E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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

Filing Status Check only one box.	If yo	Single X Married filing jointly [u checked the MFS box, enter the r on is a child but not your dependen	name of y											
Your first name	and mi	ddle initial	Last na	Last name							Your social security number			
SLEEVA I	MAHEI	NDAR REDD	ALLA	ALLAM 740-38-51							38-518	6		
If joint return, s	pouse's	first name and middle initial	Last na	me						Spouse'	s social se	curity number		
SHRAVYA			DUGG	IMPUDI						976-	97-878	5 7		
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.				Apt. no.		Preside	ntial Electi	ion Campaign		
28 Lori	Cir	cle									nere if you,			
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s	paces below.	Sta	te	ZIP	code		spouse if filing jointly, want \$3 to go to this fund. Checking a				
MARYLAN	D HE	IGHTS			M	C	63	3043			ow will not			
Foreign country	y name		F	oreign province/state	e/coun	ty	For	eign postal co	ode)	our tax	c or refund			
										You Spouse				
At any time du	ring 20	020, did you receive, sell, send, exc	hange, c	r otherwise acquire	e any	financial inte	erest in	any virtua	ıl curr	ency?	Yes	⊠ No		
Standard Deduction	_	eone can claim:	•	•		•	it							
Age/Blindness	s You:	Were born before January 2, 1	956	Are blind Sr	ouse	e: ☐ Was I	orn b	efore Janua	arv 2.	1956	☐ Is b	lind		
Dependents	-			(2) Social securi		(3) Relation					r (see instru			
•	•	rst name Last name		number	Ly	to you		Child ta				ther dependents		
If more than four	()							[
dependents,									=			 		
see instruction and check	s ——								=			-		
here ▶ □									_			$\overline{\sqcap}$		
	1	Wages, salaries, tips, etc. Attach l	Form(s) \	N-2						1	1	86,920.		
Attach	2a	Tax-exempt interest	2a		b T	axable inter	est			2b	,			
Sch. B if	3a	Qualified dividends	3a	30.		Ordinary divi				3b	,	158.		
required.	4a	IRA distributions	4a			axable amo				4b	,			
	5a	Pensions and annuities	5a		b T	axable amo	unt .			5b	,			
Standard	6a	Social security benefits	6a		b T	axable amo	unt .			6b	,			
Deduction for -	7	Capital gain or (loss). Attach Sche	dule D if	required. If not red	uired	, check here	· .	1		7		-1,031.		
 Single or Married filing 	8	Other income from Schedule 1, lir	ne 9		· 					8		24.		
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total in	come				. ▶	9		86,071.		
Married filing	10	Adjustments to income:		•										
jointly or Qualifying	а	From Schedule 1, line 22					10a							
widow(er),	b	Charitable contributions if you take	the stan	dard deduction. Se	e inst	ructions	10b							
\$24,800 • Head of	С	Add lines 10a and 10b. These are	your tot	al adjustments to	inco	me			. ▶	100	5			
household, \$18,650	11	Subtract line 10c from line 9. This	•	•					. ▶	11		86,071.		
If you checked	12	Standard deduction or itemized	deducti	ons (from Schedul	e A)					12		24,800.		
any box under Standard	13	Qualified business income deduct	ion. Atta	ch Form 8995 or F	orm 8	8995-A .				13		13.		
Deduction, see instructions.	14	Add lines 12 and 13								14		24,813.		
230 11011 40110113.	15	Taxable income. Subtract line 14	from lin	e 11. If zero or less	, ente	er -0				15		61,258.		

Form 1040 (2020	0)									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	6,952.
	17	Amount from Schedule 2, lin	ie 3						17	
	18	Add lines 16 and 17							18	6,952.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	ie 7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	6,952.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is	your total tax					. •	24	6,952.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	12	, 224		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c	•						25d	12,224.
	26	2020 estimated tax payment							26	,
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27				
attach Sch. EIC. If you have	28	Additional child tax credit. A				28				
nontaxable	29	American opportunity credit				29			\dashv	
combat pay, see instructions.	30	Recovery rebate credit. See		*		30			\dashv	
	31	Amount from Schedule 3, lir				31			\dashv	
	32	Add lines 27 through 31. The					hdits	. •	32	
	33	Add lines 25d, 26, and 32. T	•							12,224.
	34	If line 33 is more than line 24						. ,	34	5,272.
Refund	35a	Amount of line 34 you want				-	-	· ·	, —	5,272.
Direct deposit?	⊳ b	Routing number 0 1 1				Check		Savings		3,272.
See instructions.	►d	Account number 3 8 5				U I	iiig	aviiigs	,	
	36					36	_			
Amarint		Amount of line 34 you want a							27	
Amount You Owe	37	Subtract line 33 from line 24		•					37	
For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for								
how to pay, see	00	2020. See Schedule 3, line 12e, and its instructions for details.								
instructions.	38	Estimated tax penalty (see in				38				
Third Party		you want to allow another	•				□Vec Co	no n l o t e	. halaur	X No
Designee				Phone		. • [Yes. Co	•		
		signee's me ▶		no.				nai idei er (PIN)	ntification	
Sign	Un	der penalties of perjury, I declare t	hat I have examine			hedules a	nd statemen	ts. and	to the bes	st of my knowledge an
•		lief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation			If t	he IRS se	nt you an Identity
	k									IN, enter it here
Joint return?	b -				SOFTWARE		EER	`	ee inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	tion				nt your spouse an ection PIN, enter it here
your records.					HOME MAKE	R			e inst.) 🕨	
	———Ph	one no. (203)444-414	3	Email address	SLEEVA198		T. COM			
-		eparer's name	Preparer's signat	l .	DIEE VAL 90	Date	11.0011	PTIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA TALLAM			GIIPTA TAI.I.AM		9/2021		82703	Self-employed
Preparer		m's name ► GLOBAL TA		TOTAL DOOM	COLIZI TABBAN	. 100/0	· / 2021			(678)965-9522
Use Only		m's address > 2530 Pebb		n Cummin	a GA 30041				m's EIN	
Co to warm for				Cammin		551	07/00/04 55 5		III S LIIN	Form 1040 (2020
GO TO WWW.Irs.go	JV/FOR	m1040 for instructions and the late	st information.		BAA	REV	07/28/21 PRO			Form 1040 (2020

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Attachment Sequence No. **01**

Your social security number

SLEE	WA MAHENDAR REDD ALLAM & SHRAVYA DUGGIMPUDI	740-38	8-5186	5
Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	📗	1	
2 a	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 Schedu	ıle E	5	
6	Farm income or (loss). Attach Schedule F	📗	6	
7	Unemployment compensation	📗	7	
8	Other income. List type and amount Substitute Payment from 1099-Misc Other Income from box 3 of 1099-Misc		8	24.
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-line 8		9	24.
Par	t II Adjustments to Income			
10	Educator expenses	[10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	I .	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	I		
С	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 on Form 1040, 1040-SR, or 1040-NR, line 10a		22	

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service (99)

Name(s) shown on return

Capital Gains and Losses

► 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.

OMB No. 1545-0074

2020

Attachment Sequence No. **12**

Your social security number

740-38-5186 SLEEVA MAHENDAR REDD ALLAM & SHRAVYA DUGGIMPUDI Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. with column (g) line 2. column (a) 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 13,884. 14,932. 14. -1,034. 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 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -1,034.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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 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 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 3. 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 3. 15

BAA

Schedule D (Form 1040) 2020 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -1,031. • 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 • 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? ☐ **Yes.** Go to line 18. 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? ☐ 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. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 1,031.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

Attachment Sequence No. 12A

OMB No. 1545-0074

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Department of the Treasury Internal Revenue Service Name(s) shown on return

Social security number or taxpayer identification number

740-38-5186

SLEEVA MAHENDAR REDD ALLAM & SHRAVYA DUGGIMPUDI

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(B) Short-term transactions(C) Short-term transactions	reported on	Form(s) 1099	9-B showing bas	•		•))
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below			(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Securities LLC	10/25/19	11/16/20	10,394.	11,313.	W	14.	-905.
Robinhood Crypto LLC	01/07/20	11/05/20	2,979.	2,761.			218.
APEX CLEARING	04/14/20	06/03/20	511.	858.			-347.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C)	al here and inc is checked), lir	lude on your ne 2 (if Box B	13,884.	14,932.		14.	-1,034.

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.

Qualified Business Income Deduction Simplified Computation

► Attach to your tax return.

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

Attachment Sequence No. 55

Internal Revenue Service Name(s) shown on return

Department of the Treasury

SLEEVA MAHENDAR REDD ALLAM & SHRAVYA DUGGIMPUDI

Your taxpayer identification number 740-38-5186

Note. You can claim the qualified business income deduction only if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number		Qualified business income or (loss)
i				
ii				
iii				
iv				
v				
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2		
3	Qualified business net (loss) carryforward from the prior year	3 ()		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4		
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)			
	(see instructions)	6 66.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior	7 (
8	year	1 ()		
0	or less, enter -0	8 66.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	13.
10	Qualified business income deduction before the income limitation. Add lines 5 and		10	13.
11	Taxable income before qualified business income deduction	11 61,271.		
12	,	12 30.		
13	Subtract line 12 from line 11. If zero or less, enter -0			
14	Income limitation. Multiply line 13 by 20% (0.20)		14	12,248.
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also		_	a -
40	the applicable line of your return		15	13.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	(0.
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 ar zero, enter -0	3	17	(0.



Application for IRS Individual Taxpayer Identification Number

For use by individuals who are not U.S. citizens or permanent residents.
 ▶ See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

Application type (check one box):

Before you begin • Don't submit th		orm if you have, or are eligil	ble to get, a	U.S. soc	cial seci	urity nu	mber (SS	SN).			a new ITIN n existing ITIN	
		itting Form W-7. Read the ral tax return with Form V									c, d, e, f, or g, yo	
a Nonresident	t alie	n required to get an ITIN to cla	aim tax treaty	benefit								
b Nonresident	t alie	n filing a U.S. federal tax retur	n									
		en (based on days present in			-							
		S. citizen/resident alien										
e ⊠ Spouse of U	J.S. d		d or e, enter SLEEVA M					esident a	alien (see in:		ns) ► :0-38-5186	
f Nonresident	t alie	n student, professor, or resear	cher filing a	U.S. feder	al tax re	turn or o	claiming ar	n excepti	on			
		se of a nonresident alien hold	ing a U.S. vis	sa								
h Other (see in												
	_	r a and f: Enter treaty country	•	Mistalla		and	d treaty art					
Name	1а	First name SHRAVYA		Middle na	ame			Last r	name GIMPUDI	т		
(see instructions)	SHRAV IA 1b First name			Middle na	amo			Last r		L		
Name at birth if different •												
Applicant's Mailing	2	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 28 Lori Circle										
Address						USA	<u> </u>	63	3043			
Foreign (non- U.S.) Address	3	Street address, apartment nu							er.			
(see instructions)		City or town, state or province, and country. Include postal code where appropriate.										
Birth Information	4	Date of birth (month / day / year) $10/09/1995$	Country of I	birth		City an	d state or	province	(optional) 5 Male			
Other Information	6a Country(ies) of citizenship INDIA 6b Foreign			tax I.D. nu	I.D. number (if any) 6c Type of U.S. vis			sa (if any), number, and expiration date				
	6d	6d Identification document(s) submitted (see instructions)										
		Issued by: INDIA N	lo.: N6863	622	Exp	o. date:	01/12/	2026	(MM/DD/Y		02/27/2020	
	6e	Have you previously received	an ITIN or ar	n Internal I	Revenue	Service	Number	(IRSN)?				
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?											
	6f		TIN	,				SN	·	,.	and	
	•	name under which it was iss										
				First nam	ne		Middle n	ame		La	st name	
	6g	Name of college/university or	company (se	ee instruct	tions) 🕨							
		City and state ▶					Length of	stay >				
Sign Here	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.											
Keep a copy for your records.					Date (m	onth / day /	year)	Phone num	nber			
,		Name of delegate, if applica	ble (type or p	orint)		Delegat to appli	e's relation	ship	Parent Power o		urt-appointed guardia	
Acceptance	Ĺ	Signature				Date (m	nonth / day / year) Phone					
Acceptance Agent's									Fax			
Use ONLY		Name and title (type or print))	Nar	me of co	mpany		EIN		P	ΓIN	
								Office c	oae			



Print	For Calendar Year January 1 - December 31, 2020 It in BLACK ink only and DO NOT STAPLE.	
	Amended Return (For use by S corporations or Partnerships) Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).
	ring a fiscal year return enter the beginning and ending dates here. Sal Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY) 1555 Department U	se Only
Filing Status		ualifying idow(er)
	Age 62 through 64 Age 65 or Older Blind 100% Disabled Non-Observerself	Spouse Spouse
Name	Social Security Number in 2020 Spouse's Social Security Number 740 - 38 - 5186 976 - 97 - 8787 First Name M.I. Last Name SLEEVA MAHENDAR REDD ALLAM	Deceased in 2020 Suffix
N	Spouse's First Name M.I. Spouse's Last Name SHRAVYA DUGGIMPUDI	Suffix
	In Care Of Name (Attorney, Executor, Personal Representative, etc.) Present Address (Include Apartment Number or Rural Route)	

You may contribute to any one or all of the trust funds on Line 47. See pages 11-12 of the instructions for more trust fund information.



STCO



28 LORI CIRCLE

MARYLAND HEIGHTS

City, Town, or Post Office

County of Residence















State

MO



ZIP Code

63043





REV 04/20/21 PRO



Address

				Yourself (Y)	Spouse (S)						
	1.	Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	86071 . 00	18].[00				
	2.	Total additions (from Form MO-A, Part 1, Line 7)	2Y	. 00	28].[00				
Income		Total income - Add Lines 1 and 2	3Y	86071 00	38] [00				
			4Y	. 00	48	 7 [00				
	4.	Total subtractions (from Form MO-A, Part 1, Line 18)	41		40] [00				
	5.	Missouri adjusted gross income - Subtract Line 4 from Line 3	5Y	86071 . 00	58	J.L	00				
		Total Missouri adjusted gross income - Add columns 5Y and 5S									
	7.	Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y	100 %	78] o	%				
	_	· , ,									
	8.	Pension, Social Security, Social Security Disability, and Military MO-A, Part 3, Section E)			8		00				
	9.	Tax from federal return		9 6952	00						
	Э.	Tax ITOTT Tederal Tetum									
	10.	Other tax from federal return.		10	<u>00</u>]						
	11.	Total tax from federal return. Do not enter federal income tax with	neld.	6952	00						
	12.	Federal tax percentage – Enter the percentage based on your									
		Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage		12 15.00	%						
		, ,									
		Missouri Adjusted Gross Income Range, Line 6: Federal Ta \$25,000 or less		centage:							
		\$25,001 to \$50,0002	5%								
Suc		\$50,001 to \$100,000									
eductions	\$100,001 to \$125,000										
בֿ	40	Endowel in a constant deduction. Multiply Line 44 has the constant		a Lia - 40 Fata dhia							
D	13.	Federal income tax deduction – Multiply Line 11 by the percentary amount not to exceed \$5,000 for an individual or \$10,000 for co	-		13 1043].[00				
ptions	14.	Missouri standard deduction or itemized deductions. (If itemizin	a Se	e Form MO-A Part 2)							
Ехеп	17.	• Single or Married Filing Separate-\$12,400 • Head of Hou	_	,							
		 Married Filing Combined or Qualifying Widow(er)-\$24,800 Note: If age 65 or older, blind, or claimed as a dependent, see pa 	ae 6.		14 24800		00				
	45				15] [00				
	15.	Long-term care insurance deduction				7 [
	16.	Health care sharing ministry deduction			16].[7	00				
	17.	Active Duty Military income deduction			17].[00				
	18.	Inactive Duty Military income deduction			18].[-	00				
	19.	Bring jobs home deduction			19].[00				
	20.	Transportation facilities deduction			20].[00				
		A. Port Cargo Expansion B. International Trade Fa	cility	C. Qualified Trade Ac	ctivities						

þe	21.	First Time Home Buyers deduction. A.	В.			21		. [00	
Continued	22.	Total deductions - Add Lines 8 and 13 through 21				22	25843	[00	
ns Co		Subtotal - Subtract Line 22 from Line 6				23	60228		00	
Deductions		Multiply Line 23 by appropriate percentages (%) on		60228	2 00		0) [
Ded	25.	Lines 7Y and 7S		00226		248		 I Г	00	
		modification	25Y		00	258		. [00	
								1		
	26.	Taxable income - Subtract Line 25 from Line 24	26Y	60228	3 . 00	26S	0	ا . ا	00	
	27.	Tax (see tax chart on page 22 of the instructions)	27Y	3068	3 . 00	278	0	ا . [00	
	28.	Resident credit - Attach Form MO-CR and other states' income tax return(s)	28Y		. 00	28S		ا . [00	
	29.	Missouri income percentage - Enter 100% unless you are								
		completing Form MO-NRI. Attach Form MO-NRI and a copy of your federal return if less than 100%	29Y	100	0 %	298	100	9	6	
Тах	30.	Balance - Subtract Line 28 from Line 27; OR multiply Line 27 by percentage on Line 29	30Y	3068	B . 00	30S	0	. [00	
	31.	Other taxes - Select box and attach federal form indicated.								
		Lump sum distribution (Form 4972)								
		Recapture of low income housing credit (Form 8611)	31Y		. 00	31S		ا . [00	
	32.	Subtotal - Add Lines 30 and 31	32Y	3068	3 . 00	32S	0	ا . ا	00	
	33.	Total Tax - Add Lines 32Y and 32S				. 33	3068	ا . ا	00	
	34.	MISSOURI tax withheld - Attach Forms W-2 and 1099				. 34	3841	ا . [00	
						0.5		ΙГ		
its	35.	2020 Missouri estimated tax payments - Include overpayment fro	om 201	9 applied to 2020		. 35		. [00	
Payments and Credits	36.	Missouri tax payments for nonresident partners or S corporation MO-2NR and MO-NRP			Forms	. 36		. [00	
ents a	37.	Missouri tax payments for nonresident entertainers - Attach Fo		. 37		[00			
Paym	38.	Amount paid with Missouri extension of time to file (Form MO-	<u>-60</u>)			. 38		. [00	
	39.	9. Miscellaneous tax credits (from Form MO-TC, Line 13) - Attach Form MO-TC								
	40.	Property tax credit - Attach Form MO-PTS		40		. [00			
	41.	Total payments and credits - Add Lines 34 through 40				41	3841		00	

	Sk	cip Lines 42 through 44 if you are not filing an amended return.		
	42.	Amount paid on original return	. 42	. 00
	43.	Overpayment as shown (or adjusted) on original return	. 43	. 00
		Indicate Reason for Amending		
_		Enter date of IRS report (MM/DD/YY)		
Amended Return		A. Federal audit		
nended		B. Net Operating Loss carryback		
Ā		Enter year of credit (YY)		
		C. Investment tax credit carryback Enter date of federal amended return, if filed	Y (MM/DD/VV)	
		Enter date of federal afficience fettini, if filed	i. (IVIIVI/DD/TT)	
		D. Correction other than A, B, or C		
	44.	Amended return total payments and credits - Add Lines 41 and 42; subtract from Line 43. Enter on Line 44	. 44	. 00
	4-			
	45.	If Line 41, or if amended return, Line 44, is larger than Line 33, enter the difference. Amount of OVERPAYMENT	. 45 77	3 . 00
	46.	Amount of Line 45 to be applied to your 2021 estimated tax	. 46	. 00
	47.	Enter the amount of your donation in the trust fund boxes below. See instructions for additional	trust fund codes.	
		[Flankillana	Missouri	
	47	Children's a. Trust Fund	National Guard 47d. Trust Fund	. 00
	47	Workers' e. Memorial Fund Childhood Lead Lead Lead 1.00 47f. Testing Fund Lead 1.00 47g. Relief Fund Lead 1.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00	General 47h. Revenue Fund	00
	7/	Kansas City Soldiers Kansas City Memorial	TIII. Revenue Fund	
Refund	47	Organ Donor I. Program Fund		
Re	47	Additional Fund Fund Additional Fund Additional Fund Additional Fund Additional Fund Additional Fund Amount		
		Total Donation - Add amounts from Boxes 47a through 47m and enter here	47	00
	48.	Amount of Line 45 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from Form 5632	. 48	
	49.	REFUND - Subtract Lines 46, 47, and 48 from Line 45 and enter here	. 49 77	3 . 00
		a. Routing Number 011900254 c.	Checking Savi	ngs
		b. Account Number 385024311267		

	50. If Line 33 is larger than Line 41 or Line 44, enter the difference. Amount of UNDERPAYMENT	50		. 00		
t Due	51. Underpayment of estimated tax penalty - Attach Form MO-2210. Enter penalty amount he	ere 51		. 00		
Amount Due	Select this box if you are a farmer exempt from the underpayment of estimated tax	x penalty.				
4	52. AMOUNT DUE - Add Lines 50 and 51. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically	52		. 00		
	Under penalties of perjury, I declare that I have examined this return, including accompanying school of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the the Department of Revenue with my signature as required under Section 143.561, RSMo. Declarabased on all information of which he or she has knowledge. As provided in Chapter 143, RS imposed on any individual who files a frivolous return. I also declare under penalties of unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption aliens.	"Signature" fie ation of prepal SMo., a pena of perjury tha	eld(s) below, I a rer (other than Ity of up to \$5 at I employ n	m providing taxpayer) is 500 shall be o illegal or		
	Signature	Date (MM/DI	D/YY)			
	Spouse's Signature (If filing combined, BOTH must sign)	Date (MM/DI	D/YY)			
	E-mail Address	Daytime Tele	phone			
ure	SYAM@GTAXFILE.COM	203444	4143			
Signature	Preparer's Signature	Date (MM/DI	D/YY)			
S	SYAM PRIYA RAM SAGAR GUPTA TALLAM	09	09	21		
	Preparer's FEIN, SSN, or PTIN	Preparer's Te	elephone			
	30-1017196	6789659522				
	Preparer's Address	State	ZIP Code			
	2530 PEBBLE CREEK LN CUMMING	GA	30041			
	I authorize the Director of Revenue or delegate to discuss my return and attachments with th or any member of the preparer's firm		Yes	× No		
	Did you pay a tax return preparer to complete your return, but the preparer failed to sign the ret an Internal Revenue Service preparer tax identification number? If you marked yes, please ins preparer's name, address, and phone number in the applicable sections of the signature block	ert the	· Yes	□ No		
	Department Use Only					
	A FA E10 DE F					
Mai	ill To: Balance Due: Refund or No Amount Due: Phone (Balance Due)	, , ,		Revised 12-2020)		

P.O. Box 329 Jefferson City, MO 65105-0329 P.O. Box 500 Jefferson City, MO 65105-0500

Phone (Refund or No Amount Due): (573) 751-3505 Fax: (573) 522-1762 E-mail: income@dor.mo.gov



