



<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	7,390.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	7,390.
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 7	<b>20</b>	774.
<b>21</b>	Add lines 19 and 20	<b>21</b>	774.
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	6,616.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	6,616.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	8,098.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	8,098.
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>	
<b>27</b>	Earned income credit (EIC) <b>NO</b>	<b>27</b>	
<b>28</b>	Additional child tax credit. Attach Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 13	<b>31</b>	
<b>32</b>	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	8,098.

**Refund**

<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	1,482.
<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	1,482.
<b>b</b>	Routing number 1 2 1 0 0 0 3 5 8	<b>c</b>	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number 3 2 5 0 6 1 2 6 6 9 4 0		
<b>36</b>	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	<b>36</b>	

**Amount You Owe**

For details on how to pay, see instructions.

<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	<b>37</b>	
<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE DEVELOPER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

**Paid Preparer Use Only**

Preparer's name RVSSMANIKUMARAPPANA	Preparer's signature RVSSMANIKUMARAPPANA	Date 04/02/2021	PTIN P02090332	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. (646) 727-7157
				Firm's EIN 30-1017196

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

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
INDHU SIDDENKI

**Your social security number**  
859-32-8167

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	
<b>2</b>	Credit for child and dependent care expenses. Attach Form 2441 . . . . .	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 . . . . .	<b>3</b>	774.
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	
<b>5</b>	Residential energy credits. Attach Form 5695 . . . . .	<b>5</b>	
<b>6</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/> _____	<b>6</b>	
<b>7</b>	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	<b>7</b>	774.

**Part II Other Payments and Refundable Credits**

<b>8</b>	Net premium tax credit. Attach Form 8962 . . . . .	<b>8</b>	
<b>9</b>	Amount paid with request for extension to file (see instructions) . . . . .	<b>9</b>	
<b>10</b>	Excess social security and tier 1 RRTA tax withheld . . . . .	<b>10</b>	
<b>11</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .	<b>11</b>	
<b>12</b>	Other payments or refundable credits:		
<b>a</b>	Form 2439 . . . . .	<b>12a</b>	
<b>b</b>	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 . . . . .	<b>12b</b>	
<b>c</b>	Health coverage tax credit from Form 8885 . . . . .	<b>12c</b>	
<b>d</b>	Other: _____	<b>12d</b>	
<b>e</b>	Deferral for certain Schedule H or SE filers (see instructions) . . . . .	<b>12e</b>	
<b>f</b>	Add lines 12a through 12e . . . . .	<b>12f</b>	
<b>13</b>	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	<b>13</b>	

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

REV 03/13/21 PRO

Schedule 3 (Form 1040) 2020

**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](http://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

INDHU SIDDENKI

Your social security number

859-32-8167

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)
<b>1a</b> 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 .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	10,826.	10,370.		456.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .	2.	2.		0.
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7 Net short-term capital gain or (loss).</b> 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 . . . . .				<b>7</b> 456.

**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)
<b>8a</b> 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 .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> 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 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b>

**Part III Summary**

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	456.
	<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>		
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input type="checkbox"/> <b>Yes.</b> Go to line 18. <input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶	<b>18</b>	
<b>19</b>	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶	<b>19</b>	
<b>20</b>	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of: <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>	<b>21</b>	( )
	<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
<b>22</b>	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.  <input checked="" type="checkbox"/> <b>No.</b> 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](http://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  
INDHU SIDDENKI

Social security number or taxpayer identification number  
859-32-8167

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 <b>Note</b> 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). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> 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	11/09/20	12/14/20	10,826.	10,370.			456.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ►				10,826.	10,370.			456.

**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.

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form8949](http://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  
INDHU SIDDENKI

Social security number or taxpayer identification number  
859-32-8167

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 <b>Note</b> 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). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> 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	11/09/20	11/23/20	2.	2.			0.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ►				2.	2.			0.

**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.



**Education Credits**  
**(American Opportunity and Lifetime Learning Credits)**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040 or 1040-SR.

**2020**  
Attachment  
Sequence No. **50**

▶ Go to [www.irs.gov/Form8863](http://www.irs.gov/Form8863) for instructions and the latest information.

Name(s) shown on return

Your social security number

INDHU SIDDENKI

859-32-8167



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

**Part I Refundable American Opportunity Credit**

<b>1</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . . . .	<b>1</b>	
<b>2</b>	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) . . . . .	<b>2</b>	
<b>3</b>	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	<b>3</b>	
<b>4</b>	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit . . . . .	<b>4</b>	
<b>5</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>5</b>	
<b>6</b>	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 . . . . . • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>6</b>	
<b>7</b>	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions described in the instructions, you <b>can't</b> take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box . . . . . <input type="checkbox"/>	<b>7</b>	
<b>8</b>	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below. . . . .	<b>8</b>	

**Part II Nonrefundable Education Credits**

<b>9</b>	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . . . . .	<b>9</b>	
<b>10</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 . . . . .	<b>10</b>	12,850.
<b>11</b>	Enter the smaller of line 10 or \$10,000 . . . . .	<b>11</b>	10,000.
<b>12</b>	Multiply line 11 by 20% (0.20) . . . . .	<b>12</b>	2,000.
<b>13</b>	Enter: \$138,000 if married filing jointly; \$69,000 if single, head of household, or qualifying widow(er) . . . . .	<b>13</b>	69,000.
<b>14</b>	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	<b>14</b>	65,127.
<b>15</b>	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 . . . . .	<b>15</b>	3,873.
<b>16</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>16</b>	10,000.
<b>17</b>	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>17</b>	0.387
<b>18</b>	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	<b>18</b>	774.
<b>19</b>	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3 . . . . .	<b>19</b>	774.



Name(s) shown on return INDHU SIDDENKI	Your social security number 859-32-8167
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**Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.**

**Part III Student and Educational Institution Information.** See instructions.

<p><b>20</b> Student name (as shown on page 1 of your tax return) INDHU SIDDENKI</p>	<p><b>21</b> Student social security number (as shown on page 1 of your tax return)  859-32-8167</p>		
<p><b>22</b> Educational institution information (see instructions)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <p><b>a.</b> Name of first educational institution UNIVERSITY OF THE CUMBERLANDS</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 6178 COLLEGE STATION DR WILLIAMSBURG KY 40769</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2020? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b>. You can get the EIN from Form 1098-T or from the institution.  61-0470593</p> </td> <td style="width:50%; vertical-align: top;"> <p><b>b.</b> Name of second educational institution (if any)</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b>. You can get the EIN from Form 1098-T or from the institution.</p> </td> </tr> </table>		<p><b>a.</b> Name of first educational institution UNIVERSITY OF THE CUMBERLANDS</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 6178 COLLEGE STATION DR WILLIAMSBURG KY 40769</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2020? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b>. You can get the EIN from Form 1098-T or from the institution.  61-0470593</p>	<p><b>b.</b> Name of second educational institution (if any)</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b>. You can get the EIN from Form 1098-T or from the institution.</p>
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<p><b>23</b> Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.</p>			
<p><b>24</b> Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2020 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — <b>Stop!</b> Go to line 31 for this student.</p>			
<p><b>25</b> Did the student complete the first 4 years of postsecondary education before 2020? See instructions. <input checked="" type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input type="checkbox"/> No — Go to line 26.</p>			
<p><b>26</b> Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input type="checkbox"/> No — Complete lines 27 through 30 for this student.</p>			



**You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.**

**American Opportunity Credit**

<b>27</b> Adjusted qualified education expenses (see instructions). <b>Don't enter more than \$4,000</b> . . . . .	<b>27</b>	
<b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0- . . . . .	<b>28</b>	
<b>29</b> Multiply line 28 by 25% (0.25) . . . . .	<b>29</b>	
<b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1 . . . . .	<b>30</b>	

**Lifetime Learning Credit**

<b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . .	<b>31</b>	12,850.
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2 0 0 0 0 5 1 5 5 5

SIDDENKI INDHU  
859-32-8167

20	Check the box that represents your total family size (see instructions for lines 20 and 21).....	20	1 <input checked="" type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
21	Multiply line 19 by <b>Family Size Tax Credit</b> decimal amount <u>0.00</u> ( <u>0</u> %) from Schedule ITC.....	21			0.	00
22	Subtract line 21 from line 19.....	22			715.	00
23	Enter the <b>Education Tuition Tax Credit</b> from Form 8863-K.....	23				00
24	Enter <b>Child and Dependent Care Credit</b> from worksheet (see instructions).....	24				00
25	Enter <b>Income Gap Tax Credit</b> from Schedule ITC.....	25				00
26	<b>Income Tax Liability.</b> Subtract lines 23 through 25 from line 22. If zero or less, enter zero.....	26			715.	00
27	Enter <b>KENTUCKY USE TAX due on Internet, mail order, or other out-of-state purchases</b> (see instructions).....	27				00
28	Add lines 26 and 27. This is your <b>TOTAL TAX LIABILITY</b> .....	28			715.	00
29	<b>For amended return;</b> overpayment, if any, shown on original return.....	29				00
30	Add lines 28 and 29, enter here.....	30			715.	00
31	a Enter <b>Kentucky income tax withheld</b> as shown on enclosed Schedule KW-2.....	31a			815.	00
	b Enter 2020 Kentucky estimated tax/extension payments.....	31b				00
	c Enter 2020 refundable certified rehabilitation credit.....	31c				00
	d Enter <b>Nonresident Withholding</b> from Form PTE-WH, line 9.....	31d				00
	e <b>For amended return;</b> enter amount paid with original return plus additional payment(s) made after it was filed.....	31e				00
32	Add lines 31(a) through 31(e).....	32			815.	00
33	If line 30 is larger than line 32, subtract line 32 from line 30, enter <b>ADDITIONAL TAX DUE</b> .....	33				00
34	a Estimated tax penalty <input type="checkbox"/> <b>Check if Form 2210-K attached</b> .....	34a				00
	b Interest.....	34b				00
	c Late payment penalty.....	34c				00
	d Late filing penalty.....	34d				00
35	Add lines 34(a) through 34(d). Enter here.....	35				00
36	If the total of lines 30 and 35 is more than line 32, subtract line 32 from the total of lines 30 and 35. This is the <b>AMOUNT YOU OWE</b> , continue to page 3.....	36				00
37	If line 32 is more than line 30, subtract lines 30 and 35 from line 32. This is the <b>AMOUNT YOU OVERPAID</b> , continue to page 3.....	37			100.	00



38 FUND CONTRIBUTIONS; see instructions.

a Nature and Wildlife Fund.....	38a	00
b Child Victims' Trust Fund.....	38b	00
c Veterans' Program Trust Fund.....	38c	00
d Breast Cancer Research/Education Trust Fund.....	38d	00
e Farms to Food Banks Trust Fund.....	38e	00
f Local History Trust Fund.....	38f	00
g Special Olympics Kentucky.....	38g	00
h Pediatric Cancer Research Trust Fund.....	38h	00
i Rape Crisis Center Trust Fund.....	38i	00
j Court Appointed Special Advocate Trust Fund.....	38j	00
k YMCA Youth Association Fund.....	38k	00

39 Add lines 38(a) through 38(k).....	39	00
40 Amount of line 37 to be CREDITED TO YOUR 2021 ESTIMATED TAX ..... <b>CREDIT FORWARD</b>	40	00
<b>(Credit forwards not available for amended returns)</b>		
41 Subtract lines 39 and 40 from line 37. Amount to be REFUNDED TO YOU ..... <b>REFUND</b>	41	100.00

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

<b>Sign Here</b>	Signature of Taxpayer	Driver's License/State Issued ID No. S19-205-149	Date	Telephone Number (daytime) (510) 458-9914
	Signature of Spouse	Driver's License/State Issued ID No.	Date	
<b>Paid Preparer Use</b>	Signature of Preparer RVSSMANIKUMARAPPANA		Date 04/02/2021	
	Name of Preparer or Firm GLOBAL TAXES LLC		ID Number P02090332	
	Email	Telephone No.	May the DOR discuss this return with this preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Enclose</b>	Include a complete copy of federal Form 1040, if you received farm, business, or rental income or loss. If not required, check here. <input type="checkbox"/>		<b>Refund or No Payment</b>	<b>Kentucky Department of Revenue</b> Frankfort, KY 40618-0006
<b>Payment</b>	Check Payable: <b>Kentucky State Treasurer</b> E-Pay Options: <b>www.revenue.ky.gov</b> Include: Your Social Security number and "KY Income Tax—2020"		<b>With Payment</b>	<b>Kentucky Department of Revenue</b> Frankfort, KY 40619-0008



**SECTION B  
INCOME**

	A. Total from Enclosed Federal Return		B. Kentucky	
1 Enter all wages, salaries, tips, etc. ( <i>enclose Kentucky Schedule KW-2</i> ) Do not include moving expense reimbursements .....	1	64,671.00	16,957.00	00
2 Moving expense reimbursement .....	2	00		00
3 Interest .....	3	00		00
4 Dividends .....	4	00		00
5 Taxable refunds, credits or offsets of state and local income taxes .....	5	00		00
6 Alimony received .....	6	00		00
7 Business income or loss ( <i>enclose federal Schedule C or C-EZ</i> ) .....	7	00		00
8 Capital gain or loss ( <i>enclose federal Schedule D</i> ) .....	8	456.00	0.00	00
9 Other gains or losses ( <i>enclose federal Form 4797</i> ) .....	9	00		00
10 a Federally taxable IRA distributions, pensions and annuities .....	10a	00		00
b Pension income exclusion ( <i>enclose Schedule P if more than \$31,110 per taxpayer</i> ) .....	10b			00
11 Rents, royalties, partnerships, estates, trusts, etc. ( <i>enclose federal Schedule E</i> ) .....	11	-7,985.00	0.00	00
12 Farm income or loss ( <i>enclose federal Schedule F</i> ) .....	12	00		00
13 Unemployment compensation (see instructions) .....	13	00		00
14 Taxable Social Security benefits .....	14	00		
15 Gambling winnings .....	15	00		00
16 Other income (list type and amount) _____	16	00		00
17 Combine lines 1 through 16. This is your <b>Total Income</b> .....	17	57,142.00	16,957.00	00
<b>ADJUSTMENTS TO INCOME</b>				
18 Educator expenses .....	18	00		00
19 Certain business expenses of reservists, performing artists and fee-basis government officials ( <i>enclose federal Form 2106 or 2106-EZ</i> ) .....	19	00		00
20 Health savings account deduction ( <i>enclose federal Form 8889</i> ) .....	20	00		00
21 Moving expenses for members of the armed forces .....	21	00		
22 Deductible part of self-employment tax .....	22	00		00
23 Self-employed SEP, SIMPLE, and qualified plans deduction .....	23	00		00
24 Self-employed health insurance deduction .....	24	00		00
25 Penalty on early withdrawal of savings .....	25	00		00
26 Alimony paid (enter recipient's name and Social Security number) _____	26	00		00
27 IRA deduction .....	27	00		00
28 Student loan interest deduction .....	28	00		00
29 Tuition and fees deduction .....	29	0.00		00
30 Other deductions (list type and amount) _____	30	00		00
31 Add lines 18 through 30. <b>Total Adjustments to Income</b> .....	31	0.00		00
32 Subtract line 31 from line 17. This is your <b>Adjusted Gross Income</b> .....	32	57,142.00	16,957.00	00
33 Divide line 32, Column B, by line 32, Column A. If amount is equal to or greater than 100%, enter 100%. This is your <b>Percentage of Kentucky Adjusted Gross Income to Federal Adjusted Gross Income</b> .....	33	29.7%		



2 0 0 3 4 9 1 5 5 5

➤ **Enclose with Form 740 or 740-NP**

Enter name(s) as shown on tax return.

Your Social Security Number

SIDDENKI, INDHU

859-32-8167

**SECTION A—BUSINESS INCENTIVES AND OTHER TAX CREDITS**

A	B Preapproval Required	C Credit Name	D Required Attachment	E		F	
				Spouse		Yourself	
1	No	Nonrefundable Limited Liability Entity	Kentucky Limited Liability Entity Tax Credit Worksheet/Schedule K-1		00		00
2	Yes	Kentucky Small Business	Schedule K-1		00		00
3	Yes	Kentucky Selling Farmers	Schedule K-1		00		00
4	Yes	Skills Training Investment	Schedule K-1		00		00
5	Yes	Certified Rehabilitation	Certification Copies		00		00
6	No	Tax Paid to Another State	Copy(ies) of Other State(s) return or Worksheet A		00		00
7	No	Unemployment	Schedule UTC		00		00
8	Yes	Recycling/Composting Equipment	Schedule RC		00		00
9	Yes	Kentucky Investment Fund	KEDFA notification		00		00
10	No	Qualified Research Facility	Schedule QR		00		00
11	No	GED Incentive	Form DAEL-31		00		00
12	Yes	Voluntary Environmental Remediation	Schedule VERB		00		00
13	Yes	Biodiesel	Schedule BIO		00		00
14	Yes	Clean Coal Incentive	Schedule CCI		00		00
15	Yes	Ethanol	Schedule ETH		00		00
16	Yes	Cellulosic Ethanol	Schedule CELL		00		00
17	No	Railroad Maintenance & Improvement	Schedule RR-I		00		00
18	Yes	Endow Kentucky	Schedule ENDOW		00		00
19	Yes	New Markets Development Program	Form 8874(K)-A		00		00
20	No	Food Donation (Carryover only)	Schedule FD		00		00
21	No	Distilled Spirits	Schedule DS		00		00
22	Yes	Angel Investor	Certification Letter		00		00
23	Yes	Film Industry	Film Office Certification		00		00
24	No	Inventory	Schedule INV		00		00
25	Total of Other Tax Credits (add lines 1 through 24). Enter here and on Form 740, page 1, line 15, Columns A and B, or enter combined totals of Columns E and F on Form 740-NP, page 1, line 15 .....				00		00



**SECTION B—PERSONAL TAX CREDITS**

**Taxpayer**

**Spouse**

Complete only if filing joint or married,  
filing separately on a combined return

Enter your date of birth (MM/DD/YYYY)	02/07/1993		Enter your date of birth (MM/DD/YYYY)		
1 If you were 65 on or before 12/31/2020, enter 40.....	1		5 If you were 65 on or before 12/31/2020, enter 40...	5	
2 If you were legally blind on 12/31/2020, enter 40.....	2		6 If you were legally blind on 12/31/2020, enter 40...	6	
3 If you were a member of the Kentucky National Guard on 12/31/2020, enter 20.....	3		7 If you were a member of the Kentucky National Guard on 12/31/2020, enter 20.....	7	
4 Allowable Taxpayer Credit—Add lines 1 through 3...	4		8 Allowable Spouse Credit—Add lines 5 through 7..	8	

**Assignment of Personal Tax Credits**

9 For filing status Single or Married, filing separate returns, enter the amount from line 4 here and in Column B of Form 740, line 17 or Form 740-NP, line 17 (Not to exceed 100).....	9	
10 For filing status Married, filing separately on this combined return, enter the amount from line 4 here and in column B of Form 740, line 17 (Not to exceed 100).....	10	
11 For filing status Married, filing separately on this combined return, enter the amount from line 8 here and in column A of Form 740, line 17. (Not to exceed 100).....	11	
12 For filing status Married, filing jointly, add line 4 and line 8 and enter here and in Column B of Form 740, line 17 or Form 740-NP, line 17. (Not to exceed 200).....	12	

**SECTION C—FAMILY SIZE TAX CREDIT AND INCOME GAP CREDIT**

Enter dependents qualifying for family size credit and income gap credit. See instructions to determine family size and your qualifying dependents. Your family size will be used to determine your family size tax credit percentage and the amount of your income gap credit.

First and Last Name	Dependent's Social Security number	Dependent's relationship to you	Check if qualifying child for family size tax credit
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Use this **Family Size Table** to determine the percentage of family size credit and the amount of income gap credit. You will need to know your family size and your modified gross income (a worksheet is located within the instructions). You will enter the percentage for the family size tax credit on Form 740 or 740-NP, line 21 and you will enter the income gap credit on Form 740 or 740-NP, line 25.

Family Size:	One		Two		Three		Four or More		Credit Percentage is	Income Gap Credit		
	If MGI . . . is over	is not over	is over	is not over	is over	is not over	is over	is not over		One	Two	Three
<b>Tax Year 2020</b>	\$ ---	\$12,760	\$ ---	\$17,240	\$ ---	\$21,720	\$ ---	\$26,200	100%			
	12,760	13,270	17,240	17,930	21,720	22,589	26,200	27,248	90%	\$11	\$ 7	\$ 3
	13,270	13,781	17,930	18,619	22,589	23,458	27,248	28,296	80%	\$20	\$13	\$ 6
	13,781	14,291	18,619	19,309	23,458	24,326	28,296	29,344	70%	\$29	\$18	\$ 6
	14,291	14,802	19,309	19,998	24,326	25,195	29,344	30,392	60%	\$37	\$22	\$ 6
	14,802	15,312	19,998	20,688	25,195	26,064	30,392	31,440	50%	\$45	\$24	\$ 4
	15,312	15,822	20,688	21,378	26,064	26,933	31,440	32,488	40%	\$51	\$26	
	15,822	16,205	21,378	21,895	26,933	27,584	32,488	33,274	30%	\$58	\$27	
	16,205	16,588	21,895	22,412	27,584	28,236	33,274	34,060	20%	\$64	\$28	
	16,588	16,971	22,412	22,929	28,236	28,888	34,060	34,846	10%	\$69	\$28	
16,971	---	22,929	---	28,888	---	34,846	---	0%				

Multiply tax from Form 740 or 740-NP, line 19, by the applicable family size tax credit percentage and enter on Form 740 or 740-NP line 21. This is your **Family Size Tax Credit**.





Complete this Schedule KW-2 to determine the total Kentucky income tax withholding to be entered on Kentucky Form 740, 740-NP, or 740-NP-R. This schedule must be fully completed in order to receive proper credit for Kentucky income tax withheld. Include multiple Schedule KW-2(s) as needed to report all Kentucky income tax withholdings. Do not send in your W-2, 1099, or W2-G forms; keep them with your tax records.

NAME(S) AS SHOWN ON THE TAX RETURN

SPOUSE'S SOCIAL SECURITY NUMBER

YOUR SOCIAL SECURITY NUMBER

SIDDENKI, INDHU

859-32-8167

**Part I-Form W-2** Enter all W-2s with Kentucky income tax withheld (round to the nearest whole dollar). Do not include other state withholding or local income tax.

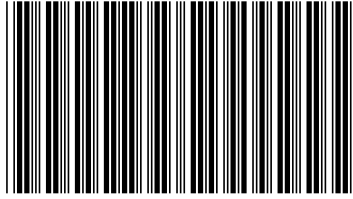
A Employee's Social Security Number	B Employer's Identification Number (EIN)	C State	D Employer's State I.D. Number (Box 15 of Form W-2)	E KY State Wages (Box 16 of Form W-2)		F KY Income Tax Withheld (Box 17 of Form W-2)	
1 859-32-8167	84-3377790	KY	943529	16,957.	00	815.	00
2					00		00
3					00		00
4					00		00
5					00		00
6					00		00
7					00		00
8					00		00
9					00		00
10					00		00
11 <b>TOTAL FROM ALL W-2s</b>				16,957.	00	815.	00

**Part II-Form 1099 and W-2G** Enter all 1099s and W-2Gs with Kentucky income tax withheld (round to the nearest whole dollar).

A Recipient's Social Security Number	B Payer's Identification Number (EIN)	C State	D Payer's State I.D. Number	E KY Income Amount		F KY Income Tax Withheld	
12					00		00
13					00		00
14					00		00
15					00		00
16					00		00
17 <b>TOTAL FROM ALL 1099s AND W-2Gs</b>					00		00

**Part III-Totals** Enter total Kentucky income tax withheld (round to the nearest whole dollar) from line 18, Column F on your Kentucky income tax return (Form 740 and 740-NP, line 31(a) or 740-NP-R, line 1).

		F Total Kentucky Income Tax Withheld
18	Enter combined totals from Column F, lines 11 and 17.	815.00



040MP01200

For Privacy Act Notification, See Instructions

Your Social Security Number (required)  
859328167

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)  
SIDDENKI INDHU

Spouse's/CU Partner's SSN (if filing jointly)

County/Municipality Code (See Table page 50)  
0101

Home Address (Number and Street, including apartment number)  
1511 LA FONTENAY CT

City, Town, Post Office State ZIP Code  
LOUISVILLE KY 40223

Driver's License Number (Voluntary) (See instructions)  
S19-205-149

- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.

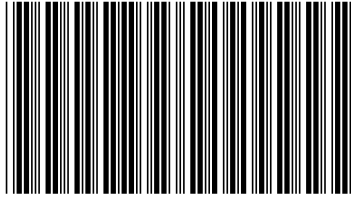
**Gubernatorial Elections Fund** Note: This does not reduce your refund or increase your balance due.

Do you want to designate \$1 to the Gubernatorial Elections Fund?	You	Yes	No
If joint return, does your spouse want to designate \$1?	Spouse/CU Partner	Yes	No

**Direct Deposit Information**

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1	
dd2. Account type (C for checking, S for savings)	dd2.	C	
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.		
dd4. Routing number	dd4.		121000358
dd5. Account number	dd5.		325061266940





040MP02200

Name(s) as shown on Form NJ-1040  
SIDDENKI INDHU

Your Social Security Number  
859328167

1555

Part-year residents, provide months/days you were a New Jersey resident during 2020:  
From: 010120 To: 073120

Fiscal year filers only:  
Enter month of your year end 2 0 2 1

**Filing Status**  
Fill in only one.

- 1.  Single
- 2.  Married/CU Couple, filing joint return
- 3.  Married/CU Partner, filing separate return
- 4.  Head of Household Enter spouse's/CU partner's SSN
- 5.  Qualifying Widow(er)/Surviving CU Partner  
Indicate the year of your spouse's/CU partner's death: 2018 2019

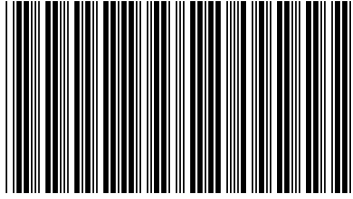
**Exemptions**

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

- |  |                                     |      |                   |                  |   |             |               |
|--|-------------------------------------|------|-------------------|------------------|---|-------------|---------------|
| 6. Regular   | <input checked="" type="checkbox"/> | Self | Spouse/CU Partner | Domestic Partner | 1 | x \$1,000 = | <u>1000</u>   |
| 7. Senior 65+ (Born in 1955 or earlier)                                | <input type="checkbox"/>            | Self | Spouse/CU Partner |                  |   | x \$1,000 = | _____         |
| 8. Blind/Disabled  | <input type="checkbox"/>            | Self | Spouse/CU Partner |                  |   | x \$1,000 = | _____         |
| 9. Veteran   | <input type="checkbox"/>            | Self | Spouse/CU Partner |                  |   | x \$6,000 = | _____         |
| 10. Qualified Dependent Children                                       | <input type="checkbox"/>            |      |                   |                  |   | x \$1,500 = | _____         |
| 11. Other Dependents   | <input type="checkbox"/>            |      |                   |                  |   | x \$1,500 = | _____         |
| 12. Dependents Attending Colleges (See instructions)                   | <input type="checkbox"/>            |      |                   |                  |   | x \$1,000 = | _____         |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) |                                     |      |                   |                  |   | 13.         | <u>1000</u> . |

14. Dependent Information. Provide the following information for each dependent.

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	_____			
b.	_____			
c.	_____			
d.	_____			



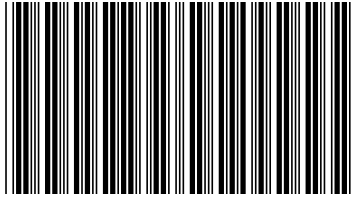
040MP03200

Name(s) as shown on Form NJ-1040  
SIDDENKI INDHU

Your Social Security Number  
859328167

1555

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	47714	.
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	.	.
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	.	.
17. Dividends	17.	.	.
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	.	.
19. Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	456	.
20a. Pensions, Annuities, and IRA Withdrawals (See instructions)	20a.	.	.
20b. Excludable Pensions, Annuities, and IRA Withdrawals	20b.	.	.
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	.	.
22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	.	.
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	.	.
24. Net Gambling Winnings (See instructions)	24.	.	.
25. Alimony and Separate Maintenance Payments received	25.	.	.
26. Other (Enclose documents) (See instructions)	26.	.	.
27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	48170	.
28a. Retirement/Pension Exclusion (See instructions)	28a.	.	.
28b. Other Retirement Income Exclusion (See Worksheet D and instructions page 19)	28b.	.	.
28c. Total Exclusion Amount (Add lines 28a and 28b)	28c.	.	.
29. New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	48170	.
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	583	.
31. Medical Expenses (See Worksheet F and instructions)	31.	.	.
32. Alimony and Separate Maintenance Payments (See instructions)	32.	.	.
33. Qualified Conservation Contribution	33.	.	.
34. Health Enterprise Zone Deduction	34.	.	.
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0	.
36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	.
37. Total Exemptions and Deductions (Add lines 30 through 36)	37.	583	.
38. Taxable Income (Subtract line 37 from line 29)	38.	47587	.
39a. Total Property Taxes (18% of Rent) Paid (See instructions page 23)	39a.	.	.
39b. Block	.	.	.
39b. Lot	.	.	.
39b. Qualifier			Fill in if you completed Worksheet G
39c. County/Municipality Code			
39d. Indicate your residency status during 2020 (fill in only one)	Homeowner	Tenant	Both
40. Property Tax Deduction (From Worksheet H) (See instructions)	40.	.	.
41. New Jersey Taxable Income (Subtract line 40 from line 38)	41.	47587	.
42. Tax on Amount on line 41 (Tax Table page 52)	42.	1136	.
43. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	43.	.	.
Enter Code			
44. Balance of Tax (Subtract line 43 from line 42)	44.	1136	.
45. Child and Dependent Care Credit (See instructions)	45.	.	.
Fill in if you are a CU couple claiming the Child and Dependent Care Credit			
46. Sheltered Workshop Tax Credit	46.	.	.
47. Gold Star Family Counseling Credit (See instructions)	47.	.	.
48. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.	.	.
49. Total credits (Add lines 45 through 48)	49.	.	.
50. Balance of Tax After Credits (Subtract line 49 from line 44) If zero or less, make no entry	50.	1136	.
51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	0	.
52. Interest on Underpayment of Estimated Tax	52.	.	.
Fill in if Form NJ-2210 is enclosed			



040MP04200

Name(s) as shown on Form NJ-1040  
**SIDDENKI INDHU**

Your Social Security Number  
**859328167**

**1555**

53. Shared Responsibility Payment (See instructions) <b>REQUIRED</b> Enclose Schedule HCC and fill in	53.	0	.
54. Total Tax Due (Add lines 50 through 53)	54.	1136	.
55. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)	55.	1657	.
56. Property Tax Credit (See instructions page 23)	56.	.	.
57. New Jersey Estimated Tax Payments/Credit from 2019 tax return	57.	.	.
58. New Jersey Earned Income Tax Credit (See instructions) Fill in if you had the IRS calculate your federal earned income credit Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit	58.	.	.
59. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	59.	.	.
60. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	60.	.	.
61. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	61.	.	.
62. Wounded Warrior Caregivers Credit (See instructions)	62.	.	.
63. Pass-Through Business Alternative Income Tax Credit (See instructions)	63.	.	.
64. Total Withholdings, Credits, and Payments (Add lines 55 through 63)	64.	1657	.
65. If line 64 is less than line 54, you have tax due. Subtract line 64 from line 54 and enter the amount you owe If you owe tax, you can still make a donation on lines 68 through 75.	65.	.	.
66. If the total on line 64 is more than line 54, you have an overpayment. Subtract line 54 from line 64 and enter the overpayment	66.	521	.
67. Amount from line 66 you want to credit to your 2021 tax	67.	.	.
68. Contribution to N.J. Endangered Wildlife Fund \$10 \$20 Other	68.	.	.
69. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse \$10 \$20 Other	69.	.	.
70. Contribution to N.J. Vietnam Veterans' Memorial Fund \$10 \$20 Other	70.	.	.
71. Contribution to N.J. Breast Cancer Research Fund \$10 \$20 Other	71.	.	.
72. Contribution to U.S.S. New Jersey Educational Museum Fund \$10 \$20 Other	72.	.	.
73. Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code	73.	.	.
74. Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code	74.	.	.
75. Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code	75.	.	.
76. Total Adjustments to Tax Due/Overpayment amount (Add lines 67 through 75)	76.	.	.
77. Balance due (If line 65 is more than zero, add line 65 and line 76)	77.	.	.
78. Refund amount (If line 66 is more than zero, subtract line 76 from line 66)	78.	521	.

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

\_\_\_\_\_  
Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date

\_\_\_\_\_  
Paid Preparer's Signature Federal Identification Number

**RVSSMANIKUMARAPPANA** **P02090332**  
Firm's Name Firm's Federal Employer Identification Number

**GLOBAL TAXES LLC** **30-1017196**

**Tax Due Address**  
Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:  
State of New Jersey  
Division of Taxation  
Revenue Processing Center - Payment  
PO Box 111  
Trenton, NJ 08645-0111  
Include Social Security number and make check or money order payable to:  
State of New Jersey - TGI  
You can also make a payment on our website:  
[www.njtaxation.org](http://www.njtaxation.org)

**Refund or No Tax Due Address**  
Use the labels provided with the envelope and mail to:  
New Jersey Division of Taxation  
Revenue Processing Center - Refunds  
PO Box 555  
Trenton, NJ 08647-0555

## Schedule NJ-DOP

## Net Gains or Income From Disposition of Property

## 2020

List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.						
	(a)	(b)	(c)	(d)	(e)	(f)
1.	Kind of property and description	Date acquired (mm/dd/yyyy)	Date sold (mm/dd/yyyy)	Gross sales price	Cost or other basis as adjusted (see instructions) and expense of sale	Gain or (loss) (d minus e)
	Robinhood Securities LLC	11/09/2020	12/14/2020	10,826.	10,370.	456.
	Robinhood Securities LLC	11/09/2020	11/23/2020	2.	2.	0.
2.	Capital Gains Distributions .....					
3.	Other Net Gains.....					
4.	Net Gains (Add lines 1, 2, and 3.) (Enter here and on line 19. If loss, enter ZERO here and make no entry on line 19.).....					456.

## Schedule NJ-WWC

## Wounded Warrior Caregivers Credit

## 2020

<p>Did you provide care for a relative who was a qualifying armed services member (see instructions)? ..... <input type="radio"/> Yes <input type="radio"/> No</p> <p>If "Yes," enter the name and Social Security number of the qualifying service member.</p> <p style="text-align: center;">_____ - _____</p> <p style="display: flex; justify-content: space-between;"> <span>Last Name, First Name, Initial</span> <span>Social Security number</span> </p> <p>Enter your relationship to the qualifying service member.</p> <p>_____</p> <p>If "No," you are not eligible for a Wounded Warrior Caregivers Credit. Make no entry on line 62, NJ-1040.</p>			
1.	Enter the federal disability compensation of the armed services member .....	1.	
2.	Maximum credit allowed .....	2.	675 00
3.	Enter the lesser of line 1 or line 2 .....	3.	
4.	<p>Were you the only caregiver for this service member during the tax year?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If "No," enter your share (percentage) of the total care expenses for the year.</p>	4.	%
5.	<p>If you answered "Yes" at line 4, enter the amount from line 3 here and on line 62, NJ-1040.</p> <p>If you answered "No" at line 4, multiply the amount on line 3 by the percentage on line 4. Enter the result here and on line 62, NJ-1040 .....</p>	5.	

**Keep a copy of this schedule for your records**

If your income on line 29 is at or below the filing threshold,  
do not complete this schedule.

Name as Shown on Return SIDDENKI, INDHU	Social Security No. 859-32-8167
--	------------------------------------

**Part I**

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2020 (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident.

- Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53, NJ-1040, and enclose this schedule with your return.
- No. Continue to Part II.

**Part II**

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

**QuickZoom** to Shared Responsibility Payment Calculation Worksheet . . . . . ➔ \_\_\_\_\_



Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>