£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

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

| Filing Status Check only one box. | If yo | Single Married filing jointly [ou checked the MFS box, enter the reson is a child but not your depender | name of y | | | | | | | | | |
|---|----------|--|-------------------|------------------------------|--------|--------------|-----------|--|------------|-----------------------------------|---------------|------------------------------|
| Your first name | and m | iddle initial | Last na | me | | | | | ١ | our so | cial securi | ity number |
| BHASKAR | A A | | KAND | UKURI | | | | | | 148-87-1307 | | |
| If joint return, s | pouse's | s first name and middle initial | Last na | me | | | | | 8 | Spouse' | s social se | curity number |
| Home address | (numbe | er and street). If you have a P.O. box, see | e instruction | ons. | | | | Apt. no. | F | Preside | ntial Electi | ion Campaign |
| 8404 WAI | RREN | PARKWAY | | | | | | 2438 | | | nere if you, | |
| City, town, or p | ost offi | ce. If you have a foreign address, also co | omplete s | paces below. | Sta | nte | ZIF | code | | | 0, | ntly, want \$3 Checking a |
| FRISCO | | | | | T: | X | 7. | 5034 | | _ | ow will not | • |
| Foreign country | y name | | F | oreign province/state | e/coun | ty | Fo | reign postal o | | | or refund | • |
| At any time du | ırina 20 | 020, did you receive, sell, send, exc | hange, c | or otherwise acquire | e anv | financial ir | nterest i | n anv virtua | al curr | encv? | Yes | ∑ No |
| Standard | | eone can claim: You as a de | | <u>_</u> | | | | | | | | |
| Deduction | | Spouse itemizes on a separate retu | rn or you | were a dual-status | alier | 1 | | | | | | |
| Age/Blindness | s You | Were born before January 2, | 1956 | Are blind Sp | ouse | : Was | born b | efore Janu | | | ☐ Is b | |
| Dependents | s (see | instructions): | | (2) Social securi | ty | (3) Relati | | 1 | | qualifies for (see instructions): | | |
| If more | (1) F | irst name Last name | | number | | to ye | ou | Child t | tax cred | dit | Credit for ot | ther dependents |
| than four dependents, | | | | | | | | | | | | <u> </u> |
| see instruction | s — | | | | | | | | <u>Ш</u> | | | <u> </u> |
| and check | | | | | | | | | <u> </u> | | | <u> </u> |
| here ► | | | | | | | | | | | | |
| Attach | _1_ | Wages, salaries, tips, etc. Attach | Form(s) \ | N-2 | | | | | | 1 | | <u>24,832.</u> |
| Sch. B if | 2a | Tax-exempt interest | 2a | _ | b T | axable inte | erest | | | 2b | | |
| required. | 3a | Qualified dividends | 3a | 3. | | Ordinary di | | | | 3b | | 3 |
| | 4a | IRA distributions | 4a | | | axable am | | | | 4b | | |
| | 5a | Pensions and annuities | 5a | | b T | axable am | ount . | | | 5b | | |
| Standard Deduction for— | 6a | Social security benefits | 6a | | | axable am | | | | 6b | | |
| • Single or | 7 | Capital gain or (loss). Attach Sche | | • | quired | l, check he | re . | | ▶ □ | 7 | | 140. |
| Married filing separately, | 8 | Other income from Schedule 1, lin | | | | | | | | 8 | | |
| \$12,400 | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, | and 8. T | his is your total inc | come | | | | . ▶ | 9 | | <u>24,975.</u> |
| Married filing jointly or | 10 | Adjustments to income: | | | | | | | | | | |
| Qualifying | а | From Schedule 1, line 22 | | | | | 10a | | | | | |
| widow(er), \$24,800 | b | Charitable contributions if you take | e the star | ndard deduction. Se | e inst | ructions | 10b | | | | | |
| Head of | С | Add lines 10a and 10b. These are | your tot | al adjustments to | inco | me | | | . ▶ | 100 | | |
| household, \$18,650 | 11 | Subtract line 10c from line 9. This | is your a | adjusted gross inc | ome | | | | . ▶ | 11 | | 24,975. |
| If you checked | 12 | Standard deduction or itemized | deduct | ions (from Schedul | e A) | | | | | 12 | \perp | 12,400. |
| any box under Standard | 13 | Qualified business income deduc- | tion. Atta | ch Form 8995 or F | orm 8 | 3995-A . | | | | 13 | \perp | |
| Deduction, see instructions. | 14 | Add lines 12 and 13 | | | | | | | | 14 | | 12,400. |
| | 15 | Taxable income. Subtract line 14 | from lin | e 11. If zero or less | , ente | er -0 | | | | 15 | | 12,575. |

| Form 1040 (2020 |)) | | | | | | | | | Page 2 |
|---|-----------|---|-------------------|----------------------|--------------------|-----------|---------------|---------|-------------------------------|---|
| | 16 | Tax (see instructions). Check in | f any from Form | ı(s): 1 881 | 4 2 🗌 4972 | 3 🗌 | | | . 16 | 1,312. |
| | 17 | Amount from Schedule 2, line | | | | | | | | |
| | 18 | Add lines 16 and 17 | | | | | | | . 18 | 1,312. |
| | 19 | Child tax credit or credit for o | ther dependent | ts | | | | | . 19 | |
| | 20 | Amount from Schedule 3, line | e7 | | | | | | . 20 | |
| | 21 | Add lines 19 and 20 | | | | | | | | |
| | 22 | Subtract line 21 from line 18. | | | | | | | | 1,312. |
| | 23 | Other taxes, including self-en | • | | | | | | | 0. |
| | 24 | Add lines 22 and 23. This is y | | | | | | | ▶ 24 | 1,312. |
| | 25 | Federal income tax withheld t | | | | | | | | |
| | а | Form(s) W-2 | | | | 25a | 3 | , 25 | 2. | |
| | b | Form(s) 1099 | | | | 25b | | , | | |
| | c | Other forms (see instructions) | | | | 25c | | | | |
| | d | Add lines 25a through 25c . | | | | | | | . 25d | 3,252. |
| | 26 | 2020 estimated tax payments | | | | | | | | 3,232. |
| If you have a L qualifying child, | 27 | Earned income credit (EIC) . | | | | 27 | I | • | . 20 | |
| attach Sch. EIC. | 28 | Additional child tax credit. At | | | | 28 | | | - | |
| If you have nontaxable | 29 | American opportunity credit f | | | | 29 | | | _ | |
| combat pay, | | | | - | | 30 | | | - | |
| see instructions. | 30 | Recovery rebate credit. See in | | | | 31 | | | | |
| | 31 | Amount from Schedule 3, line | | | | | | | N | |
| | 32 | Add lines 27 through 31. The | - | | | | | | | 3,252. |
| | 33 | Add lines 25d, 26, and 32. Th | | | | | | | | |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | | | | | | | | 1,940. |
| Di | 35a | Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ▶ □ Routing number 1 0 2 0 0 1 0 1 7 ▶ c Type: ☒ Checking ☐ Savings | | | | | | | | 1,940. |
| Direct deposit? See instructions. | ►b | Routing number 1 0 2 0 0 1 0 1 7 ► c Type: ★ C Type: ★ C Hecking ★ Savings Account number 7 3 6 1 1 2 3 9 1 1 1 1 1 2 3 9 1 1 1 1 2 3 9 1 1 1 1 2 3 9 1 1 1 2 3 9 1 1 2 3 9 1 1 2 3 9 1 1 2 3 9 1 1 2 3 9 1 1 3 3 4 3 4 3 4 < | | | | | | | | |
| | ► d | | | | | | | | | |
| <u> </u> | 36 | • | | | | | | | | |
| Amount You Owe | 37 | Subtract line 33 from line 24. | This is the amo | ount you owe | now | | | | ▶ 37 | |
| For details on | | Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for | | | | | | | | |
| how to pay, see | | 2020. See Schedule 3, line 12e, and its instructions for details. | | | | | | | | |
| instructions. | 38 | Estimated tax penalty (see ins | | | | 38 | | | | |
| Third Party | | you want to allow another | • | | | | □ v aa | | to bolovi | X No |
| Designee | | structions | | | | | ☐ Yes. C | • | | ≥ NO |
| | | signee's ne ▶ | | Phone no. ▶ | | | | ber (Pl | lentification N) ► | |
| Sign | Un | der penalties of periury. I declare th | at I have examine | ed this return and | d accompanying sch | hedules a | and stateme | nts. ar | nd to the be | st of my knowledge and |
| _ | | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which | | | | | | | | |
| Here | Yo | ur signature | | Date Your occupation | | | | | | nt you an Identity |
| | N | | | | | | | | Protection P (see inst.) ▶ | IN, enter it here |
| Joint return? See instructions. | | | | 5. | SOFTWARE | | IEER | | , | <u> </u> |
| Keep a copy for | Sp | Spouse's signature. If a joint return, both must sign. | | Date | Spouse's occupat | tion | | | | nt your spouse an ection PIN, enter it here |
| your records. | | | | | | | | | (see inst.) | |
| | Ph | one no. (720)243-6570 | | Email address | KANDUKURIBHA | SKARA | OGMATIC |)M | | |
| | | | Preparer's signat | | | Date | | PTIN | 1 | Check if: |
| Paid | SYAM | | | | GUPTA TALLAM | | 15/2021 | P02 | 082703 | Self-employed |
| Preparer | | m's name ► GLOBAL TAX | | | | - 00/- | | - | | (678)965-9522 |
| Use Only | | m's address ► 2530 Pebbl | | n Cummin | a GA 30041 | | | - | Firm's EIN | |
| Go to want in a | | | | | | DE: | 07/00/04 DD | | IIII S LIIV | Form 1040 (2020) |
| GO TO WWW.IIS.go | vvrom | n1040 for instructions and the lates | t innommation. | | BAA | KEV | 07/28/21 PRO | , | | rom 1040 (2020) |

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

Your social security number

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

▶ 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.

Sequence No. **12**

| BHA | ASKARA A KANDUKURI | | | 148- | -87– | 1307 |
|---------------|---|----------------------------------|---------------------------------|---|-----------------|---|
| | ou dispose of any investment(s) in a qualified opportunity is," attach Form 8949 and see its instructions for additional | | | | | |
| Par | | | | | e ins | tructions) |
| lines This | nstructions for how to figure the amounts to enter on the below. Form may be easier to complete if you round off cents to e dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustmen to gain or loss Form(s) 8949, line 2, colum | from Part I, | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
| | 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 | F 7 7 | F 0.1 | | | 5.6 |
| 2 | Box A checked | 577. | 521. | | | 56. |
| | Totals for all transactions reported on Form(s) 8949 with Box C checked | 17,140. | 17,056. | | | 84. |
| | Short-term gain from Form 6252 and short-term gain or (INet short-term gain or (Ioss) from partnerships, Schedule(s) K-1 | S corporations, | estates, and tr | usts from | 5 | |
| | Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions | ny, from line 8 of y | our Capital Loss | Carryover | 6 | () |
| | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwis | | | | 7 | 140. |
| Par | Long-Term Capital Gains and Losses—Ge | nerally Assets H | Held More Than | One Year | (see | instructions) |
| lines | nstructions for how to figure the amounts to enter on the below. | (d) Proceeds | (e) Cost | (g) Adjustmen to gain or loss | | (h) Gain or (loss) Subtract column (e) from column (d) and |
| | form may be easier to complete if you round off cents to e dollars. | (sales price) | (or other basis) | Form(s) 8949, I line 2, colum | | combine the result with column (g) |
| | 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 | | | | | |
| | Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824 | | | | 11 | |
| | Net long-term gain or (loss) from partnerships, S corporat | | | | 12 | |
| | | | | | 13 | |
| | Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions | | | | 14 | () |
| 15 | Net long-term capital gain or (loss). Combine lines 8a | through 14 in co | olumn (h). Then, go | to Part III | 45 | |

BAA

Schedule D (Form 1040) 2020 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 140. • 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 • 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? ☐ **Yes.** Go to line 18. 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? ☐ 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. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2020
Attachment
Sequence No. 12A

Department of the Treasury Internal Revenue Service Name(s) shown on return

Part I

Social security number or taxpayer identification number

148-87-1307

BHASKARA A KANDUKURI

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

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see

instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss). (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired (sales price) from column (d) and disposed of and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (g) instructions ROBINHOOD CRYPTO LLC 01/01/20 04/29/20 577. 521. 56. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

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

577.

56.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked) ▶

521.

8949

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074 Attachment Sequence No. 12A

Department of the Treasury Internal Revenue Service

Social security number or taxpayer identification number

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

148-87-1307 BHASKARA A KANDUKURI broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss). (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired (sales price) from column (d) and disposed of and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (g) instructions 08/25/20 17,140. 17,056. 84.

Robinhood Securities LLC 01/01/20 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 17,140. 17,056. above is checked), or line 3 (if Box C above is checked) ▶ 84.

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

Form CT-1040 Required Fields

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

Required to be Automatically-Populated Fields

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

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

Do not send this sheet with your return.

Checklist for filing your Connecticut income tax return:

- 1. Be sure that Page 1 of your return is not printed on the back of this sheet.
- 2. Verify that the address lines on the return are correct and proper abbreviations are used.
- 3. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
- 4. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
- 5. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
- 6. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
- 7. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at www.ct.gov/TSC using the Taxpayer Service Center.)
- 8. Do not attach or send copies of forms W-2 or 1099.
- 9. Send **all** completed pages of CT-1040, Schedule CT-EITC, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, and Form CT-6251. Send **all** four pages of your completed return, both pages of your completed CT-EITC schedule, and any other supporting schedules.
- 10. Make check payable to: Commissioner of Revenue Services
- 11. To ensure proper posting, write your SSN(s) (optional) and "2020 Form CT-1040" on your check.
- 12. To mail your return, use the following addresses:

For all tax returns with payment:

Department of Revenue Services

PO Box 2977

Hartford CT 06104-2977

For refunds and tax returns without payment:

Department of Revenue Services

PO Box 2976

Hartford CT 06104-2976

- 13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
- 14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited.
- 15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040.

Do not send this sheet with your return.

Revised: 11/05/2020



10401220V011555



Form CT-1040 - 2020

Connecticut Resident Income Tax Return (Rev. 12/20)

Page 1 of 4

Other tax year, beginning:

and ending:

Y S N FJ

N MFS

N HOH N

148 - 87 - 1307

- -

BHASKARA

A KANDUKURI

N Dec.

N Dec.

8404 WARREN PKWY

√ CT-8379

CT-2210

QW

Ν

APT 2438

N CT-1040 CRC N

Federal Form 1310

FRISCO

TX 75034 -

| 1. Federal adjusted gross income (from federal Form 1040, Line 11, or federal Form 1040-SR, Line 11) | 1. | 24975 |
|--|-------|-------|
| 2. Additions to federal adjusted gross income (from Schedule 1, Line 38) | 2. | 0 |
| 3. Add Line 1 and Line 2 | 3. | 24975 |
| 4. Subtractions from federal adjusted gross income (from Schedule 1, Line 50) | 4. | 0 |
| 5. Connecticut adjusted gross income: Line 4 subtracted from Line 3. | 5. | 24975 |
| 6. Income tax | 6. | 195 |
| 7. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59) | 7. | 0 |
| 8. Line 7 subtracted from Line 6. If Line 7 is greater than Line 6, "0" is entered. | 8. | 195 |
| 9. Connecticut alternative minimum tax (from Form CT-6251) | 9. | 0 |
| 10. Add Line 8 and Line 9. | 10. | 195 |
| 11. Credit for property taxes paid on your primary residence, motor vehicle, or both (from Schedule 3, Line 68 |) 11. | 0 |
| 12. Line 11 subtracted from Line 10. If less than zero, "0" is entered. | 12. | 195 |
| 13. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11) | 13. | 0 |
| 14. Connecticut income tax: Line 13 subtracted from Line 12. If less than zero, "0" is entered. | 14. | 195 |
| 15. Individual use tax (from Schedule 4, Line 69). If no tax is due, "0" is entered. | 15. | 0 |
| 16. Total tax: Add Line 14 and Line 15. | 16. | 195 |



Form CT-1040, Page 2 of 4

17.

10401220V021555



148871307

195

17. Amount from Line 16

Forms W-2, W-2G, and 1099 Information Col. A - Employer or Payer's Fed. ID #

| Col | R | - CT | Wages, | Tips | etc |
|------|--------------|-------|---------|------|------|
| OUI. | \mathbf{r} | - 0 1 | vvages, | nps, | CIO. |

Col. C - CT Income Tax Withheld

| 18a. | 32 - 0263188 | • | 14080 | 984 |
|------|--------------|---|-------|-----|
| 18b. | _ | • | 0 | 0 |
| 18c. | _ | • | 0 | 0 |
| 18d. | _ | • | 0 | 0 |
| 18e. | - | • | 0 | 0 |

| 18f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 18f. | | 0 |
|--|----------------------|-----|
| 18. Total Connecticut income tax withheld: Amounts in Column C. | 18. | 984 |
| 19. All 2020 estimated tax payments and any overpayments applied from a prior year | 19. | 0 |
| 20. Payments made with Form CT-1040 EXT | 20. | 0 |
| 20a. Earned income tax credit (from Schedule CT-EITC, Line 16). | 20a. | 0 |
| 20b. Claim of right credit (from Form CT-1040 CRC, Line 6). | 20b. | 0 |
| 20c. Pass-through entity tax credit: (from Schedule CT-PE, Line 1). Schedule must be attached. | 20c. | 0 |
| 21. Total payments and refundable credits: Add Lines 18, 19, 20, 20a, 20b and 20c. | 21. | 984 |
| 22. Overpayment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21. | 22. | 789 |
| 23. Amount of Line 22 you want applied to your 2021 estimated tax 24. Reserved for future use | 23 . 24. | 0 |
| 24a. Total contributions of refund to designated charities (from Schedule 5, Line 70) | 24a. | 0 |
| 25. Refund: Lines 23, 24, and 24a subtracted from Line 22. If you have not elected to direct deposit, a refund check will be issued and processing ma | 25. y be delayed. | 789 |
| 25a. Acct. type Y Ck. N Sv. 25b. Rout. # 102001017 25c. Acct. # | 73611239 | |
| 25d. Refund going to a bank account outside the U.S. 25d. N | | |
| 26. Tax due: If Line 17 is more than Line 21, Line 21 subtracted from Line 17. | 26. | 0 |

| 27. If late: Penalty entered. Line 26 multiplied by 10% (.10). | 27. | 0 |
|---|-----|------|
| 28. If late: Interest entered. | | |
| Line 26 multiplied by number of months or fraction of a month late, then by 1% (.01). | 28. | 0 |
| 29. Interest on underpayment of estimated tax (from Form CT-2210) | 29. | 0 |
| 30. Total amount due: Add Lines 26 through 29. | 30. | 0.00 |

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

| Your signature | Date | Home/cell telephone number | | |
|--|---------|----------------------------|----------------------|--|
| • | • | 7202436570 | | |
| Spouse's signature (if joint return) | Date | Daytime telephone number | | |
| • | | • | • | |
| Paid preparer's signature | Date | Telephone number | Paid Preparer's PTIN | |
| •SYAM PRIYA RAM SAGAR GUPT | •091521 | • 6789659522 | P02082703 | |
| Paid preparer's name | | • | FEIN | |
| SYAM PRIYA RAM SAGAR GUPT | A TALL | | 301017196 | |
| Firm's name, address and ZIP code GLOBAL TAXES | LLC | | Self-employed | |
| • 2530 PEBBLE CREEK LN CUM | MING G | A 30041 - | N | |

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

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

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• 148871307

| Schedule 1 - Modifications to Federal Adjusted Gross Income | | | |
|---|------------|-------------------------|----------------|
| 31. Interest on state and local government obligations other than Connect | icut | 3 | 31. 0 |
| 32. Mutual fund exempt-interest dividends from non-Connecticut state or r | | I government | |
| obligations | | 3 | 32. 0 |
| 33. Taxable amount of lump-sum distributions from qualified plans not incl | uded in f | ederal adjusted | |
| gross income | | | 33. |
| 34. Beneficiary's share of Connecticut fiduciary adjustment: Entered only i | f greater | | 34. 0 |
| 35. Loss on sale of Connecticut state and local government bonds | | | 35. |
| 36. Section 168(k) federal bonus depreciation deduction allowed for property | placed in | | |
| 36a. 80% of Section 179 federal deduction. 37. Other - specify ● | | | 6a. 0 37. 0 |
| or. Other - specify • | | ` | 0 |
| 38. Total additions: Add Lines 31 through 37. | | 3 | 38. 0 |
| 39. Interest on U.S. government obligations | | 3 | 39. |
| 40. Exempt dividends from certain qualifying mutual funds derived from U | .S. gover | nment obligations | 40. 0 |
| 41. Social Security benefit adjustment (from Social Security Benefit Adjust | ment Wo | orksheet) | 41. 0 |
| 42. Refunds of state and local income taxes | | 4 | 42. 0 |
| 43. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuiti | es | | 43. |
| 44. Military retirement pay | | | 44. 0 |
| 45. 25% of income received from Connecticut Teachers' Retirement Syste | | | 45. 0 |
| 46. Beneficiary's share of Connecticut fiduciary adjustment: Entered only i | Tiess tha | | 46. |
| 47. Gain on sale of Connecticut state and local government bonds 48. CHET contributions made in 2020 or | | • | +7. |
| an excess carried forward from a prior year Acct. #: | | 2 | 48. 0 |
| a | | | |
| 48a. 25% of Section 168(k) federal bonus depreciation deduction added ba | ack in pre | eceding three years. 48 | Ва. О |
| 48b. 28% of pension or annuity income. | | 48 | Bb. 0 |
| 49. Other - specify ● | | 4 | 49. 0 |
| 50. Total subtractions: Add Lines 39 through 49. | | Ę | 50. 0 |
| Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions | | | |
| 51. Modified Connecticut adjusted gross income | • | | 51. 0 |
| On meaning commonat asjacou grown mosmo | | | ··· |
| | | Col. A | Col. B |
| | | | |
| 52. Qualifying jurisdiction's name and two-letter code 52. | | | |
| 53. Non-Connecticut income included on Line 51 and reported on a | | | |
| qualifying jurisdiction's income tax return (from Schedule 2 worksheet) | 53. | 0 | 0 |
| qualifying junious and most tax rotain (nom ostroadio 2 nomenos) | 00. | · · | Ŭ |
| 54. Line 53 divided by Line 51 | 54. | 0.0000 | 0.0000 |
| | | | |
| 55. Income tax liability: Line 11 subtracted from Line 6. | 55. | 0 | 0 |
| | | | _ |
| 56. Line 54 multiplied by Line 55 | 56. | 0 | 0 |
| 57 have a translation and the same of the | | 0 | 0 |
| 57. Income tax paid to a qualifying jurisdiction | 57. | 0 | 0 |
| 58. Lesser of Line 56 or Line 57 | 58. | 0 | 0 |
| CO. ECCOS OF EARLO CO OF EARLO CO | 55. | O | O |
| 59. Total credit: Add Line 58, all columns. | | 5 | 9. 0 |
| | | | |

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Schedule 3 - Property Tax Credit

| | N | 65 years or older | N | One or more depende | ents on fed | deral r | eturn |
|--|----------|----------------------------|----------|------------------------|-------------|---------|--------|
| Qualifying Property Name of Connecticut Tax Town or District Description of Property Date(s) Paid | t • | Primary Residence | • | Auto 1 | • | | Auto 2 |
| Amount Paid | 60. | 0 | 61. | 0 | 62. | | 0 |
| 63. Total property tax paid: Add Lines 60 |), 61, a | and 62. | | | 63. | | 0 |
| 64. Maximum property tax credit allowed | | | | | 64. | • | 200 |
| 65. Lesser of Line 63 or Line 64. | | | | | 65. | • | 0 |
| 66. Property tax credit limitation decimal at | mount | : If zero, the amount from | Line 65 | is entered on Line 68. | 66. | • | 0.00 |
| 67. Line 65 multiplied by Line 66. | | | | | 67. | • | 0 |
| 68. Line 67 subtracted from Line 65. | | | | | 68. | | 0 |
| Schedule 4 - Individual Use Tax 69a. Use tax at 1% (from Connecticut Inc | dividu | al I Isa Tay Warkshaat Sa | oction A | Column 7) | 69a. | | 0 |
| | | | | | 69b. | | |
| 69b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7) | | | | | | | 0 |
| 69c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7) | | | | | | | 0 |
| 69d. Use tax at 2.99% (from Connecticut | Indiv | idual Use Tax Worksheet, | Section | n D, Column 7) | 69d. | | 0 |
| 69. Individual use tax: Add Lines 69a, 6 Schedule 5 - Contributions to Designa | | | | | 69. • | | 0 |
| 70a. AR | | | | | 70a. | | 0 |
| 70b. OT | | | | | 70b. | | 0 |
| 70c. ES/W | | | | | 70c. | | 0 |
| 70d. BCR | | | | | 70d. | | 0 |
| 70e. SNS | | | | | 70e. | | 0 |
| 70f. MR | | | | | 70f. | | 0 |
| 70g. CBS | | | | | 70g. | | 0 |
| 70h. MHCIA | | | | | 70h. | | 0 |
| 70. Total Contributions: Add Lines 70. Taxpayer email | a thro | ugh 70h. | | | 70. | | 0 |