

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial ABHINAY	Last name DORNALA	Your social security number 123-49-0486
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 4300 CORNHUSKER HWY		Apt. no. F10	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. LINCOLN	State NE	ZIP code 68504	
Foreign country name	Foreign province/state/county	Foreign postal code	

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes 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

Dependents (see instructions):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1 Wages, salaries, tips, etc. Attach Form(s) W-2			1	60,080.
Attach Sch. B if required.	2a Tax-exempt interest	2a	b Taxable interest	2b	
	3a Qualified dividends	3a	b Ordinary dividends	3b	
	4a IRA distributions	4a	b Taxable amount	4b	
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction, see instructions.	5a Pensions and annuities	5a	b Taxable amount	5b	
	6a Social security benefits	6a	b Taxable amount	6b	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			7	
	8 Other income from Schedule 1, line 9			8	-5,780.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶			9	54,300.
	10 Adjustments to income:				
	a From Schedule 1, line 22	10a			
	b Charitable contributions if you take the standard deduction. See instructions	10b			
	c Add lines 10a and 10b. These are your total adjustments to income ▶			10c	
	11 Subtract line 10c from line 9. This is your adjusted gross income ▶			11	54,300.
	12 Standard deduction or itemized deductions (from Schedule A)			12	12,400.
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A			13	
	14 Add lines 12 and 13			14	12,400.
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15	41,900.

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	5,014.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	5,014.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	5,014.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	5,014.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	8,279.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	8,279.
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	202.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	202.
33	Add lines 25d, 26, and 32. These are your total payments	33	8,481.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,467.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,467.
b	Routing number 021200339	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number 381036822560		
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 SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 01/26/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Phone no. (678) 965-9522			
Firm's address 2530 Pebble Creek Ln Cumming GA 30041	Firm's EIN 30-1017196			

**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
ABHINAY DORNALA

Your social security number
123-49-0486

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
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	-5,780.
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	-5,780.

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 E
(Form 1040)

Supplemental Income and Loss

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name(s) shown on return

ABHINAY DORNALA

Your social security number

123-49-0486

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	MOOSARAMBAGH, TEEGALAGUDA HYDERABAD TELANGANA IN 500036				
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	3		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
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	580.		
4	Royalties received	4			

Expenses:			A	B	C
5	Advertising	5	150.		
6	Auto and travel (see instructions)	6	340.		
7	Cleaning and maintenance	7	170.		
8	Commissions.	8			
9	Insurance	9			
10	Legal and other professional fees	10			
11	Management fees	11			
12	Mortgage interest paid to banks, etc. (see instructions)	12			
13	Other interest.	13	5,500.		
14	Repairs.	14	200.		
15	Supplies	15			
16	Taxes	16			
17	Utilities	17			
18	Depreciation expense or depletion	18			
19	Other (list) ▶	19			
20	Total expenses. Add lines 5 through 19	20	6,360.		

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** -5,780.

22 Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) **22** (-5,780.)

23a	Total of all amounts reported on line 3 for all rental properties	23a	580.		
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			
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	6,360.		

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** (5,780.)

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** -5,780.

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form8889 for instructions and the latest information.**

2020
Attachment
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
ABHINAY DORNALA

Social security number of HSA
beneficiary. If both spouses
have HSAs, see instructions ▶ 123-49-0486

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions	▶ <input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2 0.
3	If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others , see the instructions for the amount to enter	3 3,550.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 3,550.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6 3,550.
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7 0.
8	Add lines 6 and 7	8 3,550.
9	Employer contributions made to your HSAs for 2020	9 3,289.
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 3,289.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 261.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13 0.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b
c	Subtract line 14b from line 14a	14c
15	Qualified medical expenses paid using HSA distributions (see instructions)	15
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	16
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18
19	Qualified HSA funding distribution	19
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box	21

Nebraska Individual Income Tax Return
for the taxable year January 1, 2020 through December 31, 2020 or other taxable year:
, 2020 through ,

Please Type or Print	Your First Name and Initial ABHINAY	Last Name DORNALA	Please Do Not Write In This Space
	If a Joint Return, Spouse's First Name and Initial	Last Name	
	Current Mailing Address (Number and Street or PO Box) 4300 CORNHUSKER HWY, Apt. F10		
City LINCOLN	State NE	Zip Code 68504	

Important: SSN(s) must be entered below.		High School District Code
Your Social Security Number 1 2 3 4 9 0 4 8 6	Spouse's Social Security Number	5 6 5 6 0 3 7

(1) Farmer/Rancher (2) Active Military (1) Deceased Taxpayer(s)
(first name & date of death): _____

1 Federal Filing Status:
 (1) Single (3) Married, filing separately – Spouse's SSN: _____ (4) Head of Household
 (2) Married, filing jointly and Full Name _____ (5) Widow(er) with dependent children

2a Check if YOU were: (1) 65 or older (2) Blind **2b** Check here if someone (such as your parent) can claim you or your spouse as a dependent: (1) You (2) Spouse
 SPOUSE was: (3) 65 or older (4) Blind

3 Type of Return:
 (1) Resident (2) Partial-year resident from _____, 2020 to _____, 2020 (attach Schedule III)
 (3) Nonresident (attach Schedule III)


4 Nebraska personal exemptions. (Enter 1 in each line of 4a or 4b that applies):
a Yourself. If someone can claim you as a dependent, leave blank. **4 a** 1
b Spouse. Married filing jointly returns, if someone can claim your spouse as a dependent leave blank. **4 b** _____
c

Dependents, if more than three, see instructions	Dependent's	
First Name	Last Name	Social Security Number

Total number of dependents listed **4 c** _____

Total Nebraska personal exemptions – add lines 4a, 4b, and 4c **4** 1

5 Federal adjusted gross income (AGI) (line 11, Federal Form 1040 or 1040-SR) Do not leave blank	5	54,300.	00
6 Nebraska standard deduction (if you checked any boxes on line 2a or 2b above, see instructions; otherwise, enter \$7,000 if single; \$14,000 if married, filing jointly or qualified widow[er]; \$7,000 if married, filing separately; or \$10,300 if head of household)	6	7,000.	00
7 Total itemized deductions (line 17, Federal Schedule A – see instructions)	7	00	
8 State and local income taxes (line 5a, Schedule A, Federal Form 1040 or 1040-SR)	8	0.	00
9 Nebraska itemized deductions (line 7 minus line 8)	9	0.	00
10 Nebraska standard deduction or the Nebraska itemized deductions, whichever is greater (the larger of line 6 or line 9)	10	7,000.	00
11 Nebraska income before adjustments (line 5 minus line 10)	11	47,300.	00
12 Adjustments increasing federal AGI (line 9, from attached Nebraska Schedule I)	12	00	
13 Adjustments decreasing federal AGI (line 29, from attached Nebraska Schedule I)	13	0.	00
14 Nebraska Taxable Income (enter line 11 plus line 12 minus line 13). If less than -0-, enter -0-. Residents complete lines 15 and 16. Partial-year residents and nonresidents complete Nebr. Sch. III before continuing	14	47,300.	00
15 Nebraska income tax (Partial-year residents and nonresidents enter the result from line 9, Nebraska Schedule III. Paper filers may use the Nebraska Tax Table. All others must use Tax Calculation Schedule.)	15	2,324.	00
16 Nebraska other tax calculation: a Federal Tax on Lump-Sum Distributions (Federal Form 4972) 16 a \$ _____ b Federal tax on early distributions (lesser of Federal Form 5329 or line 6, Sch. 2, Federal Form 1040 or 1040-SR) 16 b \$ _____ c Total (add lines 16a and 16b) 16 c \$ _____ Residents multiply line 16c by 29.6% (x .296) and enter the result on line 16. Partial-year residents and nonresidents enter the result from line 10, Nebraska Schedule III	16	00	
17 Total Nebraska tax before Nebraska personal exemption credit (add lines 15 and 16). Do not pay the amount on this line. Pay the amount from line 43.	17	2,324.	00

18	Nebr. personal exemption credit for residents only (\$140 times the number on line 4)	18	140.	00
19	Credit for tax paid to another state, line 6, Nebraska Schedule II (attach Nebraska Schedule II and a copy of the other state's return)	19		00
20	Credit for the elderly or disabled (attach copy of Federal Schedule R)	20		00
21	Community Development Assistance Act credit (attach Form CDN)	21		00
22	Form 3800N nonrefundable credit (attach Form 3800N)	22		00
23	Nebraska child/dependent care nonrefundable credit, only if line 5 is more than \$29,000 (attach a copy of Federal Form 2441 and see instructions)	23		00
24	Credit for financial institution tax (attach Form NFC)	24		00
25	Employer's credit for expenses incurred for TANF (ADC) recipients (see instr.)	25		00
26	School Readiness Tax Credit for providers (see instructions)	26		00
27	Designated extremely blighted area tax credit (attach Form 1040N-EB)	27		00
28	Total nonrefundable credits (add lines 18 through 27)	28	140.	00
29	Nebraska tax after nonrefundable credits. Subtract line 28 from line 17 (if line 28 is more than line 17, enter -0-). If the result is greater than your federal tax liability, see page 10 in the instructions. If entering federal tax, check box <input type="checkbox"/> and attach a copy of the federal return	29	2,184.	00
30	Total Nebraska income tax withheld (attach 2020 Forms, see instructions) a W-2 \$ <u>3,091.</u> b K-1N \$ _____ c W-2G, 1099-R, 1099-MISC, 1099-NEC or others \$ <u>0.</u>	30	3,091.	00
31	2020 estimated income tax payments (include any 2019 overpayment credited to 2020 and any payments submitted with an extension request)	31		00
32	Form 3800N refundable credit (attach Form 3800N)	32		00
33	Nebraska child/dependent care refundable credit, if line 5 is \$29,000 or less (attach a copy of Form 2441N)	33		00
34	Beginning Farmer credit from Form 1099 BFC (NDA NextGen)	34		00
35	Nebraska earned income credit. Enter number of qualifying children <u>97</u> Federal credit <u>98</u> \$ _____ x .10 (10%) (attach pages 1-2 of federal return)	35		00
36	Nebraska Property Tax Incentive Act Credit (attach Form PTC)	36		00
37	Credit for qualified Volunteer Emergency Responders (see instructions)	37		00
38	School Readiness Tax Credit for qualified staff members (see instructions)	38		00
39	Total refundable credits (add lines 30 through 38)	39	3,091.	00
40	Penalty for underpayment of estimated tax (see instructions). If you calculated a Form 2210N penalty of -0- or greater, or used the annualized income method, attach Form 2210N, and check this box <u>96</u> <input type="checkbox"/>	40		00
41	Total tax and penalty. Add lines 29 and 40	41	2,184.	00
42	Use tax due on taxable purchases where applicable sales tax was not collected. (see instructions) Enter purchases subject to state tax <u>91</u> \$ _____ State tax <u>92</u> \$ _____ (purchases x 5.5%); Enter purchases subject to local tax <u>93</u> \$ _____ Local tax <u>94</u> \$ _____ (purchases x local rate of _____%); <u>95</u> Local code _____ (see local rate schedule); Add state and local taxes and enter on line 42. If no use tax is due, enter -0- on line 42.	42	0.	00
43	Total amount due. If line 39 is less than total of lines 41 and 42, subtract line 39 from the total of lines 41 and 42. Pay this amount in full. For electronic or credit card payment, check here <input type="checkbox"/> and see instructions	43		00
44	Overpayment. If line 39 is more than total of lines 41 and 42, subtract total of lines 41 and 42 from line 39	44	907.	00
45	Amount of line 44 you want applied to your 2021 estimated tax	45		00
46	Wildlife Conservation Fund donation of \$1 or more 	46		00
47	Amount of line 44 you want refunded to you (line 44 minus lines 45 and 46) Your refund will generally be issued by July 15, if your paper return is filed by April 15 (see instructions)	47	907.	00

48a Routing Number 0 2 1 2 0 0 3 3 9 48b Type of Account 1 1 = Checking 2 = Savings

48c Account Number 3 8 1 0 3 6 8 2 2 5 6 0

48d Check this box if this refund will go to a bank account outside the United States.



Under penalties of perjury, I declare that, as taxpayer or preparer, I have examined this return and to the best of my knowledge and belief, it is true, correct, and complete.

sign here
 Your Signature _____ Date (713) 213-9814
 Spouse's Signature (if filing jointly, both must sign) _____ Daytime Phone _____

ABHINAYDORNALA@GMAIL.COM
 Email Address _____

paid preparer's use only
 SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/26/2021
 Preparer's Signature Date
 GLOBAL TAXES LLC 2530 Pebble Creek Ln Cumming GA 30041
 Print Firm's Name (or LLC if self-employed), Address and Zip Code

P02082703
 Preparer's PTIN
 30-1017196
 EIN
 (678) 965-9522
 Daytime Phone

Mail returns **requesting a refund** to: Nebraska Department of Revenue, PO Box 98912, Lincoln, NE 68509-8912.
 Mail returns **not requesting a refund** to: Nebraska Department of Revenue, PO Box 98934, Lincoln, NE 68509-8934.