

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

Your first name and middle initial: SRIKAR
Last name: PINNAPREDDY
Your social security number: 166-87-8009
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
18645 DETROIT AVE
Apt. no.: 604
City, town, or post office. If you have a foreign address, also complete spaces below.
LAKEWOOD
State: OH
ZIP code: 44107
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] You [] Spouse

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 with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'Dependents (see instructions):'.

Main tax calculation table with columns for line numbers and amounts. Includes sections for 'Attach Sch. B if required' and 'Standard Deduction for—' with bullet points for filing status options.

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 | 10,085. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 10,085. |
| 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 | 10,085. |
| 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 | 10,085. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 11,007. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 11,007. |
| 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 | 11,007. |

• 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 | 922. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 922. |
| b | Routing number 044000037 | c | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
| d | Account number 792681566 | | |
| 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 EXPERIENCED ASSOCIATE | 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.) |

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

| | | | | |
|--|---|--------------------|-----------------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 09/24/2021 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 2530 Pebble Creek Ln Cumming GA 30041 | | Phone no. (678) 965-9522 | Firm's EIN 30-1017196 |

**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
SRIKAR PINNAPREDDY

Your social security number
166-87-8009

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 | -4,950. |
| 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 | -4,950. |

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 D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2020

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return
SRIKAR PINNAPREDDY

Your social security number
166-87-8009

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes** **No**
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 20,087. | 19,409. | 68. | 746. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | 7 746. |

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back | | | | 15 |

Part III Summary

| | | | |
|-----------|--|-----------|------|
| 16 | Combine lines 7 and 15 and enter the result | 16 | 746. |
| | <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | | |
| 17 | Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22. | | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶ | 18 | |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶ | 19 | |
| 20 | Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | | |
| 21 | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } | 21 | () |
| | Note: When figuring which amount is smaller, treat both amounts as positive numbers. | | |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | |

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

SRIKAR PINNAPREDDY

Social security number or taxpayer identification number

166-87-8009

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|--|--|---|---|--|--|---|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | Robinhood Securities LLC | 01/01/20 | 12/24/20 | 20,087. | 19,409. | W | 68. | 746. |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ► | | | | 20,087. | 19,409. | | 68. | 746. |

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

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

OMB No. 1545-0074

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

2020

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

SRIKAR PINNAPREDDY

166-87-8009

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 | YOUSUFGUDA HYDERABAD TELENGANA IN 500065 | | | | |
| 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 | | A 365 | 0 | <input type="checkbox"/> |
| B | | | B | | <input type="checkbox"/> |
| C | | | 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 | | 600. | | |
| 4 | Royalties received | 4 | | | | |
| Expenses: | | | | | | |
| 5 | Advertising | 5 | | 100. | | |
| 6 | Auto and travel (see instructions) | 6 | | 250. | | |
| 7 | Cleaning and maintenance | 7 | | | | |
| 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 | | 5,000. | | |
| 14 | Repairs. | 14 | | 200. | | |
| 15 | Supplies | 15 | | | | |
| 16 | Taxes | 16 | | | | |
| 17 | Utilities. | 17 | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | |
| 19 | Other (list) ▶ | 19 | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 5,550. | | |
| 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 | | -4,950. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (| -4,950.) | (|) |
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | | 600. | | |
| 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 | | 5,550. | | |
| 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 | (| 4,950.) | | |
| 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 | | -4,950. | | |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

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

2020
Attachment
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SRIKAR PINNAPREDDY

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **166-87-8009**

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

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

| | | | |
|-----------|--|---|---------------------------------|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions ▶ | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family |
| 2 | HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions | 2 | 0. |
| 3 | If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others , see the instructions for the amount to enter | 3 | 3,550. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs | 4 | 0. |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 3,550. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter | 6 | 3,550. |
| 7 | If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions | 7 | 0. |
| 8 | Add lines 6 and 7 | 8 | 3,550. |
| 9 | Employer contributions made to your HSAs for 2020 | 9 | 2,900. |
| 10 | Qualified HSA funding distributions | 10 | |
| 11 | Add lines 9 and 10 | 11 | 2,900. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | 650. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | 13 | 0. |

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

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

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

| | | | |
|-----------|---|-----------|----|
| 18 | Last-month rule | 18 | 0. |
| 19 | Qualified HSA funding distribution | 19 | |
| 20 | Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line | 20 | 0. |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box | 21 | |



09 24 21

Check here if this is an amended return. Include the Ohio IT RE. Do NOT include a copy of the previously filed return.

Check here if claiming an NOL carryback. Include Schedule IT NOL.

Primary taxpayer's SSN (required) 166 87 8009

School district # (see instructions).

check box

check box

SD# 1817

First name SRIKAR M.I. Last name PINNAPREDDY

Spouse's first name (only if married filing jointly) M.I. Last name

Address line 1 (number and street) or P.O. Box 18645 DETROIT AVE

Address line 2 (apartment number, suite number, etc.) APT 604

City LAKEWOOD State OH ZIP code 44107 Ohio county (first four letters) CUYA

Foreign country (if the mailing address is outside the U.S.) Foreign postal code

Residency Status and Filing Status sections with checkboxes for Resident, Single, Married filing jointly, etc.

Ohio Nonresident Statement section with checkboxes for meeting criteria and federal extension form.

Do not staple or paper clip.

Table with 3 columns: Line number, Description, and Amount. Includes Federal adjusted gross income, Additions, Deductions, Exemption amount, and Taxable business income.



MM-DD-YY Code

2020 Ohio IT 1040 Individual Income Tax Return



SSN 166 87 8009

Table with 2 columns: Description (lines 7a-26g) and Amount. Includes sub-rows for 26a-f and 26g. Total amounts are shown on the right.

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Primary signature _____ Phone number (216) 319-9270
Spouse's signature _____ Date (MM/DD/YY) _____

Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522

Preparer's TIN (PTIN) P 02082703

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

NO Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679

Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057



2020 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN



20350198

Sequence No. 11

166 87 8009

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Complete all fields for each form entered. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. Complete additional copies if necessary. Place state copies of your income statements after the last page of your return.

Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 10401. 2431 00

Part B - W-2s

| | | | |
|--------|------------------------------------|---|-------------------------------------|
| 1. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
| | P 464958214 | 81558 00 | 11007 00 |
| | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |
| | 54028539 | 81553 00 | 2431 00 |
| 2. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
| | | 00 | 00 |
| | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |
| | | 00 | 00 |
| 3. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
| | | 00 | 00 |
| | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |
| | | 00 | 00 |
| 4. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
| | | 00 | 00 |
| | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |
| | | 00 | 00 |
| 5. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
| | | 00 | 00 |
| | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |
| | | 00 | 00 |
| 6. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
| | | 00 | 00 |
| | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |
| | | 00 | 00 |
| 7. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
| | | 00 | 00 |
| | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |
| | | 00 | 00 |



2020 Schedule of Ohio Withholding

Primary taxpayer's SSN
166 87 8009



20350298

Sequence No. 12

Part C - 1099-Rs

1. P/S Payer's TIN

Box 1 - Gross distribution
00

Total distribution

Box 7 - Distribution code

Box 15 - Payer's Ohio number

Box 4 - Federal income tax withheld
00

Box 14 - Ohio tax withheld
00

2. P/S Payer's TIN

Box 1 - Gross distribution
00

Total distribution

Box 7 - Distribution code

Box 15 - Payer's Ohio number

Box 4 - Federal income tax withheld
00

Box 14 - Ohio tax withheld
00

3. P/S Payer's TIN

Box 1 - Gross distribution
00

Total distribution

Box 7 - Distribution code

Box 15 - Payer's Ohio number

Box 4 - Federal income tax withheld
00

Box 14 - Ohio tax withheld
00

4. P/S Payer's TIN

Box 1 - Gross distribution
00

Total distribution

Box 7 - Distribution code

Box 15 - Payer's Ohio number

Box 4 - Federal income tax withheld
00

Box 14 - Ohio tax withheld
00

Part D - W-2Gs

1. P/S Payer's federal ID number

Box 1 - Reportable winnings
00

Box 4 - Federal income tax withheld
00

Box 13 - Ohio state ID number

Box 14 - Ohio state winnings
00

Box 15 - Ohio income tax withheld
00

2. P/S Payer's federal ID number

Box 1 - Reportable winnings
00

Box 4 - Federal income tax withheld
00

Box 13 - Ohio state ID number

Box 14 - Ohio state winnings
00

Box 15 - Ohio income tax withheld
00

3. P/S Payer's federal ID number

Box 1 - Reportable winnings
00

Box 4 - Federal income tax withheld
00

Box 13 - Ohio state ID number

Box 14 - Ohio state winnings
00

Box 15 - Ohio income tax withheld
00

Part E - 1099-NECs

1. P/S Payer's TIN

Box 1 - Nonemployee compensation
00

Box 4 - Federal income tax withheld
00

Box 6 - Payer's Ohio number

Box 7 - State income
00

Box 5 - Ohio tax withheld
00

2. P/S Payer's TIN

Box 1 - Nonemployee compensation
00

Box 4 - Federal income tax withheld
00

Box 6 - Payer's Ohio number

Box 7 - State income
00

Box 5 - Ohio tax withheld
00



2020 Ohio Schedule of Credits

Primary taxpayer's SSN



20280198 Sequence No. 7

09 24 21

166 87 8009

Nonrefundable Credits

| | | | |
|---|-----|------|----|
| 1. Tax liability before credits (from Ohio IT 1040, line 8c) | 1. | 1976 | 00 |
| 2. Retirement income credit (see instructions for table; include 1099-R forms) | 2. | | 00 |
| 3. Lump sum retirement credit (see instructions for worksheet; include a copy) | 3. | | 00 |
| 4. Senior citizen credit (must be 65 or older to claim this credit) | 4. | | 00 |
| 5. Lump sum distribution credit (see instructions for worksheet; include a copy) | 5. | | 00 |
| 6. Child care & dependent care credit (see instructions for worksheet; include a copy) | 6. | | 00 |
| 7. Displaced worker training credit (see instructions for all required documentation; include copies) | 7. | | 00 |
| 7a. Campaign contribution credit for Ohio statewide office or General Assembly | 7a. | 0 | 00 |
| 8. Income-based exemption credit (\$20 times the number of exemptions) | 8. | 0 | 00 |
| 9. Total (add lines 2 through 8) | 9. | 0 | 00 |
| 10. Tax less credits (line 1 minus line 9; if less than zero, enter zero) | 10. | 1976 | 00 |
| 11. Joint filing credit (see instructions for table). % times line 10, up to \$650 | 11. | 0 | 00 |
| 12. Earned income credit | 12. | | 00 |
| 13. Ohio adoption credit | 13. | | 00 |
| 14. Nonrefundable job retention credit (include a copy of the credit certificate) | 14. | | 00 |
| 15. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) ... | 15. | | 00 |
| 16. Credit for purchases of grape production property | 16. | | 00 |
| 17. InvestOhio credit (include a copy of the credit certificate) | 17. | | 00 |
| 18. Lead abatement credit (include a copy of the credit certificate) | 18. | | 00 |
| 19. Opportunity zone investment credit (include a copy of the credit certificate) | 19. | | 00 |
| 20. Technology investment credit carryforward (include a copy of the credit certificate) | 20. | | 00 |
| 21. Enterprise zone day care & training credits (include a copy of the credit certificate) | 21. | | 00 |
| 22. Research & development credit (include a copy of the credit certificate) | 22. | | 00 |
| 23. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate) | 23. | | 00 |
| 24. Total (add lines 11 through 23) | 24. | 0 | 00 |
| 25. Tax less additional credits (line 10 minus line 24; if less than zero, enter zero) | 25. | 1976 | 00 |



2020 Ohio Schedule of Credits

Primary taxpayer's SSN

166 87 8009



20280298

Sequence No. 8

Nonresident Credit

| Date of nonresidency | to | State of residency | |
|--|----|--------------------|----|
| 26. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy) | | | 00 |
| 27. Ohio adjusted gross income (Ohio IT 1040, line 3)..... | | | 00 |
| 28. Divide line 26 by line 27 and enter the result here (four digits; do not round). Multiply this factor by line 25 to calculate your nonresident credit | | | 00 |

Resident Credit

| | | | |
|---|--------|----------|-------|
| 29. Portion of Ohio adjusted gross income taxed by another state or the District of Columbia while an Ohio resident- Ohio IT RC, line 1a (include a copy) | | 746 00 | |
| 30. Ohio adjusted gross income (Ohio IT 1040, line 3)..... | | 77354 00 | |
| 31. Divide line 29 by line 30 and enter the result here (four digits; do not round). Multiply this factor by line 25 and enter the result here | 0.0096 | | 19 00 |
| 32. 2020 income tax liability after credits paid to another state or the District of Columbia Ohio IT RC, line 1b (include a copy) | | 85 00 | |
| 33. Enter the lesser of line 31 or line 32. This is your Ohio resident tax credit. Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax..... | | | 19 00 |
| MA | | | |
| 34. Total nonrefundable credits (add lines 9, 24, 28 and 33; enter here and on Ohio IT 1040, line 9) | | | 19 00 |

Refundable Credits

| | | |
|---|--|----|
| 35. Refundable Ohio historic preservation credit (include a copy of the credit certificate) | | 00 |
| 36. Refundable job creation credit & job retention credit (include a copy of the credit certificate) | | 00 |
| 37. Pass-through entity credit (include a copy of the Ohio IT K-1s)..... | | 00 |
| 38. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)..... | | 00 |
| 39. Venture capital credit (include a copy of the credit certificate) | | 00 |
| 40. Total refundable credits (add lines 35 through 39; enter here and on Ohio IT 1040, line 16)..... | | 00 |



10211411

Tax Year

2020

IT RC – Ohio Resident Credit Calculation

Use this form for tax years 2020 and forward.

This form is for individuals who were subjected to individual income tax by another state or the District of Columbia while a resident of Ohio. Include a copy of this form when filing your Ohio IT 1040.

| | |
|-------------------------------------|--------------------|
| Taxpayer name SRIKAR PINNAPREDDY | SSN 166 87 8009 |
|-------------------------------------|--------------------|

List any income taxed and any taxes paid to each state next to its postal abbreviation and list any income taxed and taxes paid to the District of Columbia next to "DC." Taxes paid on an individual's behalf by a pass-through entity on a composite income tax return should be included on this form. Only income included in your Ohio adjusted gross income is eligible for this credit.

States without an income tax are not listed; do not include income earned or received in those states on this form. Additionally, full-year nonresidents are not entitled to this credit and should not use this form.

Important: Do not list any income in column A if you do not have tax paid in column B. Do not list a tax paid in column B if you do not have income taxed in column A.

| (A) Income Taxed | (B) Tax Paid | (A) Income Taxed | (B) Tax Paid |
|---------------------|-----------------|---------------------|-----------------|
| AL | 00 | MN | 00 |
| AR | 00 | MO | 00 |
| AZ | 00 | MS | 00 |
| CA | 00 | MT | 00 |
| CO | 00 | NC | 00 |
| CT | 00 | ND | 00 |
| DC | 00 | NE | 00 |
| DE | 00 | NH | 00 |
| GA | 00 | NJ | 00 |
| HI | 00 | NM | 00 |
| IA | 00 | NY | 00 |
| ID | 00 | OK | 00 |
| IL | 00 | OR | 00 |
| IN | 00 | PA | 00 |
| KS | 00 | RI | 00 |
| KY | 00 | SC | 00 |
| LA | 00 | TN | 00 |
| MA | 746 00 | UT | 00 |
| MD | 00 | VA | 00 |
| ME | 00 | VT | 00 |
| MI | 00 | WI | 00 |
| | | WV | 00 |

1a. **Ohio Adjusted Gross Income Taxed by Other States and the District of Columbia** (sum of all Column A amounts). Enter here and on the corresponding line of the Ohio Schedule of Credits 1a. 746 00 00

1b. **Tax Paid to Other States and the District of Columbia** (sum of all Column B amounts). Enter here and on the corresponding line of the Ohio Schedule of Credits..... 1b. 85 00 00



Form M-8453 Individual Income Tax Declaration for Electronic Filing

2020

**Massachusetts
Department of
Revenue**

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2020.

| | | |
|--|--------------------|---|
| Your first name and initial SRIKAR PINNAPREDDY | Last name | Your Social Security number 166878009 |
| If a joint return, spouse's first name and initial | Last name | Spouse's Social Security number |
| Present street address (and apartment number) 18645 DETROIT AVE APT NO 604 | | |
| City/Town/Post Office LAKEWOOD | State OH | Zip 44107 |
| Filing status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household | | |

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 | - 4945 |
| 2 | Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36) | 2 | 85 |
| 3 | Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38) | 3 | |
| 4 | Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42) | 4 | 0 |
| 5 | Refund amount (from Form 1, line 50, or Form 1-NR/PY, line 54) | 5 | |
| 6 | Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55) | 6 | 85 |

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 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.

| | | | |
|----------------|------|---|------|
| 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; 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 | <input type="checkbox"/> Check if self-employed |
| | 09242021 | 301017196 | |
| Firm name (or yours, if self-employed) and address | City/Town | State | Zip |
| GLOBAL TAXES LLC 2530 PEBBLE CREEK LN | CUMMING | GA | 30041 |
| | | | <input type="checkbox"/> Check if also paid preparer |

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 | <input type="checkbox"/> Check if self-employed |
| | P02082703 09242021 | 301017196 | |
| Firm name (or yours, if self-employed) and address | City/Town | State | Zip |
| SIAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN | CUMMING | GA | 30041 |

IF YOU ARE MAILING THE FORM PV WITH THE PAYMENT BY ITSELF, MAIL IT WITH THE PAYMENT TO:
MASSACHUSETTS DEPARTMENT OF REVENUE
PO BOX 7062
BOSTON, MA 02204

▼ DETACH HERE ▼

REV 08/05/21 PRO

2020 Form PV
Massachusetts Income Tax Payment Voucher

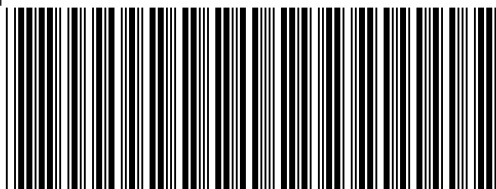
| | | | | |
|--|---|--|-----------------|-------------|
| Payment for period end date (mm/dd/yyyy) | Tax type | Voucher type | ID type | Vendor code |
| 12/31/2020 | 053 | 01 | 005 | 1555 |
| Name of taxpayer | Social Security number | | Amount enclosed | |
| SRIKAR PINNAPREDDY | 166878009 | | \$ 85.00 | |
| Name of taxpayer's spouse | Social Security number of taxpayer's spouse | | | |
| Street address | City/Town | State | Zip | |
| 18645 DETROIT AVE APT NO 604 | LAKEWOOD | OH | 44107 | |
| Phone | E-mail | Fill in if name/address changed since 2019 | | |
| 216-319-9270 | SRIKARREDDY5902@GMAIL.CO | <input type="checkbox"/> | | |

Pay online at mass.gov/masstaxconnect. Or, return this voucher with check or money order payable to: **Commonwealth of Massachusetts**.

Mail to: **Massachusetts Department of Revenue, PO Box 7062, Boston, MA 02204.**



00100166878009 123120 0000000000 053 010051555 00000085003



2020 Form 1-NR/PY

MA20006011555

**Massachusetts Nonresident/Part-Year Resident
Income Tax Return**

For the year January 1–December 31, 2020 or other taxable

Year beginning

Ending

SRIKAR

PINNAPREDDY

166878009

18645 DETROIT AVE

LAKEWOOD

OH 44107

Fill in if: Original return Amended return Amended return due to federal change

Apt. no. 604

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

Check one: Nonresident

Filing as both nonresident and part-year resident

Name changed since 2019

Part-year resident

Nonresident composite

Fill in if noncustodial parent

a. Total federal income

77354

b. Federal adjusted gross income

77354

1. Filing status (select one only):

Single

Fill in if filing Schedule TDS

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. Part-year residents. Enter dates as Massachusetts resident: From

To

3. Total days as Massachusetts resident

÷ 365 =

3

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

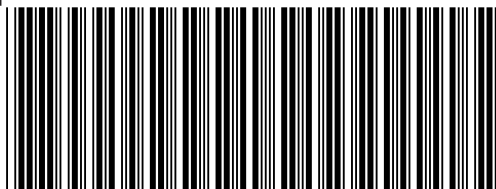
Date

Spouse's signature

Date

216-319-9270

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



2020 Form 1-NR/PY, pg. 2

MA20006021555

Massachusetts Nonresident/

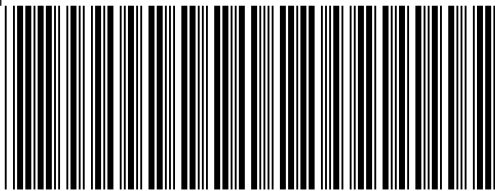
Part-Year Resident Income Tax Return

166878009

4. Exemptions:

| | | | |
|--|--------------------------|----------------|-------|
| a. Personal exemptions | | 4a | 4400 |
| b. Number of dependents. (Do not include yourself or your spouse.) Enter number | | x \$1,000 = 4b | |
| c. Age 65 or over before 2021 | You + Spouse = | x \$700 = 4c | |
| d. Blindness | You + Spouse = | x \$2,200 = 4d | |
| e. Medical/dental | | 4e | |
| f. Adoption | | 4f | |
| g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a | | 4g | 4400 |
| 5. Wages, salaries, tips | | 5 | 5 |
| 6. Taxable pensions and annuities | | 6 | |
| 7. Mass. bank interest: a. | - b. exemption | = 7 | |
| 8. Business/profession income/loss a. | + b. Farming income/loss | = 8 | |
| 9. Rental, royalty and REMIC, partnership, S corp., trust income/loss | | 9 | -4950 |
| 10a. Unemployment | | 10a | |
| 10b. Mass. lottery winnings | | 10b | |
| 11. Other income | | 11 | |
| 12. TOTAL 5.0% INCOME | | 12 | -4945 |
| 13. NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis: working days miles sales other: | | | |
| Working days (or other basis) outside Massachusetts | | 13a | |
| Working days (or other basis) inside Massachusetts | | 13b | |
| Total working days | | 13c | |
| Nonworking days (holidays, weekends, etc.) | | 13d | |
| Massachusetts ratio | | 13e | |
| Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2 | | 13f | |
| Massachusetts income | | 13g | |

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2020 Form 1-NR/PY, pg. 3

MA20006031555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

SRIKAR

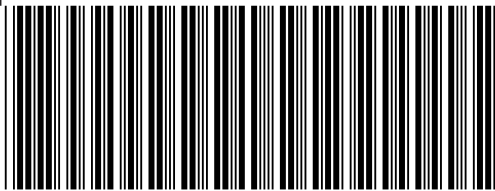
PINNAPREDDY

166878009

14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO

| | | |
|---|---------------|--------|
| a. Total 5.0% income | 14a | |
| b. Interest income | 14b | |
| c. Total capital gain income | 14c | 746 |
| d. Total income this return | 14d | 746 |
| e. Non-Massachusetts source income. Not less than "0" | 14e | 81553 |
| f. Total income | 14f | 82299 |
| g. Deduction and exemption ratio | 14g | 0.0091 |
| 15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement | 15a | |
| 15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement | 15b | |
| 16. Child under age 13, or disabled dependent/spouse care expenses | 16 | |
| 17. Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/20, or disabled dependent(s) Not more than two. a. $\times \$3,600 = b.$ Part-year residents multiply line 17b by line 3; nonresidents multiply line 17b by line 14g | 17 | |
| 18. Rental deduction. a. Nonresidents, fill in if during 2020 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future | $\div 2 = 18$ | |
| 19. Other deductions from Schedule Y, line 19 | 19 | |
| 20. Total deductions. Add lines 15 through 19 | 20 | |
| 21. 5.0% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. Not less than "0" | 21 | |
| 22. Exemption amount. a. 4400 | 22 | 40 |
| 23. 5.0% INCOME AFTER DEDUCTIONS. Subtract line 22 from line 21. Not less than "0" | 23 | |
| 24. INTEREST AND DIVIDEND INCOME | 24 | |
| 25. TOTAL TAXABLE 5.0% INCOME. Add lines 23 and 24 | 25 | |
| 26. TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585 | 26 | |

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2020 Form 1-NR/PY, pg. 4

MA20006041555

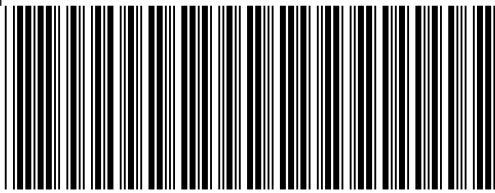
Massachusetts Nonresident/

Part-Year Resident Income Tax Return

166878009

| | | | | | | |
|-----|---|--|-----|---|-----------|----|
| 27. | 12% INCOME. Not less than "0." | a. | 706 | | x .12 =27 | 85 |
| 28. | TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS | | | | 28 | |
| | Fill in if any excess exemptions were used in calculating lines 24, 27 or 28 | | | X | | |
| 29. | Credit recapture amount (from Credit Recapture Schedule) | | | | 29 | |
| 30. | Additional tax on installment sale | | | | 30 | |
| 31. | If you qualify for No Tax Status, fill in and enter "0" on line 32 | | | | | |
| 32. | TOTAL INCOME TAX. Add lines 26 through 30. | | | | 32 | 85 |
| 33. | Limited Income Credit | | | | 33 | |
| 34. | Income tax due to another state or jurisdiction | | | | 34 | |
| 35. | Other credits (from Credit Manager Schedule) | | | | 35 | |
| 36. | INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 from line 32. Not less than "0" | | | | 36 | 85 |
| 37. | Voluntary Contributions | | | | | |
| | a. | Endangered Wildlife Conservation | | | 37a | |
| | b. | Organ Transplant Fund | | | 37b | |
| | c. | Massachusetts Public Health HIV and Hepatitis Fund | | | 37c | |
| | d. | Massachusetts U.S. Olympic Fund | | | 37d | |
| | e. | Massachusetts Military Family Relief Fund | | | 37e | |
| | f. | Homeless Animal Prevention and Care | | | 37f | |
| | Total. Add lines 37a through 37f | | | | 37 | |
| 38. | Use tax due on Internet, mail order and other out-of-state purchases | | | | 38 | |
| 39. | Health care penalty a. You + b. Spouse | | | | 39 | |
| 40. | Amended return only. Overpayment from original return | | | | 40 | |
| 41. | INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 36 through 40 | | | | 41 | 85 |

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2020 Schedule B

MA20010011555

SRIKAR

PINNAPREDDY

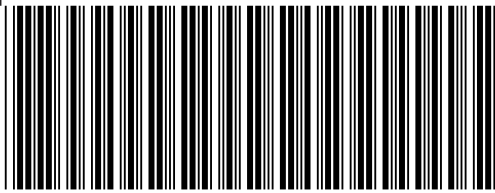
166878009

Part 1. Interest and Dividend Income

| | |
|---|----|
| 1. Total interest income | 1 |
| 2. Total ordinary dividends | 2 |
| 3. Other interest and dividends not included above | 3 |
| 4. Total interest and dividends | 4 |
| 5. Total interest from Massachusetts banks | 5 |
| 6a. Other interest and dividends to be excluded | 6a |
| 6b. Part-year/Nonresidents only | 6b |
| 7. Subtotal | 7 |
| 8. Allowable deductions from your trade or business | 8 |
| 9. Subtotal | 9 |

Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

| | | |
|--|-----|-----|
| 10. Massachusetts short-term capital gains | 10 | 746 |
| 11. Massachusetts long-term capital gains on collectibles and pre-1996 installment sales | 11 | |
| 12. Massachusetts gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less | 12 | |
| 13a. Add lines 10 through 12 | 13a | 746 |
| 13b. Part-year/Nonresidents only | 13b | |
| 13c. Subtract line 13b from line 13a. Not less than 0 | 13c | 746 |
| 14. Allowable deductions from your trade or business | 14 | |
| 15. Subtotal | 15 | 746 |
| 16. Massachusetts short-term capital losses | 16 | |
| 17. Massachusetts loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less | 17 | |
| 18. Prior short-term unused losses for years beginning after 1981 | 18 | |



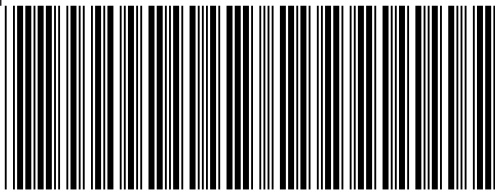
2020 Schedule B, pg. 2

166878009 MA20010021555

| | | |
|--|-----|-----|
| 19a. Combine lines 15 through 18 | 19a | 746 |
| 19b. Part-year/Nonresidents only | 19b | |
| 19c. Exclude line 19b losses from line 19a | 19c | 746 |
| 20. Short-term losses applied against interest and dividends | 20 | |
| 21. Available short-term losses | 21 | |
| 22. Short-term losses applied against long-term gains | 22 | |
| 23. Short-term losses available for carryover in 2021 | 23 | |
| 24. Short-term gains and long-term gains on collectibles | 24 | 746 |
| 25. Long-term losses applied against short-term gain | 25 | |
| 26. Subtotal | 26 | 746 |
| 27. Long-term gains deduction | 27 | |
| 28. Short-term gains after long-term gains deduction | 28 | 746 |

Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

| | | |
|--|----|-----|
| 29. Enter the amount from line 9 | 29 | |
| 30. Short-term losses applied against interest and dividends | 30 | |
| 31. Subtotal interest and dividends | 31 | |
| 32. Long-term losses applied against interest and dividends | 32 | |
| 33. Adjusted interest and dividends | 33 | |
| 34. Enter the amount from line 28 | 34 | 746 |
| 35. Adjusted gross interest, dividends and certain capital gains | 35 | 746 |
| 36. Excess exemptions | 36 | 40 |
| 37. Subtract line 36 from line 35 | 37 | 706 |
| 38. Interest and dividends taxable at 5.0% | 38 | |
| 39. Taxable 12% capital gains | 39 | 706 |
| 40. Available short-term losses for carryover in 2021 | 40 | |



2020 Schedule INC

MA20INC011555

SRIKAR

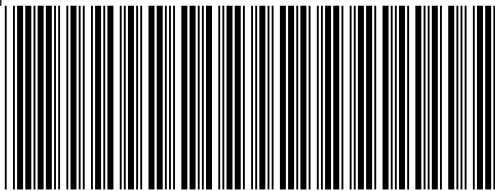
PINNAPREDDY

166878009

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 |
|----------------------|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| 464958214 | | 5 | | | W2 |

TOTALS 5



2020 Schedule NTS-L-NRPY

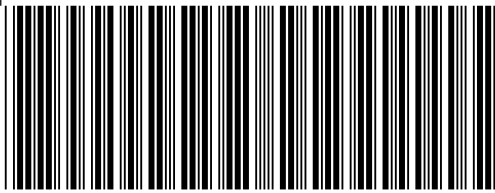
MA20021011555

No Tax Status and Limited Income Credit

166878009

Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

| | | |
|---|----|-------|
| 1. Total 5.0% income | 1 | |
| 2. Adjustments to income | 2 | |
| 3. Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0" | 3 | |
| 4. Interest exemption used | 4 | |
| 5. Adjusted gross interest, dividends and certain capital gains | 5 | 746 |
| 6. Long-term capital gain | 6 | |
| 7. Additional income/loss while a nonresident/part-year resident | 7 | 81553 |
| 8. Total income. Combine lines 3 through 7 | 8 | 82299 |
| 9. Additional adjustments to income while a nonresident/part-year resident | 9 | |
| 10. Massachusetts Adjusted Gross Income (AGI) | 10 | 82299 |
| If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status | | |
| 11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount | 11 | |
| 12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount | 12 | |
| 13. No Tax Status threshold | 13 | |
| 14. Income for Limited Income Credit | 14 | |
| 15. Tax before adjustments | 15 | |
| 16. Tax for Limited Income Credit | 16 | |
| 17. Limited Income Credit | 17 | |



2020 Schedule E

MA20013041555

SRIKAR

PINNAPREDDY

166878009

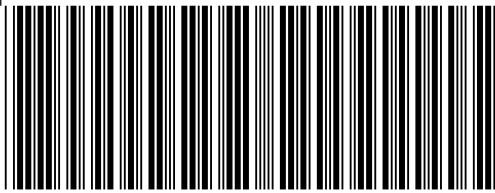
Income or Loss from Real Estate and Royalties

Income

| | | |
|-----------------------|---|-----|
| 1. Rents received | 1 | 600 |
| 2. Royalties received | 2 | |

Expenses

| | | |
|---|----|-------|
| 3. Advertising | 3 | 100 |
| 4. Auto and travel | 4 | 250 |
| 5. Cleaning and maintenance | 5 | |
| 6. Commissions | 6 | |
| 7. Insurance | 7 | |
| 8. Legal and other professional fees | 8 | |
| 9. Management fees | 9 | |
| 10. Mortgage interest paid to banks, etc. | 10 | |
| 11. Other interest | 11 | 5000 |
| 12. Repairs | 12 | 200 |
| 13. Supplies | 13 | |
| 14. Taxes | 14 | |
| 15. Utilities | 15 | |
| 16. Other expenses | 16 | |
| 17. Add lines 3 through 16 | 17 | 5550 |
| 18. Depreciation expense or depletion | 18 | |
| 19. Total expenses. Add lines 17 and 18 | 19 | 5550 |
| 20. Income or loss from rental real estate or royalty properties | 20 | -4950 |
| 21. Deductible rental real estate loss | 21 | -4950 |
| 22. Income. Enter positive amounts shown on line 20 | 22 | |
| 23. Losses. Add royalty losses from line 20 and real estate losses from line 21 | 23 | -4950 |
| 24. Rental real estate and royalty income or loss | 24 | -4950 |



2020 Schedule E, pg. 2

MA20013051555

166878009

Income or Loss from Partnerships and S Corporations

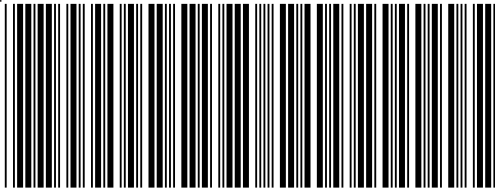
| | |
|---|----|
| 25. Passive loss allowed | 25 |
| 26. Passive income | 26 |
| 27. Non-passive loss | 27 |
| 28. Section 179 expense deduction | 28 |
| 29. Non-passive income | 29 |
| 30. Combine lines 26 and 29 | 30 |
| 31. Combine lines 25, 27 and 28 | 31 |
| 32. Partnership and S corporation income or loss. Combine lines 30 and 31 | 32 |
| 33. Interest (other than MA banks) and dividends if included in line 32 | 33 |
| 34. Interest from Massachusetts banks if included in line 32 | 34 |
| 35. Total income or loss from partnerships and S corporations | 35 |
| 36. Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses | |

Income or Loss from Estates and Trusts

| | |
|--|----|
| 37. Passive deduction or loss allowed | 37 |
| 38. Passive income | 38 |
| 39. Non-passive deduction or loss | 39 |
| 40. Non-passive other income | 40 |
| 41. Add lines 38 and 40 | 41 |
| 42. Add lines 37 and 39 | 42 |
| 43. Estate and trust income or loss. Combine lines 41 and 42 | 43 |
| 44. Estate or non-grantor-type trust income | 44 |
| 45. Grantor-type trust and non-Massachusetts estate and trust income | 45 |
| 46. Interest and dividends if included in line 45 | 46 |
| 47. Adjustments to 5.0% income | 47 |
| 48. Subtotal. Combine lines 46 and 47 | 48 |
| 49. Income or loss from grantor type and non-Mass estates and trusts | 49 |

Income or Loss from REMICs

| | |
|-----------------------------|----|
| 50. Excess inclusion | 50 |
| 51. Taxable income or loss | 51 |
| 52. Income | 52 |
| 53. Combine lines 51 and 52 | 53 |



2020 Schedule E, pg. 3

MA20013061555

166878009

Farm Income

54. Net farm rental income or loss

54

Summary

55. Income or loss. Combine lines 24, 35, 49, 53 and 54

55

-4950

56. Massachusetts differences Enclose statements

56

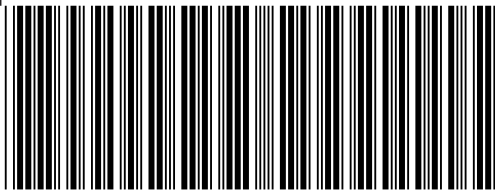
57. Abandoned building renovation deduction

57

58. Total income or loss. Combine lines 55 through 57

58

-4950



2020 Schedule E-1

MA20013011555

SRIKAR PINNAPREDDY 166878009
KRISHNAKANTH APARTMENTS
YOUSUFAGUDA HYDERABAD

Check one: Real estate Royalty Rental property used for short-term rentals

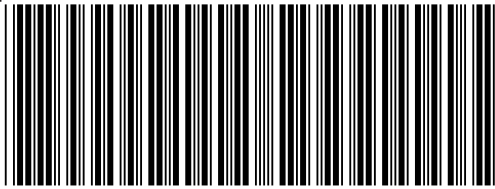
Income or Loss from Real Estate and Royalties

Income

| | | |
|-----------------------|---|-----|
| 1. Rents received | 1 | 600 |
| 2. Royalties received | 2 | |

Expenses

| | | |
|--|----|-------|
| 3. Advertising | 3 | 100 |
| 4. Auto and travel | 4 | 250 |
| 5. Cleaning and maintenance | 5 | |
| 6. Commissions | 6 | |
| 7. Insurance | 7 | |
| 8. Legal and other professional fees | 8 | |
| 9. Management fees | 9 | |
| 10. Mortgage interest paid to banks, etc | 10 | |
| 11. Other interest | 11 | 5000 |
| 12. Repairs | 12 | 200 |
| 13. Supplies | 13 | |
| 14. Taxes | 14 | |
| 15. Utilities | 15 | |
| 16. Other expenses | 16 | |
| 17. Add lines 3 through 16 | 17 | 5550 |
| 18. Depreciation expense or depletion | 18 | |
| 19. Total expenses. Add lines 17 and 18 | 19 | 5550 |
| 20. Income or loss from rental real estate or royalty properties | 20 | -4950 |
| 21. Deductible rental real estate loss | 21 | -4950 |
| 22. Income. Enter positive amounts shown on line 20 | 22 | |
| 23. Losses. Enter royalty losses from line 20 or rental real estate losses from line 21 | 23 | -4950 |
| 24. Rental real estate and royalty income or loss | 24 | -4950 |
| 25. Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value | | |



2020 M-2210

MA20653011555

Underpayment of Massachusetts Estimated
Income Tax

SRIKAR PINNAPREDDY

166878009

You are a qualified farmer or fisherman filing and paying your full amount due on or before March 1, 2021.

You were a resident of Massachusetts for 12 months and not liable for taxes during 2019.

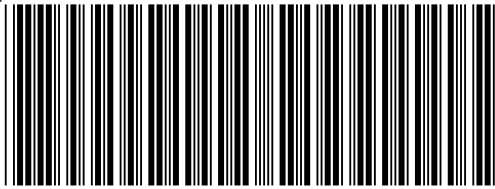
Your estimated payments and withholding equal or exceed your 2019 tax (where taxable year was 12 months and a return was filed).

Part 1. Required annual payment

| | | |
|--|---|----|
| 1. 2020 tax | 1 | 85 |
| 2. Total credits | 2 | |
| 3. Balance | 3 | 85 |
| 4. Enter 80% of line 3 or 66.667% of line 3 if you are a qualified farmer or fisherman | 4 | 68 |
| 5. Enter 2019 tax liability after credits | 5 | |
| 6. Enter the smaller of line 4 or line 5 | 6 | |

Part 2. Figuring your underpayment

| | | | | | |
|---|----|---------------------------|------------------|-------------------|------------------|
| 7. Enter in col's. a through d (respectively) the installment dates of the 15th day of the 4th, 6th and 9th months of the taxable year and the 1st month of the succeeding taxable year | 7 | - Installment due dates - | | | |
| | | a. July 15, 2020 | b. July 15, 2020 | c. Sept. 15, 2020 | d. Jan. 15, 2021 |
| | | 07152020 | 07152020 | 09152020 | 01152021 |
| 8. Divide the amount in line 6 by the number of installments required for the year. Enter the result in the appropriate columns | 8 | | | | |
| 9. Estimated taxes paid and taxes withheld for each installment | 9 | | | | |
| 10. Overpayment of previous installments | 10 | | | | |
| 11. Total | 11 | | | | |
| 12. Overpayment | 12 | | | | |
| 13. Underpayment | 13 | | | | |



2020 M-2210 pg. 2

MA20653021555

Underpayment of Massachusetts Estimated
Income Tax

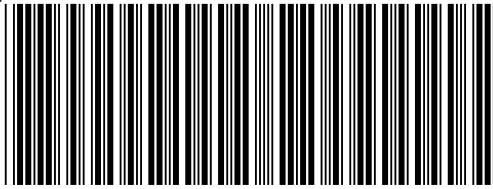
SRIKAR PINNAPREDDY

166878009

Part 3. Figuring your underpayment penalty

- 14. Enter the date you paid the amount in line 13 or the 15th day of the 4th month after the close of the taxable year, whichever is earlier 14
- 15. Number of days from the due date of installment to the date shown in line 14 15
- 16. Number of days in line 15 after 4/15/20 and before 7/1/20 16
- 17. Number of days in line 15 after 6/30/20 and before 10/1/20 17
- 18. Number of days in line 15 after 9/30/20 and before 1/1/21 18
- 19. Number of days in line 15 after 12/31/20 and before 4/15/21 19
- 20. Underpayment in line 13 × (number of days in line 16 ÷ 365) × 6% 20
- 21. Underpayment in line 13 × (number of days in line 17 ÷ 365) × 4% 21
- 22. Underpayment in line 13 × (number of days in line 18 ÷ 365) × 4% 22
- 23. Underpayment in line 13 × (number of days in line 19 ÷ 365) × 4% 23
- 24. Penalty. Add all amounts shown in lines 20 through 23. Enter this amount on Form 1, line 51; Form 1-NR/PY, line 55; or Form 3M 24

SEE STMT



2020 M-2210 pg. 3

MA20653031555

Underpayment of Massachusetts Estimated
Income Tax

SRIKAR PINNAPREDDY

166878009

Part 4. Annualized income installment method

– Installment due dates –

| | | Jan. 1–March 31 | Jan. 1–May 31 | Jan. 1–August 31 | Jan. 1–Dec. 31 |
|--|----|-----------------|---------------|------------------|----------------|
| 1. Taxable 5.0% income each period (including long-term capital gain income taxed at 5.0%) | 1 | | | | |
| 2. Annualization amount | 2 | 4 | 2.4 | 1.5 | 1 |
| 3. Multiply line 1 by line 2 | 3 | | | | |
| 4. Tax on amount in line 3. Multiply line 3 by .05 | 4 | | | | |
| 5. Taxable 12% income each period | 5 | | | | |
| 6. Annualization amount | 6 | 4 | 2.4 | 1.5 | 1 |
| 7. Multiply line 5 by line 6 | 7 | | | | |
| 8. Tax on amount in line 7. Multiply line 7 by .12 | 8 | | | | |
| 9. Total tax. Add lines 4 and 8 | 9 | | | | |
| 10. Total credits | 10 | | | | |
| 11. Total tax after credits | 11 | | | | |
| 12. Applicable percentage | 12 | 20% | 40% | 60% | 80% |
| 13. Multiply line 11 by line 12 | 13 | | | | |
| 14. Enter the combined amounts of line 20 from all preceding periods | | 14 | | | |
| 15. Subtract line 14 from line 13. Not less than "0" | 15 | | | | |
| 16. Divide line 6 of Form M-2210 by 4 and enter result in each column | 16 | | | | |
| 17. Enter the amount from line 19 of this worksheet for the preceding column | | 17 | | | |
| 18. Add lines 16 and 17 | 18 | | | | |
| 19. If line 18 is more than line 15, subtract line 15 from line 18. Otherwise enter "0" | 19 | | | | |
| 20. Enter the smaller of line 15 or line 18 here and on Form M-2210, line 8 | 20 | | | | |