Form 1040-V 2020 Page **2**

IF you live in	THEN use this address to send in your payment		
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214		
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000		
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, Ohio, Oregon, North Dakota, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501		
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303		

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V 2020**

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service

(99) **202**

Form 1040-V Payment Voucher

► Use this voucher when making a payment with Form 1040.

► Do not staple this voucher or your payment to Form 1040.

► Make your check or money order payable to the 'United States Treasury.'

Write your social security number (SSN) on your check or money order.

write your social security number (SSN) on your check or money order.

GAYATHRI VANAMA

9 WOODLAWN AVE BILLERICA MA O1821 INTERNAL REVENUE SERVICE
P.O. BOX 931000
LOUISVILLE, KY 40293-1000

£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly bu checked the MFS box, enter the son is a child but not your depende	name of	ed filing separately your spouse. If you		_		•	_			
Your first name and middle initial Last name				Your	Your social security number							
GAYATHRI VANA			VANA	AMA					078	078-57-3450		
If joint return, spouse's first name and middle initial Last na			Last na	me					Spot	Spouse's social security number		
Home address	•	er and street). If you have a P.O. box, se	l ee instructio	ons.				Apt. no.	Che	ck he	ere if you,	on Campaign or your tly, want \$3
		ce. If you have a foreign address, also o	complete s	paces below.	Sta			code			0,	Checking a
BILLERIO					M					x below will not change		
Foreign country	y name			Foreign province/stat	e/coun	ty	For	oreign postal code		your tax or refund. You Spouse		
At any time du	ıring 20	020, did you receive, sell, send, ex	change, c	or otherwise acquir	e any	financial in	terest in	n any virtual	currenc	y?	Yes	⊠ No
Standard Deduction		neone can claim:	•	-			ent					
Age/Blindness	s You	: Were born before January 2,	1956	Are blind S	pouse	: Was	born b	efore Januar	y 2, 195	6	☐ Is blii	nd
Dependents	s (see	instructions):		(2) Social secur	ity	(3) Relati	onship	(4) 🗸 i	f qualifies	qualifies for (see instructions):		
If more		irst name Last name		number to you		ou .	Child tax credi		- 1		er dependents	
than four												
dependents, see instruction												
and check	·]			
here ▶ □]]
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1	10	4,277.
Attach Sch. B if	2 a	Tax-exempt interest	2a		b٦	axable inte	erest			2b		
required.	3a	Qualified dividends	3a		b (Ordinary div	/idends			3b		
	4a	IRA distributions	4a		b 7	axable am	ount .		·	4b		
	5a	Pensions and annuities	5a		b 7	axable am	ount .		-	5b		
Standard	6a	Social security benefits	6a		b٦	axable am	ount .		<u>.</u>	6b		
Deduction for— Single or	7	Capital gain or (loss). Attach Sch	edule D if	f required. If not re	quirec	l, check he	re .	•	· 🗆 📙	7		
Married filing	8	Other income from Schedule 1, li	ne 9 .							8		0.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your total in	come				•	9	10	14,277.
Married filing	10	Adjustments to income:				·						
jointly or Qualifying	а	From Schedule 1, line 22										
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions 10b 300.						00.				
Head of	С	Add lines 10a and 10b. These are	e your tot	al adjustments to	inco	me			•	10c		300.
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross in	come				•	11	10	3,977.
If you checked	12	Standard deduction or itemized	d deduct	ions (from Schedu	le A)				. [12	1	2,400.
any box under Standard	13	Qualified business income deduc	ction. Atta	ach Form 8995 or F	orm 8	3995-A .			. [13		
Deduction, see instructions.	14	Add lines 12 and 13							. [14	1	2,400.
occ monuclions.	15	Taxable income. Subtract line 1	4 from lin	e 11. If zero or less	s, ente	er -0			. [15	9	1,577.

	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 \square 4972	3 🗆			16	16,058.
				(-)						. ,
	17	Amount from Schedule 2, lin	e3						17	
	18	Add lines 16 and 17							18	16,058.
	19	Child tax credit or credit for	other dependent	ts					19	
	20	Amount from Schedule 3, lin	e7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	16,058.
	23	Other taxes, including self-en							23	0.
	24	Add lines 22 and 23. This is	your total tax					. ▶	24	16,058.
	25	Federal income tax withheld	-							
	а	Form(s) W-2				25a	14	,567		
	b	Form(s) 1099				25b		-		
	С	Other forms (see instructions				25c				
	d	Add lines 25a through 25c	,						25d	14,567.
	26	2020 estimated tax payment							26	,
 If you have a qualifying child, 	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit. A				28				
nontaxable	29	American opportunity credit				29				
combat pay, see instructions.	30	Recovery rebate credit. See		-		30				
	31	Amount from Schedule 3, lin				31				
	32						edits	. •	32	
	33	Add lines 27 through 31. These are your total other payments and refundable credits							_	14,567.
D. 6	34	If line 33 is more than line 24							34	
Refund	35a							35a		
Direct deposit?	▶b									
See instructions.	▶d	Account number X X X								
	36	Amount of line 34 you want a				<u> </u>	<u> </u>			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now			. ▶	37	1,491.
You Owe		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for								
For details on how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.								
instructions.	38	Estimated tax penalty (see in	nstructions) .		🕨	38				
Third Party		you want to allow another								_
Designee	ins	tructions				. ▶	Yes. Co	mplete	below.	× No
		signee's ne ▶		Phone no. ▶				nal iden er (PIN)	tification	
Sign		der penalties of perjury, I declare t	hat I have examine		d accompanying scl	nedules				st of my knowledge and
Sign		ef, they are true, correct, and com								
Here	You	ur signature		Date	Your occupation			If t		nt you an Identity
	k	-								PIN, enter it here
Joint return?				VALIDATION ENGINEER			`	e inst.) ▶		
See instructions. Keep a copy for	Spo	ouse's signature. If a joint return, b	ooth must sign.	Date Spouse's occupation					ent your spouse an ection PIN, enter it here	
your records.							e inst.) ▶			
	Pho	one no. (224)542-0028	8	Email address	VANAMAGAYA:	THRI@	GMAIL.CO	M		
	Pre	parer's name	Preparer's signat	ure		Date		PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	07/	13/2021	P020	82703	Self-employed
Preparer									(678)965-9522	
Use Only		n's address ▶ 2530 Pebb		n Cumming	g GA 30041				m's EIN I	
Go to www.irs.go	ov/Form	1040 for instructions and the late	st information.		BAA	REV	05/29/21 PRO			Form 1040 (2020)



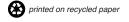
Form M-8453 Individual Income Tax Declaration for Electronic Filing

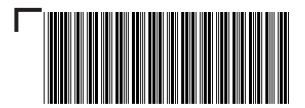
Massachusetts

Department of

Revenue

2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36).247443 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38).304 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42).44754	Please print or type. Privacy Act Notice ava	lable upon requ	est. For tl	ne year January	y 1-December 31, 2020.		
Falsa point return, spouse's first name and initial Last name Spouse's Social Security number	Your first name and initial	Last name			Your Social Security numb	er	
Present streat address (and apartment number) 9 WOODLAWN AVE City/Town/Post Office State Zip Filing status: State Married filing jaintly 1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12). 1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12). 2 Income lax after credits (from Form 1, line 32, or Form 1-NR/PY, line 38). 2 A 744 2 Income lax after credits (from Form 1, line 32, or Form 1-NR/PY, line 38). 3 A Massachusetts use tax (from Form 1, line 36, or Form 1-NR/PY, line 38). 4 Massachusetts income tax withheld (from Form 1, line 36, or Form 1-NR/PY, line 49). 5 Refund amount (from Form 1, line 50, or Form 1-NR/PY, line 49). 6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 54). 6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55). 6 Part 2. Declaration and Signature of Taxpayer Under pains and penalities of pepting I, delicair that line have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2020 Massachusetts return. To improve the sent to the Massachusetts Department of Revenue by my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2020 Massachusetts return. To improve the transmitter when my electronic return has been accepted. In the event that it is rejuded, lauthorize DOR to inform my Electronic Return Originator and that the amounts above agree with the amo	GAYATHRI VANAMA				078573450		
Simple Married filing jointy Part 1. Tax Return Information for Electronic Filing Interest Married filing jointy Part 1. Tax Return Information for Electronic Filing	If a joint return, spouse's first name and initial	Last name			Spouse's Social Security	number	
City/Town/Post Office State Zip Filing status: Starle Married filing separately Married filing plontly	Present street address (and apartment number)						
Part 1. Tax Return Information for Electronic Filing 1 Total 5.0% income (from Form 1, line 10, or Form 1-NRPY, line 12)	9 WOODLAWN AVE						
Part 1. Tax Return Information for Electronic Filing 1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12)	•		•				
1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12). 2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36). 3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 36). 4 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38). 5 Massachusetts use tax (from Form 1, line 36, or Form 1-NR/PY, line 42). 5 Refund amount (from Form 1, line 50, or Form 1-NR/PY, line 54). 5 Refund amount (from Form 1, line 50, or Form 1-NR/PY, line 54). 6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55). 6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55). 6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 54). 6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55). 6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 54). 7 Part 2. Declaration and Signature of Taxpayer 1 Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts above agree with the amounts above agree with the amounts above and the search use the search of the search	BILLERICA	MA	0182	1	☐ Married f	iling separate	ly Head of household
2 income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36). 3 Massachusetts uses tax (from Form 1, line 34, or Form 1-NR/PY, line 39). 4 Massachusetts income tax withheld (from Form 1, line 34, or Form 1-NR/PY, line 42). 5 Refund amount (from Form 1, line 50, or Form 1-NR/PY, line 42). 5 Refund amount (from Form 1, line 50, or Form 1-NR/PY, line 54). 6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55). 6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55). 6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55). 6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55). 6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55). 6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55). 6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55). 6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55). 6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 54). 7 Declaration and Signature of Taxpayer Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2020 Massachusetts return. To the best of my knowledge and belief the return can be corrected and re-framsmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest. Part 3. Declaration and Signature of Electronic Return Originator (ERO) I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. Collections are not responsible for reviewing the taxpayer's levent; however, they must ensure that the Me-843 accourately reflects the data on the return, I have obtained the taxpayer's levent; however, they must ensure that the Me-843 accourately reflects the data on the return, I have obtained the taxpayer's le	Part 1. Tax Return Information	for Electro	nic Fili	ng			
Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38). Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42). Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42). Massachusetts from Form 1, line 51, or Form 1-NR/PY, line 55). Part 2. Declaration and Signature of Taxpayer Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2020 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts bepartment of Revenue by my Electronic Return Originator I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filled a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest. Your signature Date Spouse's signature (if joint return, both must sign) Date Part 3. Declaration and Signature of Electronic Return Originator (ERO) I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 accurately reflects the data on the return, have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I h	1 Total 5.0% income (from Form 1, line 10, or	Form 1-NR/PY, li	ne 12)			1	104277
4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42). 5 Refund amount (from Form 1, line 50, or Form 1-NR/PY, line 54). 6 Tax due (from Form 1, line 55), or Form 1-NR/PY, line 54). 6 Tax due (from Form 1, line 57), or Form 1-NR/PY, line 54). 6 Tax due (from Form 1, line 57), or Form 1-NR/PY, line 54). 6 Tax due (from Form 1, line 57), or Form 1-NR/PY, line 54). 6 Tax due (from Form 1, line 57), or Form 1-NR/PY, line 55). 6 Part 2. Declaration and Signature of Taxpayer Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2020 Massachusetts return. To the best of my knowledge and belief its information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, 1 authorize DOR to indentify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest. Your signature Part 3. Declaration and Signature of Electronic Return Originator (ERO) I declare that I have reviewed the above taxpayer's return and that the entries on this M-9453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return however, they must ensure that the M-945 accurately reflects the data on the return, I have botained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided t	2 Income tax after credits (from Form 1, line 3	2, or Form 1-NR	PY, line 36)		2	4744
5 Refund amount (from Form 1, line 51, or Form 1-NR/PY, line 54). 5 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55). 6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55). 6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55). 6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55). 6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55). 6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55). 6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55). 6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55). 6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55). 6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55). 6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55). 6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55). 6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 51). 7 Declaration and Signature of Tax due to this and saccompanying schedules, forms and statements and statements the return can be corrected and or-transmitter of the return can be corrected and re-transmitter of the tax liability and all applicable penalties and interest. 7 Date	3 Massachusetts use tax (from Form 1, line 34	I, or Form 1-NR/	PY, line 38)		3	0
Part 2. Declaration and Signature of Taxpayer Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts above accepted. In the event during the application and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, livill remain liable for the tax liability and all applicable penalties and interest. Your signature Date Spouse's signature (if joint return, both must sign) Date Part 3. Declaration and Signature of Electronic Return Originator (ERO) I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. I are all oncer pains and penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer sproof of account and it agrees with the name(s) shown on this form This declara	4 Massachusetts income tax withheld (from Fo	orm 1, line 38, or	Form 1-NI	R/PY, line 42)		4	4754
Part 2. Declaration and Signature of Taxpayer Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2020 Massachusetts return. To the best of my knowledge and belied this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest. **Part 3. Declaration and Signature of Electronic Return Originator (ERO)** I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) Have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. II are also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and stements and to the best of my knowledge and belief it is easy to the paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. **Part 4. Declaration and Signa	5 Refund amount (from Form 1, line 50, or Form	m 1-NR/PY, line	54)			5	10
Under pains and penalties of perjuy, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2020 Massachusetrs return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to inform my Electronic Return Originator (ERO) and the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest. **Pour signature** **Part 3. Declaration and Signature of Electronic Return Originator (ERO)** I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form This declaration of	6 Tax due (from Form 1, line 51, or Form 1-NF	R/PY, line 55)				6	
Part 3. Declaration and Signature of Electronic Return Originator (ERO) I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed. ERO's signature and SSN or PTIN Date EIN O7132021 301017196 Self-employed Firm name (or yours, if self-employed) and address City/Town State Zip Check if self-employed Part 4. Declaration and Signature of Paid Preparer (if other than ERO) Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Paid preparer's signature and SSN or PTIN Date EIN Check if self-employed Firm name (or yours, if self-employed) and address City/Town Sta	sent to the Massachusetts Department of Reve the transmitter when my electronic return has be the return can be corrected and re-transmitted.	nue by my Elect een accepted. In If I have filed a b	ronic Retur the event alance due	n Originator. I a that it is rejected e return, I unders	uthorize DOR to inform my d, I authorize DOR to identi stand that if DOR does not	Electronic F fy the reaso	Return Originator and/or ns for rejection so that
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed. ERO's signature and SSN or PTIN Date EIN O7132021 301017196 ERO's click if also gelf-employed) and address City/Town State Zip Check if also gelf-employed Part 4. Declaration and Signature of Paid Preparer (if other than ERO) Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Paid preparer's signature and SSN or PTIN Date EIN Check if self-employed Firm name (or yours, if self-employed) and address City/Town State Zip Geleenthout the data the return. The paid preparer is self-employed and belief i	Your signature	Date		Spouse's signa	ture (if joint return, both must s	sign)	Date
Firm name (or yours, if self-employed) and address GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 Part 4. Declaration and Signature of Paid Preparer (if other than ERO) Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Paid preparer's signature and SSN or PTIN Date EIN Check if self-employed Check if self-employed Self-employed Check if self-employed Check if self-employed	I declare that I have reviewed the above taxpay (Collectors are not responsible for reviewing the I have obtained the taxpayer's signature before a copy of all forms and information filed with the perjury I declare that I have examined the above belief, they are true, correct and complete. I declare that Donath declaration of paid preparer (other than tax should not be sent to DOR, but must instead be	rer's return and the taxpayer's return as the taxpayer's return a submitting this return the Massachusetts retaxpayer's return that I have we taxpayer) is based	nat the ent rn; howeve eturn to the Departme irn and acc rerified the on all infor	ries on this M-82 r, they must ense Massachusette nt of Revenue. I companying sche taxpayer's proo mation of which	453 are complete and correcture that the M-8453 accurs be Department of Revenue. If I am also the paid preparedules and statements and of account and it agrees with the preparer has any known.	ately reflects I have provider, under paid to the best with the name vledge. Original	s the data on the return.) ded the taxpayer with ins and penalties of of my knowledge and le(s) shown on this form. inal Forms M-8453
Firm name (or yours, if self-employed) and address GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 Part 4. Declaration and Signature of Paid Preparer (if other than ERO) Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Paid preparer's signature and SSN or PTIN Date EIN Check if self-employed P0 20 8 27 0 3 07 1 3 2 0 2 1 3 0 1 0 1 7 1 9 6 Firm name (or yours, if self-employed) and address City/Town State Zip	ERO's signature and SSN or PTIN						_
Part 4. Declaration and Signature of Paid Preparer (if other than ERO) Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Paid preparer's signature and SSN or PTIN Date EIN Check if self-employed Timm name (or yours, if self-employed) and address City/Town State Zip			071	32021	301017196		self-employed
Part 4. Declaration and Signature of Paid Preparer (if other than ERO) Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Paid preparer's signature and SSN or PTIN Date EIN Check if self-employed P02082703 07132021 301017196 Firm name (or yours, if self-employed) and address City/Town State Zip	Firm name (or yours, if self-employed) and address			City/Town	State	Zip	
Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Paid preparer's signature and SSN or PTIN Date EIN Check if self-employed Firm name (or yours, if self-employed) and address City/Town State Zip	GLOBAL TAXES LLC 2530 F	EBBLE CRE	EK LN	CUMMING	GA	30041	paid preparer
P02082703 07132021 301017196 self-employed Firm name (or yours, if self-employed) and address City/Town State Zip	Under pains and penalties of perjury, I declare my knowledge and belief it is true, correct and	that I have exam	ined this re	turn, including a	ccompanying schedules a		
Firm name (or yours, if self-employed) and address City/Town State Zip	Paid preparer's signature and SSN or PTIN			Date	EIN		Check if
Firm name (or yours, if self-employed) and address City/Town State Zip	P02	082703	071	32021	301017196		
SYAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN CUMMING GA 30041	Firm name (or yours, if self-employed) and address			City/Town	State	Zip	
	SYAM PRIYA RAM SAGAR GUPTA TALLAM 2530 E	EBBLE CRE	EK LN	CUMMING	GA	30041	





MENANTHA ESCRIBILIBAN SER EXCESSOR DE LEVAS ESCREVEN

2020 Form 1

MA20001011555

Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1-December 31, 2020 or other taxable Year beginning

078573450 **GAYATHRI** VANAMA

9 WOODLAWN AVE BILLERICA MA 01821

Fill in if: X Original return Amended return Amended return due to federal change Apt. no.

State Election Campaign Fund: \$1 You \$1 Spouse TOTAL

Fill in if veteran of U.S. armed forces who served in Operations Enduring Freedom, Iraqi Freedom, Noble Eagle

or Sinai Peninsula You Spouse Taxpayer deceased You Spouse Fill in if under age 18 You Spouse a. Total federal income 104277 Name changed since 2019

b. Federal adjusted gross income 103977 Fill in if noncustodial parent

Fill in if filing Schedule TDS 1. Filing status (select one only): X Single

Married filing jointly

Married filing separate return

Head of household You are a custodial parent who has released claim to exemption for child(ren)

2. Exemptions

4400 a. Personal exemptions 2a b. Number of dependents. (Do not include yourself or your spouse.) Enter number \times \$1,000 = **2b** c. Age 65 or over before 2021 Spouse = \times \$700 = **2c** You + d. Blindness You + Spouse = \times \$2,200 = **2d** e. Medical/dental 2e f. Adoption 2f 4400 g. Total exemptions. Add items 2a through 2f. Enter here and on line 18

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature Date Spouse's signature

224-542-0028

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST





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Massachusetts Resident Income Tax Return 078573450

3.	Wages, salaries, tips	3	104277
4.	Taxable pensions and annuities	4	
5.	Mass. bank interest: ab. exemption	= 5	
6a.	Business/profession income/loss	6a	
6b.	Farming income/loss	6b	
7.	Rental, royalty and REMIC, partnership, S corp., trust income/loss	7	
8a.	Unemployment	8a	
8b.	Mass. lottery winnings	8b	
9.	Other income from Schedule X, line 5	9	
10.	TOTAL 5.0% INCOME	10	104277
11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	11a	2000
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirem	ent 11b	
12.	Child under age 13, or disabled dependent/spouse care expenses	12	
13.	Number of dependent member(s) of household under age 12, or dependents a	age 65 or over (not you or your spouse) as of	
	12/31/20, or disabled dependent(s)		
	Not more than two. a.	\times \$3,600 = 13	
14.	Rental deduction. a. 9600	÷ 2 = 14	3000
15.	Other deductions from Schedule Y, line 19	15	
16.	Total deductions. Add lines 11 through 15	16	5000
17.	5.0% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less	than "0" 17	99277
18.	Exemption amount	18	4400
19.	5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less	than "0" 19	94877
20.	INTEREST AND DIVIDEND INCOME	20	
21.	TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20	21	94877

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1





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Massachusetts Resident Income Tax Return 078573450

22.	TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the		
	amount in Schedule D, line 21 by .0585	22	4744
23.	12% INCOME. Not less than "0." a.	× .12 = 23	
24.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS	24	
	Fill in if any excess exemptions were used in calculating lines 20, 23 or 24		
25.	Credit recapture amount (from Credit Recapture Schedule)	25	
26.	Additional tax on installment sale	26	
27.	If you qualify for No Tax Status, fill in and enter "0" on line 28		
28.	TOTAL INCOME TAX. Add lines 22 through 26	28	4744
29.	Limited Income Credit	29	
30.	Income tax due to another state or jurisdiction	30	
31.	Other credits from Credit Manager Schedule	31	
32.	INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. Not less than "0"	32	4744
33.	Voluntary Contributions		
	a. Endangered Wildlife Conservation	33a	
	b. Organ Transplant Fund	33b	
	c. Massachusetts Public Health HIV and Hepatitis Fund	33c	
	d. Massachusetts U.S. Olympic Fund	33d	
	e. Massachusetts Military Family Relief Fund	33e	
	f. Homeless Animal Prevention and Care	33f	
	Total. Add lines 33a through 33f	33	
34.	Use tax due on Internet, mail order and other out-of-state purchases	34	
35.	Health care penalty a. You + b. Spouse	35	
36.	Amended return only. Overpayment from original return	36	
37.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 32 through 36	37	4744





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Massachusetts Resident Income Tax Return 078573450

38. 39. 40. 41. 42. 43.	Massachusetts income tax withheld 2019 overpayment applied to your 2020 estimated tax 2020 Massachusetts estimated tax payments Payments made with extension Amended return only. Payments made with original return. Not less than "0" Earned Income Credit. a. Number of qualifying children b. Amount from U.S. re Note: You cannot claim the Earned Income Credit if your filling status is married filling for an exception (see instructions). Fill in if you qualify for this exception		4754
44.	Senior Circuit Breaker Credit	44	
45.	Other Refundable Credits	45	
46.	Excess Paid Family Leave Withholding	46	
47.	TOTAL. Add lines 38 through 46	47	4754
48.	Overpayment. Subtract line 37 from line 47	48	10
49.	Amount of overpayment you want applied to your 2021 estimated tax	49	
50.	Refund. Subtract line 49 from line 48. Mail to: Massachusetts DOR, PO Box 7000, Box 70	oston, MA 02204 50	10
	Direct deposit of refund. Type of account X checking savings RTN # 021200339 account # 381038432521		
51.	Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Mass. DOR, PO Box Interest Penalty M-2210 amt.	x 7003, Boston, MA 02204 51	EX enclose Form M-2210
I do n Print SYA	the Department of Revenue discuss this return with the preparer shown here? ot want preparer to file my return electronically paid preparer's name AM PRIYA RAM SAGAR GUPTA TALLAM preparer's signature	(this may delay your refund) Date Check if self-employed 07132021 Paid preparer's phone	Paid preparer's SSN/PTIN P02082703 Paid preparer's EIN
i ala	nopalo. o olgitalaro	678-965-9522	30-1017196

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1

SYAM PRIYA RAM SAGAR GUPTA TALLAM





2020 Schedule INC MA20INC011555

GAYATHRI VANAMA 078573450

Form W-2 and 1099 Information

A. FEDERAL ID NUMBER B. STATE TAX WITHHELD C. STATE WAGES/INCOME D. TAXPAYER SS WITHHELD E. SPOUSE SS WITHHELD F. SOURCE OF WITHHOLDING

824336334 4754 104277 7977 W2

TOTALS 4754 104277 7977





2020 Schedule HC MA20029011555

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions). Note: Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

078573450 GAYATHRI VANAMA 08301991 1 1a. Date of birth 1b. Spouse's date of birth 1c. Family size 103977 Federal adjusted gross income 2 Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. Note: MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions. X Full-year MCC Part-year MCC No MCC/None See instructions if, during 2020, you turned 18, you 3a You: were a part-year resident or a taxpayer was deceased. 3a Spouse: Full-year MCC Part-year MCC No MCC/None If you filled in the full-year or part-year MCC oval, go to line 4. If you filled in No MCC/None, go to line 6. 4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2020, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5. X You 4a. Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below) Spouse Spouse 4b. MassHealth. Fill in and go to line 5 You 4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5 Spouse You 4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5 Spouse You 4e. Other program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net You Spouse is not considered insurance or minimum creditable coverage. 4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC. WELLFLEET INSURANCE COMPANY 043187843 272696300 Spouse Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC.

5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Other wise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2020, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.





2020 Schedule HC, pg. 2 MA20029021555 078573450

Your Health Insurance

6. Was your income in 2020 at or below 150% of the federal poverty level? Yes No If you answer Yes, you are not subject to a penalty in 2020. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled

in a health insurance plan that met the MCC requirements for part, but not all, of 2020, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7. Complete this section only if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2020. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least 15 days or more. If, during 2020, you turned 18, you were a part-year resident or a taxpayer was deceased, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

Months Covered By Health Insurance

You: Feb. Dec. Jan. March Sept. Oct. Nov April May June July Aug. Spouse: Jan. Feb. March April May June Aug. Sept. Oct. Nov. Dec.

If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row), go to line 8a. Otherwise, a penalty does not apply to you in 2020. Skip the remainder of this schedule and complete your tax return.

Religious Exemption and Certificate of Exemption

8a. Religious exemption: Are you claiming an exemption from the requirement to purchase health insurance based 8a You Yes No on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by health insurance? Spouse Yes No If you answer Yes, go to line 8b. If you answer No, go to line 9. 8b You 8b. If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2020 tax year? Yes No Spouse Yes No If you answer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 8b, go to line 9.

9. Certificate of exemption: Have you obtained a Certificate of Exemption issued by the Massachusetts Health 9 You Yes No Connector for the 2020 tax year? Spouse Yes No

If you answer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax return. If you answer No to line 9, go to line 10.





2020 Schedule HC, pg. 3 MA20029031555

GAYATHRI VANAMA 078573450

Affordability as Determined By State Guidelines

Note: This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2020 tax year.

10. Did your employer offer affordable health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 10 in the instructions?10 You Yes NoSpouse Yes No

Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligible for health insurance offered by your employer, you were self-employed or you were unemployed.

11. Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC11 YouYesNoWorksheet for Line 11 in the instructions?No

If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

12. Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 12 in the instructions?
 12 You Yes No
 Spouse Yes No

If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

Complete Only If You Are Filing An Appeal

You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.

You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2020 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal.

You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty. Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of periury.

Note: If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do not assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

Spouse: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.