

Schedule 2 - Married Couple Credit May be claimed only when both spouses have earned income taxable by Wisconsin.

Table for Schedule 2 with 8 rows. Columns: Line number, Description, (A) YOURSELF, (B) YOUR SPOUSE. Total credit amount is .03.

