

Filing Status [X] 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

Personal information section including: Your first name and middle initial (AVINASH REDDY), Last name (GOPU), Your social security number (278-31-4878), Spouse's social security number, Home address (7940 E CAMELBACK RD), City (SCOTTSDALE), State (AZ), ZIP code (85251), and Presidential Election Campaign checkboxes.

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1956 [] Are blind Spouse: [] Was born before January 2, 1956 [] Is blind

Table for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Main income tax calculation table with rows 1-15. Includes sections for Attach Sch. B if required, Standard Deduction for, and Taxable income calculation.

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

| | | | |
|----|---|-----|---------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 19,545. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 19,545. |
| 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 | 19,545. |
| 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 | 19,545. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 23,005. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 23,005. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) NO | 27 | |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 23,005. |

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

Refund

| | | | |
|-----|---|-----|--------|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 3,460. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 3,460. |
| b | Routing number 1 2 1 0 0 0 3 5 8 | | |
| c | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number 3 2 5 0 4 1 6 8 5 2 4 0 | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |

Amount You Owe

For details on how to pay, see instructions.

| | | | |
|--|--|----|--|
| 37 | Subtract line 33 from line 24. This is the amount you owe now | 37 | |
| 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 02/02/2021 | 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
AVINASH REDDY GOPU

Your social security number
278-31-4878

Part I Additional Income

| | | | |
|-----------|---|-----------|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | |
| 2a | Alimony received | 2a | |
| b | Date of original divorce or separation agreement (see instructions) ▶ | | |
| 3 | Business income or (loss). Attach Schedule C | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | -6,240. |
| 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 | -6,240. |

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

AVINASH REDDY GOPU

Your social security number

278-31-4878

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 | KALIMANDIR, HYDERABAD BANDLAGUDA JAGIR TELANGANA IN 500086 | | | | |
| 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 | | 520 . | | |
| 4 | Royalties received | 4 | | | | |

Expenses:

| | | | | | |
|-----------|--|-----------|---------|--|--|
| 5 | Advertising | 5 | 80 . | | |
| 6 | Auto and travel (see instructions) | 6 | 320 . | | |
| 7 | Cleaning and maintenance | 7 | 250 . | | |
| 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 | 5,800 . | | |
| 14 | Repairs. | 14 | 310 . | | |
| 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 | 6,760 . | | |

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** (-6,240 .)

22 Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) **22** (-6,240 .) () ()

| | | | | |
|------------|--|------------|---------|--|
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | 520 . | |
| 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 | 6,760 . | |

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** (6,240 .)

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** -6,240 .

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.
▶ Attach to Form 1040, 1040-SR, or 1041.
▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

2020
Attachment
Sequence No. **858**

Name(s) shown on return

AVINASH REDDY GOPU

Identifying number

278-31-4878

Part I 2020 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

| | | | |
|--|-----------|------------|---------|
| 1a Activities with net income (enter the amount from Worksheet 1, column (a)) | 1a | 0. | |
| b Activities with net loss (enter the amount from Worksheet 1, column (b)) | 1b | (6,240.) | |
| c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)) | 1c | () | |
| d Combine lines 1a, 1b, and 1c | 1d | | -6,240. |

Commercial Revitalization Deductions From Rental Real Estate Activities

| | | | |
|---|-----------|-----|--|
| 2a Commercial revitalization deductions from Worksheet 2, column (a) | 2a | () | |
| b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b) | 2b | () | |
| c Add lines 2a and 2b | 2c | () | |

All Other Passive Activities

| | | | |
|--|-----------|-----|--|
| 3a Activities with net income (enter the amount from Worksheet 3, column (a)) | 3a | () | |
| b Activities with net loss (enter the amount from Worksheet 3, column (b)) | 3b | () | |
| c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) | 3c | () | |
| d Combine lines 3a, 3b, and 3c | 3d | | |

| | | | |
|--|----------|--|---------|
| 4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used | 4 | | -6,240. |
|--|----------|--|---------|

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

| | | | |
|--|-----------|----------|---------|
| 5 Enter the smaller of the loss on line 1d or the loss on line 4 | 5 | | 6,240. |
| 6 Enter \$150,000. If married filing separately, see instructions | 6 | 150,000. | |
| 7 Enter modified adjusted gross income, but not less than zero. See instructions | 7 | 124,745. | |
| Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. | | | |
| 8 Subtract line 7 from line 6 | 8 | 25,255. | |
| 9 Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions | 9 | | 12,628. |
| 10 Enter the smaller of line 5 or line 9 | 10 | | 6,240. |

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

| | | | |
|--|-----------|--|--|
| 11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions | 11 | | |
| 12 Enter the loss from line 4 | 12 | | |
| 13 Reduce line 12 by the amount on line 10 | 13 | | |
| 14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13 | 14 | | |

Part IV Total Losses Allowed

| | | | |
|--|-----------|--|--------|
| 15 Add the income, if any, on lines 1a and 3a and enter the total | 15 | | 0. |
| 16 Total losses allowed from all passive activities for 2020. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return | 16 | | 6,240. |

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (see instructions)

| Name of activity | Current year | | Prior years | Overall gain or loss | |
|--|--------------------------|------------------------|------------------------------|----------------------|----------|
| | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain | (e) Loss |
| KALIMANDIR, HYDERABAD | 0. | 6,240. | | | 6,240. |
| | | | | | |
| | | | | | |
| Total. Enter on Form 8582, lines 1a, 1b, and 1c | 0. | 6,240. | | | |

Worksheet 2—For Form 8582, Lines 2a and 2b (see instructions)

| Name of activity | (a) Current year deductions (line 2a) | (b) Prior year unallowed deductions (line 2b) | (c) Overall loss |
|---|---------------------------------------|---|------------------|
| | | | |
| | | | |
| Total. Enter on Form 8582, lines 2a and 2b | | | |

Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c (see instructions)

| Name of activity | Current year | | Prior years | Overall gain or loss | |
|--|--------------------------|------------------------|------------------------------|----------------------|----------|
| | (a) Net income (line 3a) | (b) Net loss (line 3b) | (c) Unallowed loss (line 3c) | (d) Gain | (e) Loss |
| | | | | | |
| | | | | | |
| Total. Enter on Form 8582, lines 3a, 3b, and 3c | | | | | |

Worksheet 4—Use This Worksheet if an Amount Is Shown on Form 8582, Line 10 or 14. See instructions.

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Special allowance | (d) Subtract column (c) from column (a) |
|-----------------------|---|----------|------------|-----------------------|---|
| KALIMANDIR, HYDERABAD | E Ln 22 | 6,240. | 1.00000000 | 6,240. | 0. |
| | | | | | |
| | | | | | |
| Total | | 6,240. | 1.00 | 6,240. | 0. |

Worksheet 5—Allocation of Unallowed Losses (see instructions)

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Unallowed loss |
|------------------|---|----------|-----------|--------------------|
| | | | | |
| | | | | |
| Total | | | 1.00 | |

Tax History Report

▶ Keep for your records

2020

Name(s) Shown on Return
AVINASH REDDY GOPU

| | Five Year Tax History: | | | | |
|---|------------------------|------|------|------|----------|
| | 2016 | 2017 | 2018 | 2019 | 2020 |
| Filing status | | | | | Single |
| Total income | | | | | 118,505. |
| Adjustments to income | | | | | |
| Adjusted gross income | | | | | 118,505. |
| Tax expense | | | | | 3,368. |
| Interest expense . . . | | | | | |
| Contributions | | | | | |
| Misc. deductions . . . | | | | | |
| Other itemized ded'ns | | | | | |
| Total itemized/ standard deduction . . | | | | | 12,400. |
| Exemption amount . . | | | | | 0. |
| QBI deduction | | | | | |
| Taxable income | | | | | 106,105. |
| Tax | | | | | 19,545. |
| Alternative min tax . . | | | | | |
| Total credits | | | | | |
| Other taxes | | | | | |
| Payments | | | | | 23,005. |
| Form 2210 penalty . . | | | | | |
| Amount owed | | | | | |
| Applied to next year's estimated tax . . | | | | | |
| Refund | | | | | 3,460. |
| Effective tax rate % . . | | | | | 16.49 |
| **Tax bracket % | | | | | 24.0 |

**Tax bracket % is based on Taxable income.

IRS e-file Authentication Statement

2020

Keep for your records

Table with 2 columns: Name(s) Shown on Return (AVINASH REDDY GOPU) and Social Security Number (278-31-4878)

A - Practitioner PIN Authorization

Note - PIN information is entered in Part VI of the Federal Information Worksheet. This worksheet only serves as a record of the PIN information transmitted in the electronic return.

QuickZoom to the Federal Information Worksheet to enter PIN information. Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN (checked), ERO entered Secondary Taxpayer's PIN, ERO entered PIN(s) on behalf of taxpayer(s)

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN587278 Self-Select PIN 61989

C - Signature of Taxpayer/Spouse

Perjury Statement:

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: (1) acknowledgment of receipt or reason for rejection of transmission; (2) refund offset; (3) reason for any delay in processing or refund; and, (4) date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, with my Self-Select PIN below.

QuickZoom to the Federal Information Worksheet to enter PIN numbers. Taxpayer's PIN (5 numbers) 14878, Spouse's PIN (5 numbers), Date 01/30/2021

D - Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund (35 character limit) and Date

Part I – Personal Information

Taxpayer:
 Last name GOPU
 First name AVINASH REDDY
 Middle initial _____ Suffix _____
 Social security no. 278-31-4878
 Occupation SOFTWARE ENGINEER
 Date of birth 10/29/1991 (mm/dd/yyyy)
 Age as of 1-1-2021 29
 Date of death _____
 Legally blind
 E-mail address AVINASH.2910@GMAIL.COM
 Work phone (818)392-0127 Ext _____
 Cell phone (818)392-0127
 Home phone (818)392-0127
 Fax number _____

Spouse:
 Last name (if different) _____
 First name _____
 Middle initial _____ Suffix _____
 Social security no. _____
 Occupation _____
 Date of birth _____ (mm/dd/yyyy)
 Age as of 1-1-2021 _____
 Date of death _____
 Legally blind
 E-mail address _____
 Work phone _____ Ext _____
 Cell phone _____
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer work phone (818)392-0127
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work
 Print Form 1040-SR instead of Form 1040 Yes No

US Address:
 Address 7940 E CAMELBACK RD Apt no. U508
 City SCOTTSDALE State AZ ZIP code 85251
Foreign Address: Check this box to use foreign address . . .
 Address _____ Apt no. _____
 City _____
 Foreign code _____ Foreign country _____
 Foreign province/country _____ Foreign postal code _____
 Foreign phone _____
 APO/FPO/DPO address . . . APO FPO DPO

Part II – Federal Filing Status

- 1** Single
- 2** Married filing jointly
- 3** Married filing separately
 - Taxpayer did **not** live with spouse at any time during year
 - Taxpayer eligible to claim spouse's exemption (state use), blind, or over age 65 (see Help)
- 4** Head of household
 - If qualifying person is child but not dependent:
 - Child's First name _____ MI _____ Last Name _____ Suff _____
 - Child's social security number _____
- 5** Qualifying widow(er)
 - Year spouse died 2018 2019
 - Enter the qualifying person's name:
 - Child's First name _____ MI _____ Last Name _____ Suff _____
 - Child's social security number _____

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

| First name Last name | MI Suff | Social security number *Relationship | Date of birth (mm/dd/yyyy) | Date of death (mm/dd/yyyy)** | A G E E I C | Dependent Identity Protection PIN (see tax help) | | Qualified child/dep care exps incurred and paid 2020 Code | Not qual credit other dep Not qual for child tax credit Or non U.S.*** |
|-------------------------|------------|--|-------------------------------|---------------------------------|--------------------------------|---|--------------------------------|---|---|
| | | | | | | Lived with taxpyr in U.S. | Educ Tuition and Fees | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

* **Caution:** If claiming child other than taxpayer's see **Relationship** in Help
 ** The health care shared responsibility payment calculation does not include individuals after date of death
 *** **Caution:** If this person is NOT a U.S. citizen, U.S. national, or a U.S. resident check this box

Identity Verification Worksheet

2020

See tax help for more information on identity verification

Name(s) Shown on Return
AVINASH REDDY GOPU

Social Security Number
278-31-4878

Driver's License or State Id Information

Required for electronic filing, either complete the driver's license or state id detail information below or select the appropriate box for taxpayer and spouse to indicate why driver's license or state id information is not present.

Note: Providing identification numbers helps the IRS and states verify taxpayer identity which can prevent unnecessary delays in tax return processing.

All identity verification information should be entered here and will automatically flow to the state return.

Taxpayer/Spouse does not have a driver's license or state id

- Taxpayer
Spouse

Note: Alabama does not allow this option

Taxpayer/Spouse did not provide driver's license or state id information

- Taxpayer
Spouse

Note: Alabama, New York and Ohio do not allow this option

Check to confirm transferred driver's license or state id information (which appears in green) is correct

Note: Transfer not available for returns with Alabama, Iowa, or New York state taxes. See tax help for more information.

Driver's License Detail

Taxpayer:

Issuing state: AZ
License number: D10905026
Issue date: 11/20/2019
Expiration date: 09/14/2022
Does not expire: []
NY Document number (first 3 chars)*: []

Spouse:

Issuing state: []
License number: []
Issue date: []
Expiration date: []
Does not expire: []
NY Document number (first 3 chars)*: []

State Identification Card Detail

Taxpayer:

Issuing state: []
Identification number: []
Issue date: []
Expiration date: []
Does not expire: []
NY Document number (first 3 chars)*: []

Spouse:

Issuing state: []
Identification number: []
Issue date: []
Expiration date: []
Does not expire: []
NY Document number (first 3 chars)*: []

* Enter the first 3 characters of the NY document number, which is the 8 or 10 number/letter combination found at the bottom of the NY license (or NY state ID) or on the back if it was issued after January 28, 2014.

Additional Verification Information

Use these fields to record the client status and method used to verify the taxpayer and spouse identity.

Identity Verification Method (select one):

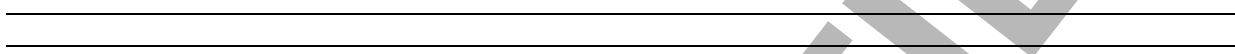
- In person
- Remote via email, phone, or fax
- Both in person and remote
- Identity not verified

Documents Used to Verify Primary Taxpayer Identity:

- Driver's license (complete detail above)
- State issued identification card (complete detail above)
- Passport
- Account statement from financial institution
- Utility billing statement
- Credit card billing statement

Documents Used to Verify Spouse Identity (If you file joint return):

- Driver's license (complete detail above)
- State issued identification card (complete detail above)



DO NOT FILE

Electronic Filing Information Worksheet
 ▶ Keep for your records

2020

| | |
|---|---------------------------------------|
| Name(s) Shown on Return AVINASH REDDY GOPU | Social Security Number 278-31-4878 |
|---|---------------------------------------|

Payment by Check (Form 1040-V) – Federal Balance Due

Date Form 1040-V was given to client ▶ _____

Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the Federal Information Worksheet.

Calculates to the EFIN for the ERO that is responsible for filing this return based on the preparer code. For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) can be changed but is required. ▶ 587278
 For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return ▶ _____

| | |
|-------------------------------------|--|
| ERO Name GLOBAL TAXES LLC | ERO Electronic Filers Identification Number (EFIN) 587278 |
| ERO Address 2530 Pebble Creek Ln | ERO Employer Identification Number 30-1017196 |
| City Cumming | State GA |
| ZIP Code 30041 | ERO Social Security Number or PTIN |
| Country | |

Paid Preparer Information

| | |
|---|--|
| Firm Name GLOBAL TAXES LLC | Social Security Number or PTIN P02082703 |
| Name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Employer Identification Number 30-1017196 |
| Address 2530 Pebble Creek Ln | Phone Number (678)965-9522 |
| City Cumming | Fax Number |
| State GA | |
| ZIP Code 30041 | |
| Country | E-mail Address SYAM@GTAXFILE.COM |

Non Paid Preparer Information

If the return was prepared or reviewed through an IRS tax assistance program, self-prepared by the taxpayer, or was prepared by another person who was not paid to prepare the return, check one of the following boxes that applies to this return.

IRS-reviewed ▶
 IRS-prepared ▶
 Prepared by taxpayer or other non-paid preparer ▶

Amended Returns

- Check this box to file another **federal** amended return electronically
- File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
- Check this box to file another **state and/or city** amended return electronically

* Select the state and/or city amended return(s) to file electronically.

| State/City * | |
|--------------------------|-----------|
| <input type="checkbox"/> | Georgia |
| <input type="checkbox"/> | Michigan |
| <input type="checkbox"/> | New York |
| <input type="checkbox"/> | Vermont |
| <input type="checkbox"/> | Wisconsin |

Miscellaneous Electronic Filing Items

If the return was rejected for dependent name and SSN mismatch (business rule R0000-504-01) or Schedule EIC qualifying child name and SSN mismatch (business rule SEIC-F1040-501-01), check this box to retransmit this return as an imperfect return.

Enter an 'in care of addressee' if applicable

Name of personal representative for deceased returns

If married filing joint and one spouse is deceased, is the surviving spouse also the personal representative? Yes No

Check this box if your client is in the U.S. Armed Forces with a stateside address

Select the appropriate combat zone from the picklist if the taxpayer (or spouse) last served in an area designated as a combat zone or qualified hazardous duty area.

Other combat zone deployment date

Option of Transmitting the Forms as PDF with the Electronic Submission or Mailing the Forms with Form 8453: U.S. Individual Income Tax Transmittal for an IRS e-file Return.

Note: To Attach and Send a PDF file with this return, click on the "E-File" drop down menu, and then select "Attach PDF Files".

| Check the applicable box(es) on forms to be attached and mail with form 8453 | Transmit PDF | Print & Mail with 8453 |
|--|--------------------------|--------------------------|
| Form 2848, Power of Attorney and Declaration of Representative | <input type="checkbox"/> | <input type="checkbox"/> |
| Form 3468, Historic Structure Certificate | <input type="checkbox"/> | <input type="checkbox"/> |
| Form 4136, Credit for Federal Tax Paid on Fuels | <input type="checkbox"/> | <input type="checkbox"/> |
| Form 8283, Noncash Charitable Contributions (Declaration of Appraiser). | <input type="checkbox"/> | <input type="checkbox"/> |
| Form 1098-C, Contributions of Motor Vehicles, Boats and Airplanes | <input type="checkbox"/> | <input type="checkbox"/> |
| Form 8332, Release of Claim to Exemption for Child by Custodial Parent or Other Doc. | <input type="checkbox"/> | <input type="checkbox"/> |
| Form 8885, Health Coverage Tax Credit | <input type="checkbox"/> | <input type="checkbox"/> |
| Form 8949, Sales and Other Disp of Capital Assets.(or a stmt w/the same information) | <input type="checkbox"/> | <input type="checkbox"/> |
| Form 3115, Change in Accounting Method. | <input type="checkbox"/> | <input type="checkbox"/> |

| These forms are not supported in ProSeries. You may print a completed form to mail with your Form 8453, please check the applicable box(es) . | Transmit PDF | Print & Mail with 8453 |
|---|--------------|--------------------------|
| Form 5713, International Boycott Report | N/A | <input type="checkbox"/> |
| Form 8858, Foreign Disregarded Entities. | N/A | <input type="checkbox"/> |
| Form 8864, attach the Certificate for Biodiesel | N/A | <input type="checkbox"/> |

► Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return AVINASH REDDY GOPU | Social Security Number 278-31-4878 |
|---|---------------------------------------|

| Form W-2 Employer | SP | Wages | Federal Tax | State Wages | State Tax |
|-----------------------|----|----------|-------------|-------------|-----------|
| MUFG UNION BANK, N.A. | | 124,745. | 23,005. | 124,745. | 3,368. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals | | 124,745. | 23,005. | 124,745. | 3,368. |

Form W-2 Summary

| Box No. | Description | Taxpayer | Spouse | Total |
|---------|---|----------|--------|----------|
| 1 | Total wages, tips and compensation: | | | |
| | Non-statutory & statutory wages not on Sch C . . . | 124,745. | | 124,745. |
| | Statutory wages reported on Schedule C | | | |
| | Foreign wages included in total wages. | | | |
| | Unreported tips. | 0. | | 0. |
| 2 | Total federal tax withheld | 23,005. | | 23,005. |
| 3 & 7 | Total social security wages/tips | 131,028. | | 131,028. |
| 4 | Total social security tax withheld | 8,124. | | 8,124. |
| 5 | Total Medicare wages and tips | 131,028. | | 131,028. |
| 6 | Total Medicare tax withheld | 1,900. | | 1,900. |
| 8 | Total allocated tips | | | |
| 9 | Not used | | | |
| 10 a | Total dependent care benefits | | | |
| b | Offsite dependent care benefits | | | |
| c | Onsite dependent care benefits | | | |
| 11 | Total distributions from nonqualified plans | | | |
| 12 a | Total from Box 12 | 14,573. | | 14,573. |
| b | Elective deferrals to qualified plans | 6,283. | | 6,283. |
| c | Roth contrib. to 401(k), 403(b), 457(b) plans | | | |
| d | Deferrals to government 457 plans | | | |
| e | Deferrals to non-government 457 plans | | | |
| f | Deferrals 409A nonqual deferred comp plan | | | |
| g | Income 409A nonqual deferred comp plan | | | |
| h | Uncollected Medicare tax | | | |
| i | Uncollected social security and RRTA tier 1 | | | |
| j | Uncollected RRTA tier 2 | | | |
| k | Income from nonstatutory stock options | | | |
| l | Non-taxable combat pay | | | |
| m | QSEHRA benefits | | | |
| n | Total other items from box 12 | 8,290. | | 8,290. |
| 14 a | Total deductible mandatory state tax | | | |
| b | Total deductible charitable contributions | | | |
| c | Total state deductible employee expenses | | | |
| d | Total RR Compensation | | | |
| e | Total RR Tier 1 tax | | | |
| f | Total RR Tier 2 tax | | | |
| g | Total RR Medicare tax | | | |
| h | Total RR Additional Medicare tax | | | |
| i | Total RRTA tips | | | |
| j | Total other items from box 14 | | | |
| k | Total sick leave subject to \$511 limit | | | |
| l | Total sick leave subject to \$200 limit | | | |
| m | Total emergency family leave wages | | | |
| 16 | Total state wages and tips | 124,745. | | 124,745. |
| 17 | Total state tax withheld | 3,368. | | 3,368. |
| 19 | Total local tax withheld | | | |

Keep for your records

Name as shown on return
AVINASH REDDY GOPU

Social Security Number
278-31-4878

Employer EIN 94-0304228
Employer Name MUFG UNION BANK, N.A.
Name (continued)
Street Address or P. O. Box 1251 AVENUE OF THE AMERICAS
City NEW YORK State NY ZIP 10020
Foreign Province/County
Foreign Postal Code
Foreign Country

Spouse's W-2 Do not transfer this W-2 to next year
Automatically calculate lines 3 through 6 and line 16.
Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1 Wages, tips, other comp 124,745.
2 Federal income tax withheld 23,005.
3 Social security wages 131,028.
4 Social sec tax withheld 8,124.
5 Medicare wages and tips 131,028.
6 Medicare tax withheld 1,900.
7 Social security tips
8 Allocated tips

13 b Retirement plan
Foreign source income eligible for exclusion on Form 2555
Active duty military pay

Table with 2 columns: Box 12 Code, Box 12 Amount. Includes rows for C (52), D (6,283), DD (8,238) and instructions for Box 12 code is: A, M, P, R, W, G.

Table with 4 columns: State, Box 15 Employer's state I.D. no., Box 16 State wages, tips, etc., Box 17 State income tax. Row 1: AZ, 94-0304228, 124,745., 3,368.

I confirm that the state withholding identification number(s) are accurate

Table with 4 columns: Box 20 Locality name, Box 18 Local wages, tips, etc., Box 19 Local income tax, Associated State.

9 Dependent care benefits (Check if employer furnished care at work) . . .
10 Dependent care benefits — Amount forfeited from flexible spending account . .
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)

Table with 3 columns: Box 14 Description or Code on Actual Form W-2, Amount, ProSeries Identification of Description or Code.

Tax Payments Worksheet

2020

▶ Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return AVINASH REDDY GOPU | Social Security Number 278-31-4878 |
|---|---------------------------------------|

Estimated Tax Payments for 2020 (If more than 4 payments for any state or locality, see Tax Help)

| | Federal | | State | | | Local | | |
|-------------------------------------|----------|--------|----------|--------|----|----------|--------|----|
| | Date | Amount | Date | Amount | ID | Date | Amount | ID |
| 1 | 07/15/20 | | 07/15/20 | | | 07/15/20 | | |
| 2 | 07/15/20 | | 07/15/20 | | | 07/15/20 | | |
| 3 | 09/15/20 | | 09/15/20 | | | 09/15/20 | | |
| 4 | 01/15/21 | | 01/15/21 | | | 01/15/21 | | |
| 5 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Tot Estimated Payments . . . | | | | | | | | |

| Tax Payments Other Than Withholding (If multiple states, see Tax Help) | Federal | State | ID | Local | ID |
|---|---------|-------|----|-------|----|
| 6 Overpayments applied to 2020 | | | | | |
| 7 Credited by estates and trusts | | | | | |
| 8 Totals Lines 1 through 7 | | | | | |
| 9 2020 extensions | | | | | |

| Taxes Withheld From: | Federal | State | Local |
|--|---------|--------|-------|
| 10 Forms W-2 | 23,005. | 3,368. | |
| 11 Forms W-2G | | | |
| 12 Forms 1099-R | | | |
| 13 Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G | | | |
| 14 Schedules K-1 | | | |
| 15 Forms 1099-INT, DIV and OID | | | |
| 16 Social Security and Railroad Benefits | | | |
| 17 Form 1099-B | | | |
| 18 a Other withholding | | | |
| b Other withholding | | | |
| c Other withholding | | | |
| d Additional Medicare Tax | | | |
| 19 Total Withholding Lines 10 through 18d | 23,005. | 3,368. | |
| 20 Total Tax Payments for 2020 | 23,005. | 3,368. | |

| Prior Year Taxes Paid In 2020 (If multiple states or localities, see Tax Help) | State | ID | Local | ID |
|---|-------|----|-------|----|
| 21 Tax paid with 2019 extensions | | | | |
| 22 2019 estimated tax paid after 12/31/2019 | | | | |
| 23 Balance due paid with 2019 return | | | | |
| 24 Other (amended returns, installment payments, etc) | | | | |

Earned Income Worksheet

2020

▶ Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return AVINASH REDDY GOPU | Social Security Number 278-31-4878 |
|---|---------------------------------------|

Part I – Earned Income Credit Worksheet Computation

| | Taxpayer | Spouse | Total |
|--|----------|--------|-------|
| 1 If filing Schedule SE: | | | |
| a Net self-employment income | | | |
| b Optional Method and Church Employee income | | | |
| c Add lines 1a and 1b | | | |
| d One-half of self-employment tax | | | |
| e Subtract line 1d from line 1c | | | |
| 2 If not required to file Schedule SE: | | | |
| a Net farm profit or (loss) | | | |
| b Net nonfarm profit or (loss) | | | |
| c Add lines 2a and 2b | | | |
| 3 If filing Schedule C as a statutory employee, enter the amount from line 1 of that Schedule C | | | |
| 4 Add lines 1e, 2c and 3. To EIC Wks, line 5 | | | |

Part II – Form 2441 and Standard Deduction Worksheet Computations

| | | | |
|---|----------|--|----------|
| 5 Net self-employment earnings (line 4 above) | | | |
| 6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc | 124,745. | | 124,745. |
| 7 a Taxable employer-provided adoption benefits | | | |
| b Foreign earned income exclusion | | | |
| 8 Add lines 5 through 7b. To Form 2441, lines 18 and 19 | 124,745. | | 124,745. |
| 9 a Taxable dependent care benefits | | | |
| b Nontaxable combat pay | | | |
| 10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 | 124,745. | | 124,745. |
| 11 Scholarship or fellowship income not on W-2 | | | |
| 12 SE exempt earnings less nontaxable income | | | |
| 13 Distributions from nonqualified/Sec. 457 plans | | | |
| 14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet | 124,745. | | 124,745. |

Part III – IRA Deduction Worksheet Computation

| | | | |
|---|----------|--|----------|
| 15 Net self-employment income or (loss) | | | |
| 16 Wages, salaries, tips, etc | 124,745. | | 124,745. |
| 17 Net self-employment loss | | | |
| 18 Alimony received | | | |
| 19 Nontaxable combat pay | | | |
| 20 Foreign earned income exclusion | | | |
| 21 Keogh, SEP or SIMPLE deduction | | | |
| 22 Combine lines 15 through 21. To IRA Wks, In 2. | 124,745. | | 124,745. |

Part IV – Schedule 8812 and Child Tax Credit Line 14 Worksheet Computations

| | | | |
|---|----------|--|----------|
| 23 Self-employed, church and statutory employees | | | |
| 24 Wages, salaries, tips, etc | 124,745. | | 124,745. |
| 25 Nontaxable combat pay | | | |
| 26 Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2. | 124,745. | | 124,745. |

Keep for your records

Name(s) shown on return

AVINASH REDDY GOPU

Social Security No.

278-31-4878

General Information:

Property description 5-1-3 ADARSH NAGAR COLONY, RDNO:5
Property type . . . 3 Vacation/Short-term If type is other, enter a description . .
Location (street address) KALIMANDIR, HYDERABAD
City BANDLAGUDA JAGIR State ZIP code
If a foreign address: Foreign province or state TELANGANA
Foreign postal code 500086 Foreign country India

Complete For All Properties:

Did you make any payments that would require you to file Form(s) 1099? Yes [] No [X]
If yes, did you or will you file all required Form(s) 1099? Yes [] No []

Complete For All Rental Properties:

Days rented at fair rental value 365 Days of personal use 0

Check All That Apply:

- A Owned by spouse [] B Owned jointly []
C Active participation [X] D Material participation []
E Qualified joint venture [] F Some investment is not at risk []
G Other passive exceptions [] H Complete taxable disposition - See Help []
I Treat all MACRS assets for this activity as qualified Indian reservation property? . . . Yes [] No [X]
J Treat all assets acquired after August 27, 2005 as qualified GO Zone property? . . . Regular [] Extension [] No [X]
K Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? Yes [] No [X]
L Was this activity located in a Qualified Disaster Area? Yes [] No [X]
M Check this box if filing this Schedule E as an LLC in CA or TX []

Ownership Percentage:

- N Check to allocate income and expenses using ownership percentage []
O Enter ownership percentage %

Owner-Occupied Rentals:

- P Check to allocate personal use items to Schedule A []
Q Percentage of rental use %

Vacation Home or Property with Personal Use Days:

- R Check to allocate interest and taxes using the Tax Court Method []
S Number of days property owned if less than the entire year

Property Location

KALIMANDIR, HYDERABAD, BANDLAGUDA JAGIR, TELANGANA, 500086, India

| Income | | % if Different | Total |
|--|------|----------------|-------|
| 3 Enter rental income (not reported elsewhere) | 520. | | |
| Rental income from Form 1099-MISC | | | |
| Rental income from Form 1099-K | | | |
| Rental Income from Cancellation of Debt Wks | | | |
| Total rents received | 520. | 100.000000 | 520. |
| 4 Enter royalties received (not reported elsewhere) | | | |
| Royalty income from Form 1099-MISC | | | |
| Royalty income from Form 1099-K | | | |
| Royalty Income from Cancellation of Debt Wks | | | |
| Royalty Income from Schedule K-1 | | | |
| Total royalties received | | | |

| Expenses | (a) Total | (b) Enter % if not 100.00 | (c) Reported On Schedule E | (d) Vacation Home Loss Limitation | (e) Allocated to Personal use |
|--|--------------|------------------------------------|----------------------------------|--|--|
| 5 Advertising | 80. | | 80. | | |
| 6 a Auto | | | | | |
| b Travel | 320. | | 320. | | |
| 7 Cleaning and maint | 250. | | 250. | | |
| 8 Commissions | | | | | |
| 9 a Mort insur qualified | | | | | |
| From Form 1098 import | | | | | |
| Total mort insur qual | | | | | |
| b Other Insurance | | | | | |
| 10 Legal & other prof fees | | | | | |
| 11 Management fees | | | | | |
| 12 a Mortgage int qualified | | | | | |
| From Form 1098 import | | | | | |
| Total mort int qualified | | | | | |
| b Mort int other | | | | | |
| From Form 1098 import | | | | | |
| Total mort int other | | | | | |
| 13 Other interest | 5,800. | | 5,800. | | |
| 14 Repairs | 310. | | 310. | | |
| 15 Supplies | | | | | |
| 16 a Real estate taxes | | | | | |
| From Form 1098 import | | | | | |
| Total real estate taxes | | | | | |
| b Other taxes | | | | | |
| 17 Utilities | | | | | |
| 18 a Depreciation | | | | | |
| b Depletion | | | | | |
| c Depreciation carryover | | | | | |
| 19 Other expenses | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e Indirect operating exp | | | | | |
| f Operating exp carryover | | | | | |
| g Vehicle rental | | | | | |
| h Amortization | | | | | |
| 20 Add lines 5 through 19 | 6,760. | | 6,760. | | |
| 21 Income or (loss) | | | -6,240. | | |
| 22 Deductible rental real estate loss | | | -6,240. | | |

Federal Carryover Worksheet

2020

▶ Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return AVINASH REDDY GOPU | Social Security Number 278-31-4878 |
|---|---------------------------------------|

2019 State and Local Income Tax Information

| (a) State or Local ID | (b) Paid With Extension | (c) Estimates Pd After 12/31 | (d) Total With- held/Pmts | (e) Paid With Return | (f) Total Over- payment | (g) Applied Amount |
|-----------------------------|-------------------------------|------------------------------------|---------------------------------|----------------------------|-------------------------------|--------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Totals . . | | | | | | |

2019 State Extension Information

| (a) State | (b) Paid With Extension |
|--------------|----------------------------|
| | |
| | |
| | |

2019 Locality Extension Information

| (a) Locality | (b) Paid With Extension |
|-----------------|----------------------------|
| | |
| | |
| | |

2019 State Estimates Information

| (a) State | (c) Estimates Paid After 12/31 |
|--------------|-----------------------------------|
| | |
| | |
| | |

2019 Locality Estimates Information

| (a) Locality | (c) Estimates Paid After 12/31 |
|-----------------|-----------------------------------|
| | |
| | |
| | |

2019 State Taxes Due Information

| (a) State | (e) Paid With Return |
|--------------|-------------------------|
| | |
| | |
| | |

2019 Locality Taxes Due Information

| (a) Locality | (e) Paid With Return |
|-----------------|-------------------------|
| | |
| | |
| | |

2019 State Refund Applied Information

| (a) State | (g) Applied Amount |
|--------------|-----------------------|
| | |
| | |
| | |

2019 Locality Refund Applied Information

| (a) Locality | (g) Applied Amount |
|-----------------|-----------------------|
| | |
| | |
| | |

2019 State Tax Refund Information

| (a) State | (d) Total Withheld/Pmts | (f) Total Overpayment |
|--------------|-------------------------------|-----------------------------|
| | | |
| | | |
| | | |

2019 Locality Tax Refund Information

| (a) Locality | (d) Total Withheld/Pmts | (f) Total Overpayment |
|-----------------|-------------------------------|-----------------------------|
| | | |
| | | |
| | | |

| Other Tax and Income Information | | 2019 | 2020 |
|----------------------------------|--|--------------------------|--------------------------|
| 1 | Filing status | | 1 Single |
| 2 | Number of exemptions for blind or over 65 (0 - 4) | | |
| 3 | Itemized deductions | | 3,368. |
| 4 | Check box if required to itemize deductions | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Adjusted gross income | | 118,505. |
| 6 | Tax liability for Form 2210 or Form 2210-F | | 19,545. |
| 7 | Alternative minimum tax | | |
| 8 | Federal overpayment applied to next year estimated tax | | |

QuickZoom to the IRA Information Worksheet for IRA information ▶

| Excess Contributions | | 2019 | 2020 |
|----------------------|---|------|------|
| 9 a | Taxpayer's excess Archer MSA contributions as of 12/31 | | |
| b | Spouse's excess Archer MSA contributions as of 12/31 | | |
| 10 a | Taxpayer's excess Coverdell ESA contributions as of 12/31 | | |
| b | Spouse's excess Coverdell ESA contributions as of 12/31 | | |
| 11 a | Taxpayer's excess HSA contributions as of 12/31 | | |
| b | Spouse's excess HSA contributions as of 12/31 | | |

| Loss and Expense Carryovers | | 2019 | 2020 |
|--|---|------|----------------|
| Note: Enter all entries as a positive amount | | | |
| 12 a | Short-term capital loss | | |
| b | AMT Short-term capital loss | | |
| 13 a | Long-term capital loss | | |
| b | AMT Long-term capital loss | | |
| 14 a | Net operating loss available to carry forward | | |
| b | AMT Net operating loss available to carry forward | | |
| 15 a | Investment interest expense disallowed | | |
| b | AMT Investment interest expense disallowed | | |
| 16 | Nonrecaptured net Section 1231 losses from: | a | 2020 |
| | | b | 2019 |
| | | c | 2018 |
| | | d | 2017 |
| | | e | 2016 |
| | | f | 2015 |
| 17 | AMT Nonrecap'd net Sec 1231 losses from: | a | 2020 |
| | | b | 2019 |
| | | c | 2018 |
| | | d | 2017 |
| | | e | 2016 |
| | | f | 2015 |

| | |
|---|---------------------------------------|
| Name(s) Shown on Return AVINASH REDDY GOPU | Social Security Number 278-31-4878 |
|---|---------------------------------------|

| Description | Amount |
|---|-----------------|
| Income | |
| Wages | 124,745. |
| Interest income before Series EE bond exclusion | |
| Dividend income | |
| Tax refund | |
| Alimony received | |
| Nonpassive business income or loss | |
| Royalty and nonpassive rental activities income or loss | |
| Nonpassive partnership income or loss | |
| Nonpassive S corporation income or loss | |
| Nonpassive farm rental income or loss | |
| Nonpassive farm income or loss | |
| Nonpassive estate and trust income or loss | |
| Real estate mortgage investment conduits | |
| Business gains and losses from nonpassive activities | |
| Capital gains and losses | |
| Taxable IRA distributions | |
| Taxable pension distributions | |
| Unemployment compensation | |
| Other income | |
| Total income | 124,745. |
| Adjustments | |
| Educator expenses | |
| Certain business expenses of reservists, performing artists, and government officials | |
| Health savings account deduction | |
| Moving expenses | |
| Self-employed SEP, SIMPLE, and qualified plans | |
| Self-employed health insurance deduction | |
| Penalty on early withdrawals of savings | |
| Alimony paid | |
| Other adjustments | |
| Total adjustments | |
| Modified adjusted gross income | 124,745. |

Tax Summary Report

2020

Name(s) Shown on Return
 AVINASH REDDY GOPU

Filing status Single Number of exemptions 1

Gross Income

| | |
|---|-----------------|
| Wages and salaries | 124,745. |
| Interest and dividend income | _____ |
| Business income (loss) | _____ |
| Capital gains (losses) | _____ |
| Pensions and annuities | _____ |
| Rents, royalties, partnerships, etc | -6,240. |
| Farm income (loss) | _____ |
| Social security benefits | _____ |
| Other income | _____ |
| Total Gross Income | 118,505. |

Adjustments to Income

Adjusted Gross Income (Last year's AGI) 118,505.

Itemized/Standard Deductions

| | |
|--|---------------|
| Medical and dental | _____ |
| Taxes | 3,368. |
| Interest | _____ |
| Contributions | _____ |
| Casualty or theft loss(es) | _____ |
| Miscellaneous | _____ |
| Total Itemized Deductions | 3,368. |
| Standard deduction | 12,400. |

Taxable Income 106,105.

| | |
|---|----------------|
| Income tax | 19,545. |
| Alternative minimum tax | _____ |
| Total Taxes before Credits | 19,545. |
| Nonbusiness credits | _____ |
| Business credits | _____ |
| Total Credits | _____ |
| Self-employment tax | _____ |
| Other taxes | _____ |

Total Tax 19,545.

| | |
|---|----------------|
| Withholding | 23,005. |
| Estimated tax payments | _____ |
| Other payments | _____ |
| Total Payments | 23,005. |
| Estimated tax penalty | _____ |
| Refund applied to next year's estimated tax | _____ |

Amount Overpaid 3,460.

Refund 3,460.

Amount Applied to Estimate _____

Amount Due 0.

| | |
|------------------------------|---------|
| Tax bracket | 24.0 % |
| Effective tax rate | 16.49 % |

Smart Worksheets from your 2020 Federal Tax Return

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 2

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 3

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 4

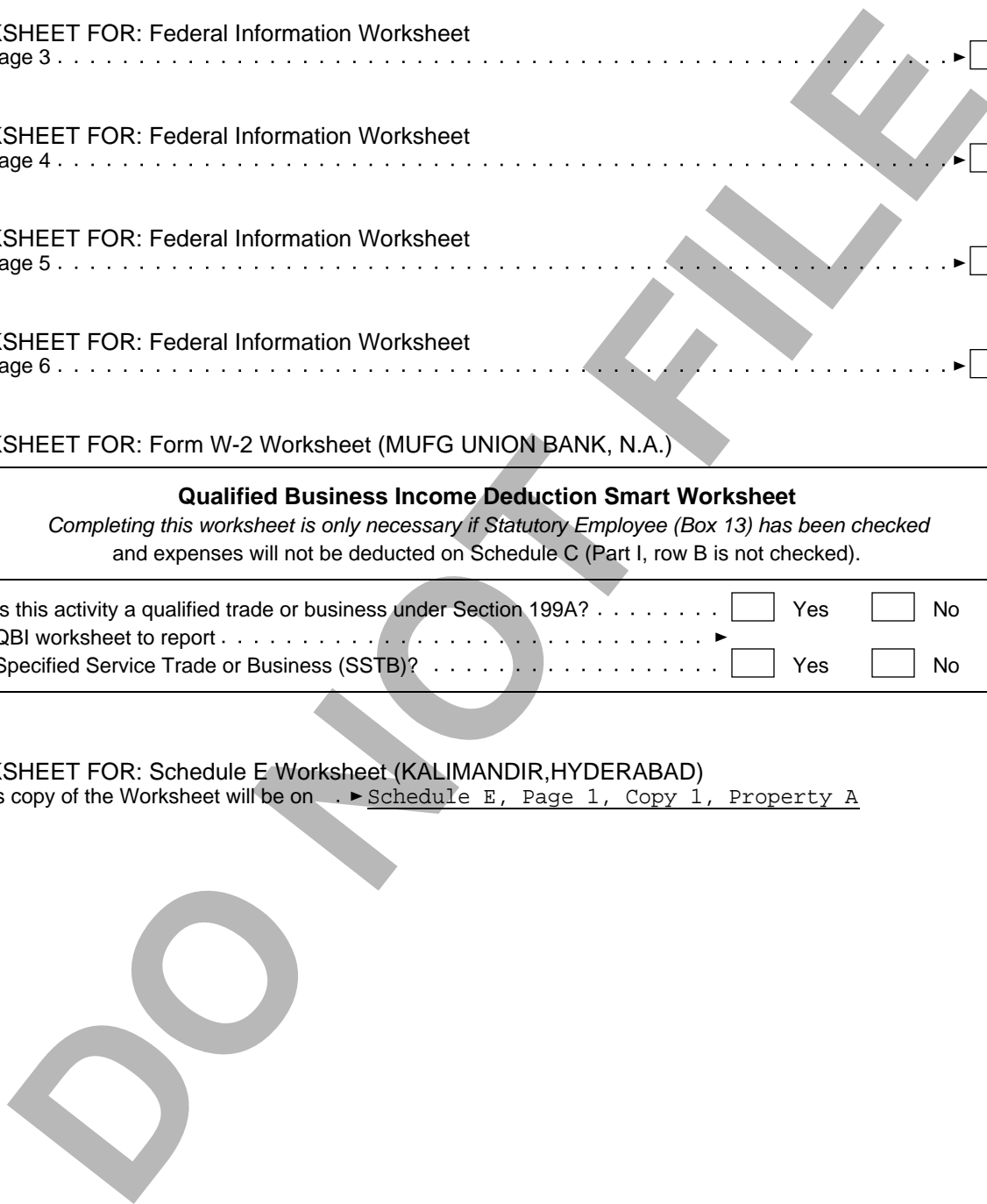
SMART WORKSHEET FOR: Federal Information Worksheet
Print page 5

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 6

SMART WORKSHEET FOR: Form W-2 Worksheet (MUFG UNION BANK, N.A.)

| | | |
|--|--|--|
| Qualified Business Income Deduction Smart Worksheet | | |
| <i>Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C (Part I, row B is not checked).</i> | | |
| A | Is this activity a qualified trade or business under Section 199A? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B | QBI worksheet to report | <input type="checkbox"/> |
| C | Specified Service Trade or Business (SSTB)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SMART WORKSHEET FOR: Schedule E Worksheet (KALIMANDIR, HYDERABAD)
This copy of the Worksheet will be on . . . Schedule E, Page 1, Copy 1, Property A



SMART WORKSHEET FOR: Schedule E Worksheet (KALIMANDIR, HYDERABAD)

Qualified Business Income Deduction Smart Worksheet

Completing this worksheet past line A is generally only necessary if Form 8995A must be filed (i.e. taxable income is above threshold amounts or qualified coop payments are present).

A 1 Is this activity a qualified trade or business? [] Yes [X] No
a This rental qualifies as a business under the safe harbor requirements of Notice 2019-07 []
b This rental is part of a Rental Real Estate Enterprise described in Rev Proc 2019-38 If part of a Rev Proc 2019-38 enterprise, select group # (see help) []
2 QBI worksheet to report if qualified business (double click to link)
B Trade or Business Name
C Trade or Business ID Number
D 1 Is this a Specified Service Trade or Business (SSTB)? [] Yes [] No
2 If No, is income attributable to a SSTB? (see help) [] Yes [] No
3 QBI worksheet for SSTB income (this will auto-populate if Yes)
4 Percentage of qualified income attributable to SSTB _____ %
E 1 Tentative Schedule E profit (loss) from this business
2 Adjustments to qualified business income
3 Schedule E qualified business income
4 a Calculated QBI allowed after passive/at-risk limits
b Adjustments to allowed QBI
c Allowable QBI after loss limits
5 Additional deductions related to this business reported on separate schedules
6 Net profit (loss) after adjustments, limitations, and deductions
7 Allowable Schedule E profit (loss) allocated to SSTB
8 Allowable Schedule E profit (loss) from this business
F 1 Ordinary gain (loss) from business assets
2 Ordinary gain (loss) adjustments
3 Qualified ordinary gain (loss)
4 a Calculated QBI allowed after passive/at-risk limits
b Adjustments to allowed QBI
c Allowable short term qualified gain (loss) after passive/at-risk limits
5 Allowable ordinary gain (loss) allocated to SSTB
6 Allowable ordinary gain (loss)/recapture from this business
G 1 Section 1231 gain (loss) from business assets
2 Section 1231 gain (loss) adjustments
3 Section 1231 gain (loss) from qualified business
4 a Calculated QBI allowed after passive/at-risk limits
b Adjustments to allowed QBI
c Allowable ordinary 1231 qualified gain (loss)
5 Allowable ordinary 1231 gain (loss) allocated to SSTB
6 Allowable ordinary 1231 gain (loss) from this business

SMART WORKSHEET FOR: Schedule E Worksheet (KALIMANDIR, HYDERABAD)

| Activity Summary Smart Worksheet Supporting information provided by program. NO ENTRIES ARE NEEDED. | | | |
|---|-------------|-----|-------------------------|
| | Regular Tax | QBI | Alternative Minimum Tax |
| A Ownership | Taxpayer | | |
| B At risk status | All | | |
| C Passive status | Active RE | | |
| Schedule E | | | |
| D Tentative profit (loss) | -6,240. | | -6,240. |
| E Other adjustments | | | |
| F At risk disallowed loss | | | |
| G Passive carryover loss | | | |
| H Passive disallowed loss | | | |
| I Net profit (loss) allowed | -6,240. | | -6,240. |
| Related Dispositions | | | |
| J Tentative profit (loss) | | | |
| K At risk disallowed loss | | | |
| L Passive carryover loss | | | |
| M Passive disallowed loss | | | |
| N Net profit (loss) allowed | | | |

DONOR

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

| | | | |
|---|-------------------|---------------------------|---|
| Your First Name and Initial AVINASH REDDY | Last Name GOPU | Enter your SSN(s). | Your Social Security Number* 278 31 4878 |
| Your Spouse's First Name and Initial (if filed joint) | Last Name | | Spouse's Social Security No.* |

PART 1 – PURPOSE

**Do Not Truncate*

- To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.
- To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

PART 2 – TAX RETURN INFORMATION

| | | |
|-----------------------------------|---------|----|
| 1 Arizona Adjusted Gross Income | 118,505 | 00 |
| 2 Balance Of Tax | 3,768 | 00 |
| 3 Arizona Income Tax Withheld ... | 3,368 | 00 |

Check box 4 or box 5:

4 **REFUND:** Enter the amount of refund..... 00

5 **AMOUNT YOU OWE:** Enter the amount owed..... 400 00

PART 3 – FINANCIAL INSTITUTION INFORMATION

Must be present when requesting direct debit or deposit.

Foreign Account Deposit/Debit: See instructions below.

TYPE OF ACCOUNT ROUTING NUMBER

Checking Savings 1 2 1 0 0 0 3 5 8

ACCOUNT NUMBER

3 2 5 0 4 1 6 8 5 2 4 0

DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT

0 2 2 5 2 0 2 1 \$ 4 0 0 .00

Box 4 Checkbox – Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

Box 5 Checkbox – Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, **you must mail a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.**

PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- 6a I consent that my refund be directly deposited as designated in the electronic portion of my 2020 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- 6b I do not want direct deposit of my refund or I am not receiving a refund.
- 6c I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

I authorize GLOBAL TAXES LLC
(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2020. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 15, 2021, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

| | | |
|--------------------------------|----------------------------|-------|
| PLEASE SIGN HERE | → _____ | _____ |
| | YOUR PEN AND INK SIGNATURE | DATE |
| → _____ | _____ | |
| SPOUSE'S PEN AND INK SIGNATURE | DATE | |

DO NOT STAPLE ANY ITEMS TO THE RETURN. Place any required federal and AZ schedules or other documents after Form 140.

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 2020 AND ENDING 66F

Your First Name and Middle Initial AVINASH REDDY Last Name GOPU Your Social Security Number 278 31 4878 Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Spouse's Social Security No.

Current Home Address - number and street, rural route 7940 E CAMELBACK RD Apt. No. U508 Daytime Phone (with area code) 94 (818) 392-0127 City, Town or Post Office SCOTTSDALE State AZ ZIP Code 85251 Last Names Used in Last Four Prior Year(s) (if different) 97

FILING STATUS 4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment 5 Head of household. Enter name of qualifying child or dependent on next line: 6 Married filing separate return. Enter spouse's name and Social Security Number above. 7 Single

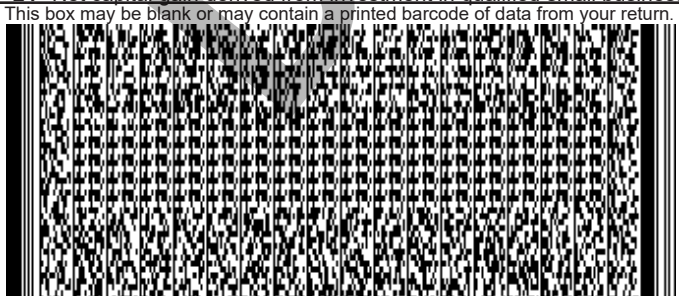
REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88 81 PM 80 RCVD

Enter the number claimed. Do not put a check mark. 8 Age 65 or over (you and/or spouse) 9 Blind (you and/or spouse) 10a Dependents: Under age of 17. 10b Dependents: Age 17 and over. 11a Qualifying parents and grandparents

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2020, (e) Dependent Age included in: 1 (Box 10a), 2 (Box 10b), (f) if you did not claim this person on your federal return due to educational credits. Rows 10c, 10d, 10e.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2020, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2020. Rows 11b, 11c.

Main tax table with columns for line number, description, and amount. Includes sections for Additions (lines 12-18) and Subtractions (lines 19-35). Total amount shown as 118,505.00.



Your Name (as shown on page 1) AVINASH REDDY GOPU
 Your Social Security Number 278-31-4878

| | | | | | |
|---|---|--|---|---|--|
| Exemptions | 36 | Other Subtractions from Income. Complete <i>Adjustments to Arizona Gross Income</i> schedule on page 5..... | 36 | | 00 |
| | 37 | Subtract line 36 from line 35 and enter the difference..... | 37 | 118,505 | 00 |
| | 38 | Age 65 or over: Multiply the number in box 8 by \$2,100..... | 38 | | 00 |
| | 39 | Blind: Multiply the number in box 9 by \$1,500..... | 39 | | 00 |
| | 40 | Other Exemptions. See instructions..... 40E <input type="checkbox"/> Multiply the number in box 40E by \$2,300..... | 40 | | 00 |
| Balance of Tax | 41 | Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000..... | 41 | | 00 |
| | 42 | Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0"..... | 42 | 118,505 | 00 |
| | 43 | Deductions: Check box and enter amount. See instructions..... 43I <input type="checkbox"/> ITEMIZED... 43S <input checked="" type="checkbox"/> STANDARD | 43 | 12,400 | 00 |
| | 44 | If you checked box 43S and claim charitable deductions, check 44C <input type="checkbox"/> Complete page 3. See instructions..... | 44 | | 00 |
| | 45 | Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"..... | 45 | 106,105 | 00 |
| | 46 | Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables..... | 46 | 3,768 | 00 |
| | 47 | Tax from recapture of credits from Arizona Form 301, Part 2, line 31..... | 47 | | 00 |
| | 48 | Subtotal of tax: Add lines 46 and 47 and enter the total..... | 48 | 3,768 | 00 |
| | 49 | Dependent Tax Credit. See instructions..... | 49 | | 00 |
| | 50 | Family income tax credit (from the worksheet - see instructions)..... | 50 | | 00 |
| Total Payments and Refundable Credits | 51 | Nonrefundable Credits from Arizona Form 301, Part 2, line 61..... | 51 | | 00 |
| | 52 | Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, enter "0"..... | 52 | 3,768 | 00 |
| | 53 | 2020 AZ income tax withheld..... | 53 | 3,368 | 00 |
| | 54 | 2020 AZ estimated tax payments.. 54a <input type="text" value="00"/> Claim of Right 54b <input type="text" value="00"/> Add 54a and 54b.. | 54c | | 00 |
| | 55 | 2020 AZ extension payment (Form 204)..... | 55 | | 00 |
| | 56 | Increased Excise Tax Credit (from the worksheet - see instructions)..... | 56 | | 00 |
| | 57 | Property Tax Credit from Arizona Form 140PTC..... | 57 | | 00 |
| | 58 | Other refundable credits: Check the box(es) and enter the total amount..... 581 <input type="checkbox"/> 308-l 582 <input type="checkbox"/> 349 | 58 | | 00 |
| | 59 | Total payments and refundable credits: Add lines 53 through 58 and enter the total..... | 59 | 3,368 | 00 |
| | Tax Due or Overpayment | 60 | TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52 and enter amount of tax due. Skip lines 61, 62 and 63..... | 60 | 400 |
| 61 | | OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59 and enter amount of overpayment..... | 61 | | 00 |
| 62 | | Amount of line 61 to be applied to 2021 estimated tax..... | 62 | | 00 |
| 63 | | Balance of overpayment: Subtract line 62 from line 61 and enter the difference..... | 63 | | 00 |
| Voluntary Gifts | 64 - 74 Voluntary Gifts to: | | Solutions Teams Assigned to Schools..... 64 <input type="text" value="00"/> | | |
| | Child Abuse Prevention..... 66 <input type="text" value="00"/> | Domestic Violence Services..... 67 <input type="text" value="00"/> | Arizona Wildlife..... 65 <input type="text" value="00"/> | Political Gift..... 68 <input type="text" value="00"/> | |
| | Neighbors Helping Neighbors..... 69 <input type="text" value="00"/> | Special Olympics..... 70 <input type="text" value="00"/> | Veterans' Donations Fund..... 71 <input type="text" value="00"/> | | |
| | I Didn't Pay Enough Fund..... 72 <input type="text" value="00"/> | Sustainable State Parks and Road Fund..... 73 <input type="text" value="00"/> | Spay/Neuter of Animals.. 74 <input type="text" value="00"/> | | |
| | 75 Political Party (if amount is entered on line 68 - check only one): 751 <input type="checkbox"/> Democratic 752 <input type="checkbox"/> Libertarian 753 <input type="checkbox"/> Republican | | | | |
| | 76 Estimated payment penalty 76 <input type="text" value="00"/> | | | | |
| | 77 <input type="checkbox"/> Annualized/Other 772 <input type="checkbox"/> Farmer or Fisherman 773 <input type="checkbox"/> Form 221 included | | | | |
| | 78 Add lines 64 through 74 and 76; enter the total 78 <input type="text" value="00"/> | | | | |
| Refund or Amount Owed | 79 REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80..... | | | | 79 <input type="text" value="00"/> |
| | Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account ; see instructions. 79A <input type="checkbox"/> | | | | |
| <input type="checkbox"/> C <input type="checkbox"/> Checking or | | ROUTING NUMBER | ACCOUNT NUMBER | | |
| <input checked="" type="checkbox"/> S <input type="checkbox"/> Savings | | <input type="text"/> | <input type="text"/> | | |
| 80 AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment; and include with your return..... | | | | | 80 <input type="text" value="400"/> <input type="text" value="00"/> |

Under penalties of perjury, I declare that I have read this return and any documents with it, 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.

PLEASE SIGN HERE

YOUR SIGNATURE _____ DATE _____ OCCUPATION SOFTWARE ENGINEER

SPOUSE'S SIGNATURE _____ DATE _____ SPOUSE'S OCCUPATION _____

SYAM PRIYA RAM SAGAR GUPTA TALLAM 02022021 GLOBAL TAXES LLC
 PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

2530 Pebble Creek Ln 30-1017196
 PAID PREPARER'S STREET ADDRESS PAID PREPARER'S TIN

Cumming GA 30041 (678) 965-9522
 PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PHONE NUMBER

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode).
 If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

DO NOT STAPLE ANY ITEMS TO THE FORM.

This estimated payment is for tax year ending December 31, 2021, or for tax year ending: 20

Form fields for personal information: AVINASH REDDY, GOPU, 7940 E CAMELBACK RD, SCOTTSDALE, AZ, 85251, 818-392-0127

Check if this payment is on behalf of a Nonresident Composite return - 140NR

STOP DO NOT USE THIS FORM TO MAKE DELINQUENT INCOME TAX PAYMENTS. Use this form only for mailing estimated payments.

1 Payment: You must round your estimated payment to a whole dollar (no cents).

Enter the amount of payment enclosed \$ 100.00

2 Check only one box for the quarter for which this payment is made.

Do not select more than one quarter. You must submit a separate form for each quarter for which a payment is made.

Payment for calendar year filers are due as follows:

Calendar year filers options: 1st Quarter (checked), 2nd Quarter, 3rd Quarter, 4th Quarter

Payment for fiscal year filers are due as follows:

Fiscal year filers options: 1st Quarter, 2nd Quarter, 3rd Quarter, 4th Quarter

If any of the due dates fall on a Saturday, Sunday or legal holiday, you may make the required payment for that quarter by midnight on the next business day following that day.

If you are mailing this payment

To ensure proper application of this payment, be sure that you: Complete and submit this form in its entirety. Do not cut this page in half. Make your check or money order payable to Arizona Department of Revenue. Write your SSN and tax year on your payment. If payment is made on behalf of a Nonresident Composite return, write "Composite 140NR" on payment and include the tax year and entity's EIN. Include your payment with this form. Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085. Be sure to review your estimated income and adjust your payments as necessary during the year.

If you are making an electronic payment

You can make this estimated payment by eCheck or credit card! American Express, Visa, Discover Card, MasterCard www.AZTaxes.gov Click on "Make a Payment" and select "140ES" as the Payment Type. Do not mail this form. We will apply this payment to your account.

DO NOT STAPLE ANY ITEMS TO THE FORM.

This estimated payment is for tax year ending December 31, 2021, or for tax year ending: 20

Form fields for personal information: Your First Name and Middle Initial (AVINASH REDDY), Last Name (GOPU), Your Social Security Number (278 31 4878), Spouse's First Name and Middle Initial, Last Name, Current Home Address (7940 E CAMELBACK RD), Apt. No. (U508), Daytime Phone ((94) 392-0127), City, Town or Post Office (SCOTTSDALE), State (AZ), ZIP Code (85251).

Check if this payment is on behalf of a Nonresident Composite return - 140NR

STOP DO NOT USE THIS FORM TO MAKE DELINQUENT INCOME TAX PAYMENTS. Use this form only for mailing estimated payments.

1 Payment: You must round your estimated payment to a whole dollar (no cents).

Enter the amount of payment enclosed \$ 100.00

2 Check only one box for the quarter for which this payment is made.

Do not select more than one quarter. You must submit a separate form for each quarter for which a payment is made.

Payment for calendar year filers are due as follows:

Calendar year filers options: 1st Quarter (April 15, 2021), 2nd Quarter (June 15, 2021), 3rd Quarter (September 15, 2021), 4th Quarter (January 15, 2022).

Payment for fiscal year filers are due as follows:

Fiscal year filers options: 1st Quarter (15th day of the fourth month), 2nd Quarter (15th day of the sixth month), 3rd Quarter (15th day of the ninth month), 4th Quarter (15th day of the first month).

If any of the due dates fall on a Saturday, Sunday or legal holiday, you may make the required payment for that quarter by midnight on the next business day following that day.

If you are mailing this payment

To ensure proper application of this payment, be sure that you: Complete and submit this form in its entirety. Do not cut this page in half. Make your check or money order payable to Arizona Department of Revenue. Write your SSN and tax year on your payment. If payment is made on behalf of a Nonresident Composite return, write "Composite 140NR" on payment and include the tax year and entity's EIN. Include your payment with this form. Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085. Be sure to review your estimated income and adjust your payments as necessary during the year.

If you are making an electronic payment

You can make this estimated payment by eCheck or credit card! American Express, Visa, Discover Card, MasterCard www.AZTaxes.gov Click on "Make a Payment" and select "140ES" as the Payment Type. Do not mail this form. We will apply this payment to your account.

DO NOT STAPLE ANY ITEMS TO THE FORM.

This estimated payment is for tax year ending December 31, 2021, or for tax year ending: 20

Form fields for personal information: Your First Name and Middle Initial (AVINASH REDDY), Last Name (GOPU), Your Social Security Number (278 31 4878), Spouse's First Name and Middle Initial, Last Name, Current Home Address (7940 E CAMELBACK RD, SCOTTSDALE, AZ 85251), Apt. No. (U508), Daytime Phone ((94) 392-0127).

Check if this payment is on behalf of a Nonresident Composite return - 140NR

STOP DO NOT USE THIS FORM TO MAKE DELINQUENT INCOME TAX PAYMENTS. Use this form only for mailing estimated payments.

1 Payment: You must round your estimated payment to a whole dollar (no cents).

Enter the amount of payment enclosed \$ 100.00

2 Check only one box for the quarter for which this payment is made.

Do not select more than one quarter. You must submit a separate form for each quarter for which a payment is made.

Payment for calendar year filers are due as follows:

Quarter selection options: 1st Quarter (April 15, 2021), 2nd Quarter (June 15, 2021), 3rd Quarter (September 15, 2021) - selected, 4th Quarter (January 15, 2022).

Payment for fiscal year filers are due as follows:

Fiscal year quarter selection options: 1st Quarter (15th day of the fourth month), 2nd Quarter (15th day of the sixth month), 3rd Quarter (15th day of the ninth month), 4th Quarter (15th day of the first month).

If any of the due dates fall on a Saturday, Sunday or legal holiday, you may make the required payment for that quarter by midnight on the next business day following that day.

If you are mailing this payment

To ensure proper application of this payment, be sure that you: Complete and submit this form in its entirety. Do not cut this page in half. Make your check or money order payable to Arizona Department of Revenue. Write your SSN and tax year on your payment. If payment is made on behalf of a Nonresident Composite return, write "Composite 140NR" on payment and include the tax year and entity's EIN. Include your payment with this form. Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085. Be sure to review your estimated income and adjust your payments as necessary during the year.

If you are making an electronic payment

You can make this estimated payment by eCheck or credit card! American Express, Visa, Discover Card, MasterCard. www.AZTaxes.gov. Click on "Make a Payment" and select "140ES" as the Payment Type. Do not mail this form. We will apply this payment to your account.

DO NOT STAPLE ANY ITEMS TO THE FORM.

This estimated payment is for tax year ending December 31, 2021, or for tax year ending: 20

Form fields for personal information: AVINASH REDDY, GOPU, 7940 E CAMELBACK RD, SCOTTSDALE, AZ, 85251. Includes SSN and Spouse's SSN fields.

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

Check if this payment is on behalf of a Nonresident Composite return - 140NR

STOP DO NOT USE THIS FORM TO MAKE DELINQUENT INCOME TAX PAYMENTS. Use this form only for mailing estimated payments.

1 Payment: You must round your estimated payment to a whole dollar (no cents).

Enter the amount of payment enclosed \$ 100.00

2 Check only one box for the quarter for which this payment is made.

Do not select more than one quarter. You must submit a separate form for each quarter for which a payment is made.

Payment for calendar year filers are due as follows:

Quarter selection options: 1st, 2nd, 3rd, and 4th Quarter. 4th Quarter is selected with a note about the holiday.

Payment for fiscal year filers are due as follows:

Fiscal year selection options: 1st, 2nd, 3rd, and 4th Quarter based on fiscal year months.

If any of the due dates fall on a Saturday, Sunday or legal holiday, you may make the required payment for that quarter by midnight on the next business day following that day.

If you are mailing this payment

To ensure proper application of this payment, be sure that you: Complete and submit this form in its entirety. Do not cut this page in half. Make your check or money order payable to Arizona Department of Revenue. Write your SSN and tax year on your payment. If payment is made on behalf of a Nonresident Composite return, write "Composite 140NR" on payment and include the tax year and entity's EIN. Include your payment with this form. Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085. Be sure to review your estimated income and adjust your payments as necessary during the year.

If you are making an electronic payment

You can make this estimated payment by eCheck or credit card! American Express, Visa, Discover Card, MasterCard. www.AZTaxes.gov. Click on "Make a Payment" and select "140ES" as the Payment Type. Do not mail this form. We will apply this payment to your account.

Arizona Information Worksheet

2020

Keep for your records

Part I - Personal Information

Taxpayer:

First Name AVINASH REDDY
Middle Initial Suffix
Last Name GOPU
Social Security No 278-31-4878
Date of Birth 10/29/1991
Date of Death
Daytime Phone (818) 392-0127
Extension

Spouse:

First Name
Middle Initial Suffix
Last Name
Social Security No
Date of Birth
Date of Death
Daytime Phone
Extension

Home Phone (818) 392-0127

Print this daytime phone on forms [X] Taxpayer daytime [] Spouse daytime [] Home

Street Address . 7940 E CAMELBACK RD Apt No. . U508

City SCOTTSDALE State AZ ZIP Code 85251

Last name(s) in prior years if different from name(s) used in current year

Part II - Main Form

- [X] Form 140: Resident Tax Return (Long form)
[] Form 140A: Resident Tax Return (Short form)
[] Form 140NR: Nonresident Tax Return
[] Form 140PY: Part-Year Resident Tax Return
[] Form 140PTC: Full-Year Resident Property Tax Refund (Credit Claim) Only

Military personnel and composite return filers:

- [] You were active duty in Arizona and are filing part-year or nonresident return (Form 140NR or 140PY)
[] You are filing a composite return on Form 140NR

Part III - Filing Status

- [] Married filing joint return
[] Head of household
[] Married filing separate return
[X] Single

Part IV - Other Information

- Your Arizona gross income for 2019 was in excess of \$75,000 (\$150,000 if MFJ)
- Someone (such as taxpayer's parent) can claim taxpayer as a dependent
- You qualify as a farmer or fisherman for federal tax purposes
- Itemize even if itemized deductions are less than standard deduction
- Take the standard deduction even if less than itemized deductions
- Check this box if you are a first time Arizona income tax filer

Increased Excise Tax Credit

- You were sentenced to 60 days or more in a county, state or federal prison during tax year 2020
- Credit claimed by another member of the household _____

Voluntary Gifts

- 1 Solutions Teams Assigned to Schools Fund 1 _____
- 2 Arizona Wildlife Fund 2 _____
- 3 Child Abuse Prevention Fund 3 _____
- 4 Domestic Violence Services 4 _____
- 5 I Didn't Pay Enough Fund 5 _____
- 6 Neighbors Helping Neighbors Fund 6 _____
- 7 Special Olympics Fund 7 _____
- 8 Veterans' Donations Fund 8 _____
- 9 Sustainable State Parks and Road Fund 9 _____
- 10 Spay/Neuter of Animals 10 _____
- 11 Political Gift - select party below 11 _____
 - Democratic
 - Libertarian
 - Republican

Part V - Electronic Filing Information

New! E-file consent disclosure:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Arizona Department of Revenue, as applicable by law.

- The state return will be filed electronically

Electronic PDF Attachments

PDF's that you have selected to attach to state e-file return are listed below.

| Description | Filename |
|-------------|----------|
| | |
| | |
| | |

New! E-file consent disclosure:

- Yes No
- Federal PIN(s) will be used (See help)

Date return was EFiled _____

Date return was accepted by the state _____

Enter the date Form AZ-140V was given to client _____

Part VI - Direct Deposit Information or Electronic Funds Withdrawal Information

- Yes No
- Do you want to elect direct deposit of state tax refund?
 - Do you want electronic funds withdrawal of state tax payment (EF Only)?

If you selected direct deposit or electronic funds withdrawal, fill out the information below:

Name of Financial Institution (optional) BANK OF AMERICA

Account type Checking Savings

Routing number 121000358

Account number 325041685240

Enter the payment date to withdraw from the account above 02/25/2021

State balance-due amount from this return 400.

Enter an amount to withdraw from the account above 400.
If partial payment is made, the remaining balance due 0.

International ACH Transactions

Yes No
 Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part VII - Paid Preparer Information

Enter preparer Code from Firm/Preparer Info (See Help) ▶ 01

Part VIII – Extension Status

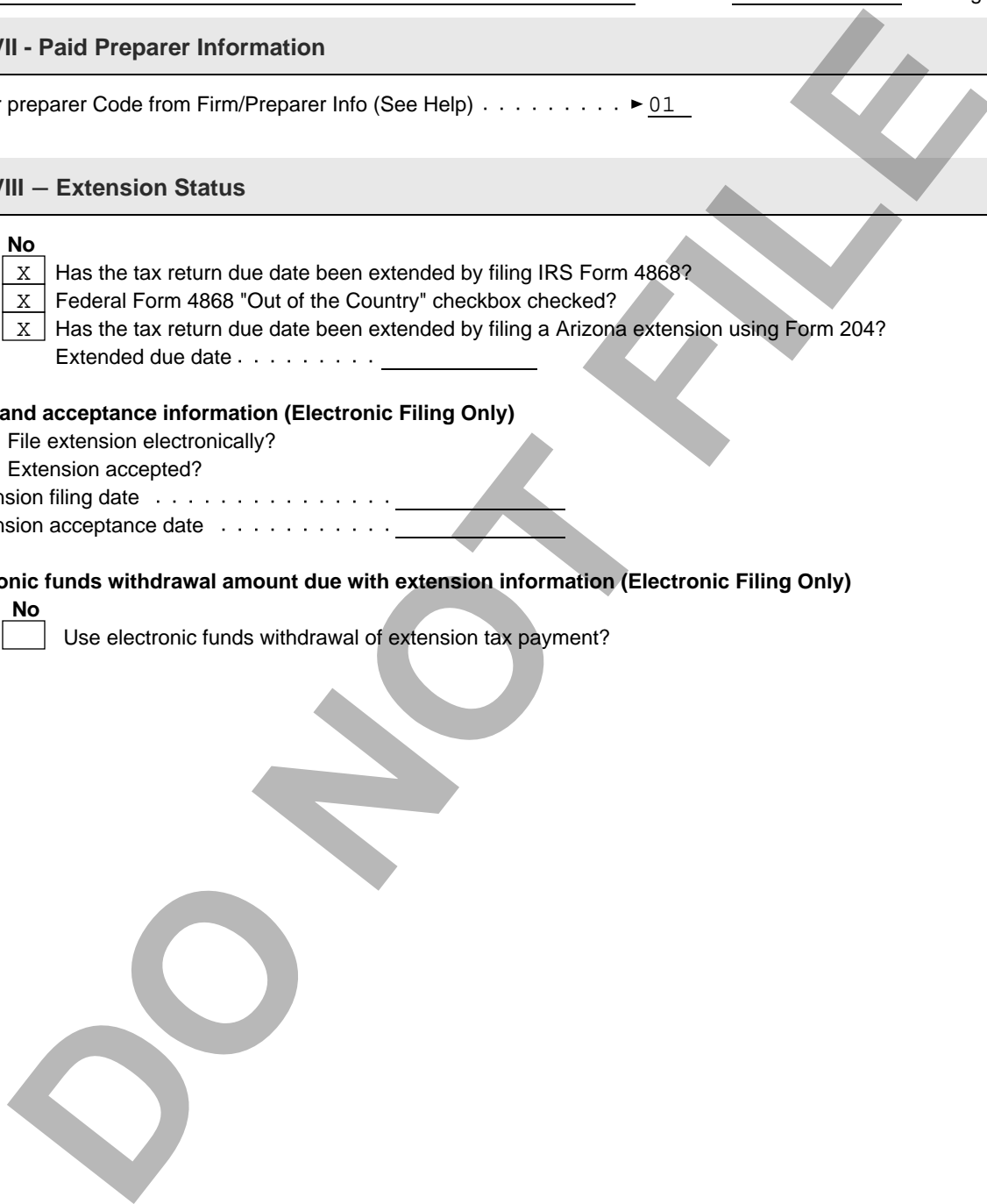
Yes No
 Has the tax return due date been extended by filing IRS Form 4868?
 Federal Form 4868 "Out of the Country" checkbox checked?
 Has the tax return due date been extended by filing a Arizona extension using Form 204?
Extended due date _____

Filing and acceptance information (Electronic Filing Only)

File extension electronically?
 Extension accepted?
Extension filing date _____
Extension acceptance date _____

Electronic funds withdrawal amount due with extension information (Electronic Filing Only)

Yes No
 Use electronic funds withdrawal of extension tax payment?



Enter settlement date to withdraw the extension amount from the account above _____

Balance-due amount paid with this extension _____

QuickZoom to Form 204: Application for Filing Extension ▶ _____

AZIW0112.SCR 12/23/20

DO NOT FILE

Keep for your records

Name(s) Shown on Return
AVINASH REDDY GOPU

Your Social Security Number
278-31-4878

Part I 2021 Estimated Tax Amount Options to be paid before January 15, 2022

1 Select One of Five Ways to Calculate the Required Annual Payment for 2021 Estimates:

- a 100% of 2020 taxes (default, see Tax Help)
b 100% of tax on 2021 estimated taxable income
c 90% of tax on 2021 estimated taxable income
d Equal to 100% of overpayment (no vouchers)
e Enter total amount you want to use for estimates and check box

Voluntary Payments:

Method 1: If federal Form 1040ES was filed, Arizona estimated payments can be calculated based on a percentage (10, 15 or 20%) of the federal estimated tax paid.

Then check the box on line 1e.

- a Enter percentage to calculate the estimated vouchers
b Enter total federal estimates due

Method 2: Installments may be filed on or before the due dates (April 15, June 15, September 15, and January 15). To choose this option, check the box and enter the total amount to be paid with estimates on line 1e.

Method 3: Estimated tax payments can be made as a single, lump-sum payment before January 15. To choose this option, check the box and enter the total to be paid with estimates on line 1e.

2 Selected estimated tax amount:

- a 2021 Required Annual Payment based on your choice above
b Estimated amount of 2021 state income tax withholding
c Total of estimated tax payments required for 2021 (line 2a less line 2b)

3 Select Estimated Tax Payment option:

- a Calculate estimates if Arizona gross income in 2020 and expected 2021 gross income exceeds \$75,000 (\$150,000 if MFJ) (default)
b Calculate estimates if (specify amount) or more
c Calculate estimates regardless of amount
d Do not calculate estimates

Part II Overpayment Application Options

1 Amount of overpayment available (Arizona Form 140, 140NR, or 140PY) 0.

2 Select Overpayment Application Amount Option:

- a Apply none (refund entire overpayment)
b Apply all (increase estimate if required)
c Apply to extent of total estimated tax and refund excess 400.
d Apply to extent of first quarter amount and refund excess 100.
e Enter amount you want to apply
f Amount applied to 2021 estimated tax 0.
g Overpayment to be refunded (line 1 less line 2f) 0.

3 Select Overpayment Application Sequence:

- a [X] Consecutively b Evenly

Part III Rounding and Printing Options

1 Select Rounding Option:

- a [X] Round up to next \$1
b Round up to next \$10
c Round up to next \$100
d Round to nearest \$1

2 Select Voucher Printing Option:

- a [X] Print (per Part I, lines 3a - c)
b Print only name, etc.
c Do not print vouchers

Part IV Estimated Tax Payment Summary

| | 1 Apr 15, 2021 | 2 Jun 15, 2021 | 3 Sep 15, 2021 | 4 Jan 18, 2022 | Total |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------|
| 1 If you have already made payments, enter amounts | | | | | |
| 2 Indicate which payment is due next. (e.g. if it is now April 25, check col. 2) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 Required Payment | 100. | 100. | 100. | 100. | 400. |
| 4 Overpayment applied | 0. | 0. | 0. | 0. | 0. |
| 5 Net payment due | 100. | 100. | 100. | 100. | 400. |
| 6 Voucher amounts | 100. | 100. | 100. | 100. | 400. |

Part V Changes to Income, Deductions and Withholding for 2021

2020 income and deductions are shown in the '2020 Actual' column below.

***Caution:** For each line in the '2021 Estimated' column, enter the estimated 2021 amount if different from 2020. Otherwise, the '2020 Actual' amount will be used for that line. If zero, you **must** enter zero.

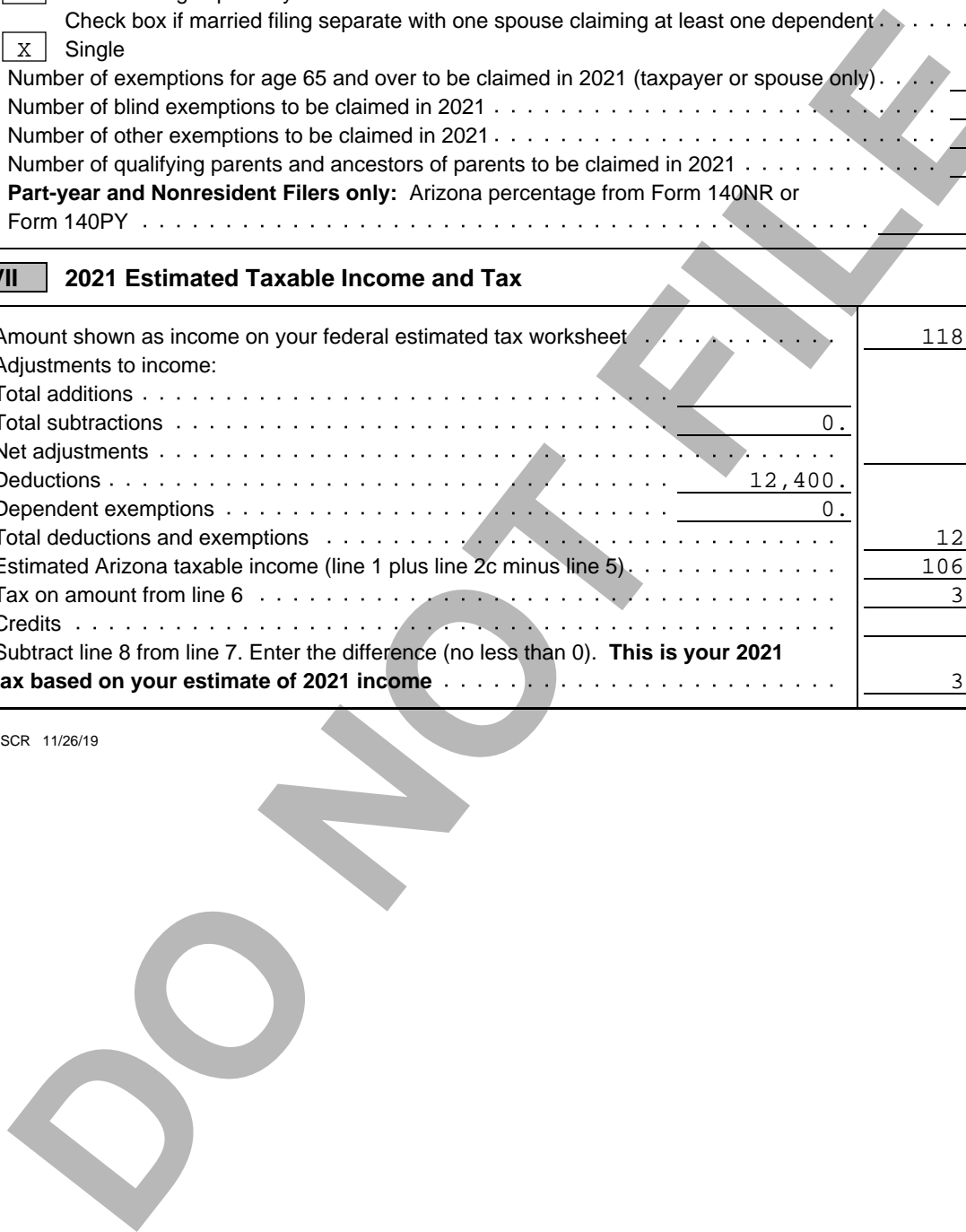
| | 2020 Actual | *2021 Estimated |
|--|--------------------|------------------------|
| 1 Use the estimated tax worksheet attached to IRS Form 1040ES and enter here the amount shown as income on your federal worksheet | 118,505. | |
| Additions | | |
| 2 Non-Arizona municipal interest | | |
| 3 Partnership Income | | |
| 4 Total federal depreciation | | |
| 5 Other additions to income | | |
| Subtractions | | |
| 6 Amounts received as annuities from certain federal, Arizona state or local government retirement and disability funds (up to \$2,500) that are subject to federal tax. | | |
| 7 Interest income on obligations of the United States (e.g. U.S. savings bonds, treasury bills, etc) | | |
| 8 Benefits, annuities, and pensions for retired/retainer pay of the uniformed services (up to \$3,500) that are subject to federal tax | | |
| 9 U.S. Social Security benefits or railroad retirement act benefits included as income on federal return | | |
| 10 Other exempt income | 0. | |
| Deductions | | |
| 11 If you plan to itemize deductions, enter the estimated total of your deductions. If you do not plan to itemize deductions, see the instructions for the allowable 2020 standard deduction. | 12,400. | |
| 12 Arizona tax withholding | 3,368. | |
| Credits | | |
| 13 Credits | | |

Part VI Filing Status and Exemptions for 2021

- 1 Choose 2021 filing status:
 - Married filing jointly
 - Head of household
Check the box if head of household and married in 2021
 - Married filing separately
Check box if married filing separate with one spouse claiming at least one dependent
 - Single
- 2 a Number of exemptions for age 65 and over to be claimed in 2021 (taxpayer or spouse only) 0
- b Number of blind exemptions to be claimed in 2021 0
- c Number of other exemptions to be claimed in 2021
- d Number of qualifying parents and ancestors of parents to be claimed in 2021
- 3 **Part-year and Nonresident Filers only:** Arizona percentage from Form 140NR or Form 140PY %

Part VII 2021 Estimated Taxable Income and Tax

| | | |
|---|--|----------|
| 1 | Amount shown as income on your federal estimated tax worksheet | 118,505. |
| 2 | Adjustments to income: | |
| a | Total additions | |
| b | Total subtractions 0. | |
| c | Net adjustments | 0. |
| 3 | Deductions 12,400. | |
| 4 | Dependent exemptions 0. | |
| 5 | Total deductions and exemptions | 12,400. |
| 6 | Estimated Arizona taxable income (line 1 plus line 2c minus line 5) | 106,105. |
| 7 | Tax on amount from line 6 | 3,768. |
| 8 | Credits | |
| 9 | Subtract line 8 from line 7. Enter the difference (no less than 0). This is your 2021 tax based on your estimate of 2021 income | 3,768. |



Tax Payments Worksheet

2020

▶ Keep for your records

| | |
|----------------------------|---------------------------------------|
| Name AVINASH REDDY GOPU | Social Security Number 278-31-4878 |
|----------------------------|---------------------------------------|

Tax Payments for the Current Year

| | | State | |
|----------------------------|--|-------|---------|
| | | Date | Payment |
| 1 | First Payment | | |
| 2 | Second Payment | | |
| 3 | Third Payment | | |
| 4 | Fourth Payment | | |
| Additional Payments | | | |
| 5 | Payment | | |
| | Payment | | |
| | Payment | | |
| | Payment | | |
| | Payment | | |
| 6 | Overpayment from previous year applied to current year | 6 | |
| 7 | Amount paid with current year extension | 7 | |
| 8 | Total tax payments | 8 | |

Income Taxes Withheld for the Current Year

| | | | |
|------|--|------|--------|
| 9 | State withholding on Forms W-2 | 9 | 3,368. |
| 10 | State withholding on Forms W-2G | 10 | |
| 11 | State withholding on Forms 1099-R | 11 | |
| 12 a | State withholding on Forms 1099-MISC | 12 a | |
| b | State withholding on Forms 1099-NEC | b | |
| c | State withholding on Forms 1099-G | c | |
| d | State withholding on Forms 1099-K | d | |
| 13 | Other state tax withholding | 13 | |
| 14 | Total income tax withheld | 14 | 3,368. |
| 15 | Date return will be filed and balance paid | 15 | |

Smart Worksheets from your 2020 Arizona Tax Return

SMART WORKSHEET FOR: Form 8879

| Additional Information Smart Worksheet | |
|--|---|
| A | Date this return was E-Filed ▶ _____ |
| B | Date return was accepted by the state ▶ _____ |
| C | Using the Federal PIN(s) (See help) ▶ <input checked="" type="checkbox"/> |
| D | Document to attach to the BACK of E-File Signature Authorization Form: <u>Form W-2 (Copy 2)</u> _____ _____ _____ |
| E | Retain E-File Signature Authorization Form and all attachments for a period of four years DO NOT MAIL TO STATE AUTHORITIES |

