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

2020

OMB No. 1545-007

IBS Use Only—Do not write or staple in this space

Filing Status Check only one box.	If yo	Single Married filing jointly [ou checked the MFS box, enter the son is a child but not your depender	name of	ed filing separately your spouse. If you									
Your first name	and m	iddle initial	Last na	me					You	ır soc	ial securi	ty number	
KALYANSI	HANK	AR	KUMM	JMMARI 098-51-3282						2			
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spo	Spouse's social security number			
	•	er and street). If you have a P.O. box, se	e instructi	ons.				Apt. no.	+			on Campaign	
5523 W (100		710				ere if you, f filina ioir	or your itly, want \$3	
,, , ,		ce. If you have a foreign address, also c	omplete s	paces below.	Sta			code	to g	go to	this fund.	Checking a	
CHANDLE			<u> </u>				5226	\dashv		w will not	0		
Foreign country	Foreign country name			Foreign province/state/county Foreign postal code				e you	your tax or refund. You Spouse				
At any time du	ring 20	020, did you receive, sell, send, exc	hange, c	or otherwise acquire	e any	financial intere	st in	any virtual	curren	cy?	Yes	⊠ No	
Standard Deduction		leone can claim: You as a despouse itemizes on a separate retu	•			a dependent							
Age/Blindness	You:	: Were born before January 2,	1956	Are blind Sr	ouse	: Was bor	n be	efore January	v 2, 19	56	☐ Is bl	ind	
Dependent		-		(2) Social securi		(3) Relationsh			-		(see instru		
If more		irst name Last name		number	· y	to you	ıρ	Child tax		- 1	•	her dependents	
than four										T			
dependents,]	\neg			
see instruction and check	s ——]	\top			
here ►													
	, 1	Wages, salaries, tips, etc. Attach	Form(s) \	W-2						1		70,583.	
Attach	2a	Tax-exempt interest	2a		b T	axable interest			. [2b			
Sch. B if	3a	Qualified dividends	3a		b C	Ordinary divider	nds		. [3b			
required.	4a	IRA distributions	4a			axable amoun			. [4b			
	5a	Pensions and annuities	5a		b T	axable amoun	t.		. [5b			
Standard	6a	Social security benefits	6a		b T	axable amoun	t.		. [6b			
Deduction for—	7	Capital gain or (loss). Attach Scho	edule D it	f required. If not rec	quired	, check here		•		7			
Single or Married filing	8	Other income from Schedule 1, lin	ne 9 .						. [8		-5,140.	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total in	come				▶	9		65,443.	
Married filing	10	Adjustments to income:											
jointly or Qualifying	а	From Schedule 1, line 22				10a	a						
widow(er), \$24,800	b	Charitable contributions if you take	e the star	ndard deduction. Se	e inst	ructions 10k	,						
Head of	С	Add lines 10a and 10b. These are	your to t	tal adjustments to	inco	me			•	10c			
household, \$18,650	11	Subtract line 10c from line 9. This	-						•	11		65,443.	
If you checked	12	Standard deduction or itemized	l deduct	ions (from Schedul	e A)				. [12		12,400.	
any box under Standard	13	Qualified business income deduc	tion. Atta	ach Form 8995 or F	orm 8	8995-A			. [13			
Deduction, see instructions.	14	Add lines 12 and 13							. [14		12,400.	
	15	Taxable income. Subtract line 14	from lin	e 11. If zero or less	. ente	er -0			. [15		53,043.	

Form 1040 (2020	0)									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	_	7,456.
	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18		7,456.
	19	Child tax credit or credit for	other dependen	ts				19		
	20	Amount from Schedule 3, lir	ne 7					20		712.
	21	Add lines 19 and 20						21		712.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	(6,744.
	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	(6,744.
	25	Federal income tax withheld	I from:							
	а	Form(s) W-2				25a	750.			
	b	Form(s) 1099				25b				
	С					25c				
	d							25d	!	9,750.
• If you have a	26	•						26		
qualifying child,	27					27				
attach Sch. EIC. If you have	28					28				
nontaxable	29					29				
combat pay, see instructions.	30					30	L,800.	_		
	31					31	•			
	32					able credits .	▶	32	:	1,800.
	33							33	+	1,550.
Defend	34							34	+	4,806.
Refund	35a						. ▶ □			4,806.
Direct deposit?	▶b									
See instructions.	▶d						J.			
	36									
Amount	37	·				1	•	37		
You Owe	0.			-						
For details on						or the taxes you	OWE IOI			
how to pay, see instructions.	38					38				
Third Party	18 Add lines 16 and 17 19 Child tax credit or credit for other dependents 20 Amount from Schedule 3, line 7 21 Add lines 19 and 20 22 Subtract line 21 from line 18. If zero or less, enter -0- 23 Other taxes, including self-employment tax, from Schedule 2, line 10 24 Add lines 22 and 23. This is your total tax 25 Federal income tax withheld from: a Form(s) W-2 b Form(s) 1099 c Other forms (see instructions) d Add lines 25 athrough 25c 26 Oz0 estimated tax payments and amount applied from 2019 return 26 Oz0 estimated tax payments and amount applied from 2019 return 26 Oz0 estimated tax payments and amount applied from 2019 return 27 Sch. El.C. 28 Add lines 25 2 de and 32. These are your total other payments and refundable oredits 30 Amount from Schedule 3, line 13 31 Amount from Schedule 3, line 13 32 Add lines 27 through 31. These are your total apyments 33 Add lines 27 through 31. These are your total apyments 34 If line 33 is more than line 24, subtract line 24 from line 38. This is the amount you overpaid 35 Amount of line 34 you want applied to your 2021 estimated tax. ▶ 38 36 Amount of line 34 you want applied to your 2021 estimated tax. ▶ 38 37 Ozour number 0 2 1 2 0 2 3 3 7 ▶ c Type: X Checkeh kere ▶ 38 Amount of line 34 you want applied to your 2021 estimated tax. ▶ 38 38 Add lines 250.250, and 32. These are your total own on the property of the final tax payers (Pin) ▶ 39 Ozour want to allow another person to discuss this return with the IRS? See instructions 40 Do you want to allow another person to discuss this return with the IRS? See instructions 50 Designee's property in the line 34 you want applied to your 2021 estimated tax. ▶ 38 50 Do you want to allow another person to discuss this return and accompanying schedules and statements, and to the pease any knowle belief, they are two, correct, and complete. Declaration of preparer (pine than taxpayer) is blead on all information of which prepare is signature 50 Do you want to allow ano									
Designee			•				omplete	below.	× No	
							, ,			
Sign										
Here			ipiete. Deciaration (asea on all linormal	1		•	· ·
	. 10	ur signature		Date	Your occupation					
Joint return?					SOFTWARE I	ENGINEER	I			\Box
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date						
Keep a copy for your records.	,							-		enter it here
your records.							(see	€ Inst.) ►		
-						15.	DTT		Tat. 1.22	
Paid		'							l —	
Preparer	SYAM		1	RAM SAGAR	GUPTA TALLAM	02/25/2021				. ,
Use Only										
- ,	Fir	m's address ▶ 2530 Pebb	ıe Creek L	n Cummin	g GA 30041		Firn	n's EIN 🕨	> 30-1	.017196

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020

Attachment

Department of the Treasury Internal Revenue Service

KALYANSHANKAR KUMMARI

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.

Sequence No. 01

Your social security number

098-51-3282

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-5,140.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 9	0	F 140
Par	line 8	9	-5,140.
10	·	10	
11	Educator expenses	10	
''	officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
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 and		
	on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

SCHEDULE 3 (Form 1040)

Additional Credits and Payments

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. **03**

Schedule 3 (Form 1040) 2020

Your social security number

KAL	ANSHANKAR KUMMARI 098-51-32							
Pai	t I Nonrefundable Credits		·					
1	Foreign tax credit. Attach Form 1116 if required			. 1				
2	Credit for child and dependent care expenses. Attach Form 2441			. 2				
3	Education credits from Form 8863, line 19			. 3	712			
4	Retirement savings contributions credit. Attach Form 8880			. 4				
5	. 5							
6	6							
7	Other credits from Form: a \square 3800 b \square 8801 c \square Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or			I	712			
Par	t II Other Payments and Refundable Credits							
8	Net premium tax credit. Attach Form 8962			. 8				
9	Amount paid with request for extension to file (see instructions) .	. 9						
10	Excess social security and tier 1 RRTA tax withheld							
11	Credit for federal tax on fuels. Attach Form 4136			. 11				
12	Other payments or refundable credits:							
а	Form 2439	12a						
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b						
С	Health coverage tax credit from Form 8885	12c						
d	Other:	12d						
е	Deferral for certain Schedule H or SE filers (see instructions) .	12e						
f	Add lines 12a through 12e			. 12f	:			
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, o	r 1040	-NR, line 3	31 13				
For Pa	perwork Reduction Act Notice, see your tax return instructions.	REV 0	2/15/21 PRO	Sched	ule 3 (Form 1040) 2	020		

BAA

SCHEDULE E

Department of the Treasury

Name(s) shown on return

(Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

► Go to www.irs.gov/ScheduleE for instructions and the latest information. Internal Revenue Service (99)

Attachment Sequence No. 13

Your social security number

098-51-3282 KALYANSHANKAR KUMMARI Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Physical address of each property (street, city, state, ZIP code) Α D.NO:54-18/38, 2ND FLOOR VIJAYAWADA ANDHRA PRADESH IN 520008 В C 1b **Fair Rental Personal Use** Type of Property For each rental real estate property listed QJV above, report the number of fair rental and **Days** (from list below) **Days** personal use days. Check the QJV box only if you meet the requirements to file as a A 365 Α 0 qualified joint venture. See instructions. В В С C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α C 460. 3 Rents received . 3 4 4 Royalties received . Expenses: 5 5 Advertising 6 Auto and travel (see instructions) . . 6 7 Cleaning and maintenance . . . 7 900. Commissions. 8 8 9 Insurance 9 10 Legal and other professional fees . . . 10 11 11 1,000. 12 Mortgage interest paid to banks, etc. (see instructions) 13 Other interest. 13 800. 14 14 15 15 1,200. Supplies 16 Taxes 16 17 17 1,700. 18 Depreciation expense or depletion . . . 18 19 19 Total expenses. Add lines 5 through 19 20 20 5,600. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must 21 -5,140. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) -5,140.) 23a Total of all amounts reported on line 3 for all rental properties 23a 460 **b** Total of all amounts reported on line 4 for all royalty properties 23b c Total of all amounts reported on line 12 for all properties 23c d Total of all amounts reported on line 18 for all properties 23d e Total of all amounts reported on line 20 for all properties 23e 5,600. 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 5,140. 25 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 26 -5,140.

Form **8863**

Department of the Treasury Internal Revenue Service (99)

Education Credits (American Opportunity and Lifetime Learning Credits)

► Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074

2020

Attachment Sequence No. 50

Name(s) shown on return

KALYANSHANKAR KUMMARI

Your social security number

098-51-3282



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	Refundable American Opportunity Credit				
1	After completing Part III for each student, enter the total of all amounts from all P	arts II	I, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2			
3	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	3			
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4			
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5			
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6		I		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rou at least three places)		.)	6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of th conditions described in the instructions, you can't take the refundable America skip line 8, enter the amount from line 7 on line 9, and check this box	an op	portunity credit;	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter on Form 1040 or 1040-SR, line 29. Then go to line 9 below.		8		
Part					
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	instructions) .	9		
10	After completing Part III for each student, enter the total of all amounts from a zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	all Pa	rts III, line 31. If	10	10,800.
11 12	Enter the smaller of line 10 or \$10,000			11 12	10,000.
13	Enter: \$138,000 if married filing jointly; \$69,000 if single, head of household, or qualifying widow(er)	13	69,000.		
14	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	14	65,443.		
15	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	15	3,557.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	10,000.		
17	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 (rour	nded	to at least three		
	places)			17	0.356
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet			18	712.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit instructions) here and on Schedule 3 (Form 1040), line 3	∟ımıt	vvorksheet (see	19	712

Name(s) shown on return

KALYANSHANKAR KUMMARI

098-51-3282



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	Student and Educational Institution Information		
20	Student name (as shown on page 1 of your tax return)	21 Student social security number (as shown on page 1 o	f
	KALYANSHANKAR	your tax return)	
	KUMMARI	098-51-3282	
22			
а	Name of first educational institution	b. Name of second educational institution (if any)	
	UNIVERSITY OF THE CUMBERLANDS	(4) Address Niverbay and street (su D.O. bay). City toward	
(Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see 	(1) Address. Number and street (or P.O. box). City, town post office, state, and ZIP code. If a foreign address,	
	instructions.	instructions.	000
	6178 COLLEGE STATION DR		
	WILLIAMSBURG KY 40769		
(2	2) Did the student receive Form 1098-T 🗵 Yes 🗌 No	(2) Did the student receive Form 1098-T Yes	No
	from this institution for 2020?	from this institution for 2020?	INO
(B) Did the student receive Form 1098-T	(3) Did the student receive Form 1098-T	
	from this institution for 2019 with box Yes X No	from this institution for 2019 with box Yes	No
	7 checked?	7 checked?	
(4	Enter the institution's employer identification number (EIN)	1	
	if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form		
	1098-T or from the institution.	from Form 1098-T or from the institution.	5 LIIN
	61-0470593		
23	Has the Hope Scholarship Credit or American opportunity	Voc Charl	
	credit been claimed for this student for any 4 tax years	Yes — Stop! Go to line 31 for this student. \times No — Go to line 24.	
	before 2020?	do to line of for the olddon.	
24	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	Yes — Go to line 25. No — Stop! Go to line	31
	other recognized postsecondary educational credential?		
	See instructions.		
25	Did the student complete the first 4 years of postsecondary	Yes - Stop!	
	education before 2020? See instructions.	\times Go to line 31 for this \bigcirc No $-$ Go to line 26.	
		student.	
26	Was the student convicted, before the end of 2020, of a	— No Complete lines	97
	felony for possession or distribution of a controlled	Go to line 31 for this hrough 30 for this stud	
	substance?	student.	
	You can't take the American opportunity credit and the li	ifetime learning credit for the same student in the same year.	lf
CAUT	you complete lines 27 through 30 for this student, don't o	complete line 31.	
CAUI	American Opportunity Credit		
27	Adjusted qualified education expenses (see instructions). Don	n't enter more than \$4,000 27	
28	Subtract \$2,000 from line 27. If zero or less, enter -0		
29			
30	If line 28 is zero, enter the amount from line 27. Otherwise, a	add \$2,000 to the amount on line 29 and	
	enter the result. Skip line 31. Include the total of all amounts f		
	Lifetime Learning Credit		
31	Adjusted qualified education expenses (see instructions). Incl	lude the total of all amounts from all Parts	0.0
	III IIDO 3 L ON LIONE IL IIDO 7 II	1-21	

Schedule E

Schedule E Worksheet

► Keep for your records

_	•	•	-
7	n	7	ſ
	u	_	L

Name(s) shown on return Social Security No. KALYANSHANKAR KUMMARI 098-51-3282 General Information: Property description D.NO:54-18/38, 2ND FLOOR, RADIO COLONY 1ST LANE, VIJAYAWADA-520008 Property type. . 3 Vacation/Short-term If type is other, enter a description . . Location (street address) D.NO:54-18/38, 2ND FLOOR ZIP code City VIJAYAWADA State If a foreign address: Foreign province or state . . ANDHRA PRADESH Foreign postal code 520008 Foreign country India **Complete For All Properties:** Did you make any payments that would require you to file Form(s) 1099? Yes No If **yes**, did you or will you file all required Form(s) 1099?..... Yes **Complete For All Rental Properties:** 0 **Check All That Apply:** Owned by spouse В С Active participation. X D Qualified joint venture F Some investment is not at risk Ε Other passive exceptions Н Complete taxable disposition — See Help . . ī Treat all MACRS assets for this activity as qualified Indian reservation property? . . Yes Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular Extension Nο Κ Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? Yes No Was this activity located in a Qualified Disaster Area? Yes L М Ownership Percentage: Check to allocate income and expenses using ownership percentage **Owner-Occupied Rentals:** Q **Vacation Home or Property with Personal Use Days:** Check to allocate interest and taxes using the Tax Court Method S

Property Location Page 2

₽.	NO:54-18/38, ZND FLOOR, VIJAYAWADA,	ANDHRA	PRAD	ESH,	520008,	India
Inco	me			% if	Different	Total
3	Enter rental income (not reported elsewhere)		460.			
	Rental income from Form 1099-MISC					
	Rental income from Form 1099-K					
	Rental Income from Cancellation of Debt Wks					
	Total rents received		460.	10	0.000000	460.
4	Enter royalties received (not reported elsewhere) .					
	Royalty income from Form 1099-MISC					
	Royalty income from Form 1099-K					
	Royalty Income from Cancellation of Debt Wks					
	Royalty Income from Schedule K-1					
	Total royalties received					

Expenses	(a) Total	(b) Enter % if not 100.00	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
5 Advertising					
6 a Auto					
b Travel					
7 Cleaning and maint	900.		900.		
8 Commissions					
9 a Mort insur qualified					
From Form 1098 import					
Total mort insur qual .					
b Other Insurance					
Legal & other prof fees					
1 Management fees	1,000.		1,000.		
2 a Mortgage int qualified .					
From Form 1098 import					
Total mort int qualified					
b Mort int other					
From Form 1098 import					
Total mort int other					
3 Other interest					
4 Repairs	800.		800.		
5 Supplies	1,200.		1,200.		
6 a Real estate taxes	•		·		
From Form 1098 import		1			
Total real estate taxes					
b Other taxes					
7 Utilities	1,700.		1,700.		
8 a Depreciation	,		,		
b Depletion					
c Depreciation carryover					
9 Other expenses					
a					
b					
c					
d					
e Indirect operating exp .					
f Operating exp carryover					
g Vehicle rental		-			
h Amortization					
Add lines 5 through 19	5,600.	-	5,600.		
Income or (loss)	· · · · · · · · · · · · · · · · · · ·	-	-5,140.		
2 Deductible rental real estate			-5,140.		

Arizona Form
AZ-8879

E-file Signature Authorization

2020

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

Your First Name and Initial	Last Name		`	Your Socia	al Securi	ity Number*		
KALYANSHANKAR	KUMMARI		Enter	098		3282		
Your Spouse's First Name and Initial (if filed joint)	Last Name		your SSN(s).	Spouse's S	ocial Se	ecurity No.*		
			2011(3).					
PART 1 – PURPOSE					*Do N	lot Truncate		
• To certify the truthfulness, correctness, and comp				nia sianatura t	o tha ta	\ma\\\a\"\a		
 To authorize the Electronic Return Originator (ER federal individual income tax return as the taxpay 					o the tax	xpayer s		
PART 2 – TAX RETURN INFORMATION		PART 3 – FINANC			ORM/	ATION		
		Must be present wh						
1 Arizona Adjusted Gross Income 65, 4	43 00	Foreign Accour		-		•		
	67 00	TYPE OF ACCOUNT		ROUTING NUM				
	906 00	☑ Checking ☐	Savings	0 2 1 2	2 0 2	3 3 7		
Check box 4 or box 5:		ACCOUNT NUMBER						
4⊠ REFUND: Enter the amount of refund			2 8 8					
5 ☐ AMOUNT YOU OWE: Enter the amount owe		00 DIRECT DEBIT REQUEST D		DIRECT DEBIT	PAYMENT	AMOUNT		
7 Indiana in a control of the amount of the				\$.00		
Book A Observations - Bodowski Vision - Long Constitution		Familia Assessed Bases	:4/D - 1-14 Ob			· · · · · · · · · · · · · · · · · · ·		
Box 4 Checkbox – Refund: You are due a refund be provided on your tax return. Your refund amount		Foreign Account Depos Deposit/Debit" box if yo						
account listed in the Financial Institution Informatio	n Section (Part 3).	from a foreign account.	If you check	this box, do r	not enter	your account		
Box 5 Checkbox - Amount You Owe: You ov		numbers. If this box is						
information provided on your tax return. You have		account. If you are due a owe tax, you must mail a						
for payment. The payment will be withdrawn from date listed in the Financial Institution Information S		PO Box 29085, Phoenix			, u	,		
PART 4 – DECLARATION AND SIGNATU	RE AUTHORIZATION	(Sign only after comp	leting Par	t 2)				
Under penalties of perjury, I declare that I have e		I consent to my Electro	_	•	O) or O	n-Line Service		
electronic Arizona individual income tax return and a	ccompanying schedules	Provider (OLSP) sending	g my electr	onic Arizona i	individua	al income tax		
and statements for the year ending December 31, 2		return and accompanying						
my knowledge and belief, it is true, correct, and con that the amounts of Arizona adjusted gross inco	ome, total tax, Arizona	consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter						
income tax withheld, and refund (or amount owe	d) listed above are the	an acknowledgement of	f receipt of	transmission	and an	indication of		
amounts shown on the copy of my electronic Ariz		whether or not the transi is rejected, the reason(s)						
6a I consent that my refund be directly deposit electronic portion of my 2020 Arizona indivi		or refund is delayed, I a	uthorize ADC	OR to disclose t	occssing o my EF	₹O, OLSP and/		
If I have filed a joint return, this is an irrev		or transmitter the reason						
the other spouse as an agent to receive the		If ADOR contacts my El	RO for a co	py of my retui ithorization for	n, any m. Lautl	documents or horize my FRO		
6b I do not want direct deposit of my refund	or I am not receiving a	schedules to my return, and/or this authorization form, I authorize my ERC to release copies of the requested documents to ADOR.						
refund. 6c I authorize the Arizona Department of Re	avonuo (ADOR) and its							
designated Financial Agent to initiate an	ACH electronic funds	I authorize GLOBAL I	'AXES LI	ıC.				
withdrawal (direct debit) entry to the finar		1 audionze	(ELECTRONI	C RETURN ORIG	(NATOR)			
indicated in the tax preparation software for taxes owed on this return. I also authorize		to make the election tha	t I want my	electronic sign	aturo to	my electronic		
involved in the processing of the electron		federal individual incom						
receive confidential information necessary	to answer inquiries and	electronic Arizona indiv						
resolve issues related to the payment.		December 31, 2020. I u that my electronic signat						
If I have filed a balance due return, I understand the	at if the ADOR does not	serve as my signature to	my Arizona	a individual inc	ome tax	return, I will		
receive full and timely payment of my tax liability remain liable for the tax liability and all applicable	interest and penalties.	have signed my Arizona						
When electronically filing my federal and state tax	x returns, I understand	penalties of perjury that is true, correct and comp		r my knowieag	e and be	aller the return		
that if there is an error on my federal return, my s	state return will also be	is a def confect and comp	i cici					
rejected.								
₩ →						_		
YOUR PEN AND INK SIGNATURE		DA	TE		_	_		
IGN								
<u>∞</u>								
YOUR PEN AND INK SIGNATURE SPOUSE'S PEN AND INK SIGNATURE			TE.			_		
a		Di	_					

RETURN.			Arizona Form 140	Resident	Resident Personal Income Tax Return								
E.	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEGI	NNING L		12,0,2,0	AND ENDING					
	,		First Name and Middle Initial		1	st Name			Your Soc	cial Security Number			
TO THE	1	KA]	LYANSHANKAR		KUI	MMARI		Enter ——— your	098	51 3282			
	1	Spou	se's First Name and Middle Initi	al (if box 4 or 6 checked)	Las	st Name		SSN(Spouse's	Social Security No.			
巴	_	Curre	ent Home Address - number and	d street, rural route			Apt. No.	Dayti	me Phone (wi	th area code)			
ANY ITEMS	2		23 W GARY DR						814)812-9				
	$\overline{}$	-	Town or Post Office	State		ZIP Code		Last Names Used	d in Last Four Pr	ior Year(s) (if different)			
DO NOT STAPLE	3	CHANDLER AZ 85226								97 MARK IN THIS AREA.			
TA		4	☐ Married filing joint return				erpayment/	88	JALI. DO NOT I	WARK IN THIS AREA.			
TS	STA	5	Head of household. Enter	r name of qualifying child or de	ependent d	on next line:		_					
2	FILINGSTATUS	6	Married filing separate re	turn. Enter spouse's name a	nd Social S	Security Numb	ner ahove						
00		7	Single	tarri. Enter spouse s name a	na ooolar c	occurry rearris	oci above.						
			♦ Enter the number claims	ed. Do not put a check n	nark.								
		8	Age 65 or over (you and/				•	При					
	10b	9	Blind (you and/or spouse	,	lines 10a ar	nd 10b, also co	mplete line 49.	81 PM	8	0 RCVD			
	and	10a	Dependents: Under age of		endents:	Age 17 and	l over.						
	10a	11a	Qualifying parents and gr	•									
			(Box 10a and 10b): Depend	ent Information. See instr						e 4, Part 1.			
	- Dependents		(a) FIRST AND LA	ST NAME		(b) ECURITY NO.	(c)	(d) NO. OF MONTHS	(e) ✓ Dependent Age	if you did not claim			
	ebe		(Do not list yoursel					LIVED IN YOUR HOME IN 2020	included in:	rederal return due to			
	а - Г							11011121112020	(Box 10a) (Box 1	0b) educational credits			
	and 11a	10c							누ㅏ片	<u> </u>			
	9, an		1						片片片	+ $+$			
	ω,	10e	-			.							
40.	ions		(Box 11a): Qualifying parent	s and grandparents. See		ns. For moi (b)	re space, cnec	k the box and and	e) (e)	ge 4, Part 2.			
1,	Exemptions		FIRST AND LA			ECURITY NO.	RELATIONSHIP	NO. OF MONTHS	F AGE 65 O	R			
ter Form 140	Exe		(Do not list yoursel	f or spouse.)				HOME IN 2020	OVER	2020			
Ē													
afte		11b								+ $+$			
Sa			Federal adjusted gross inco	me (from your federal ref	furn)				12	65,443 00			
ent										00			
m	ns	14	Partnership Income adjustmen							00			
00	Additions	15								00			
jr d	Adc	16	Net capital (loss) derived from	the exchange of legal tend	der: See ir	nstructions			16	00			
Ę				•				•		00			
<u> </u>			Subtotal: Add lines 12 through 1							65,443 00			
SS (1 0 ()						00				
≝		20	Total net lang term capital gai						00				
Jec		21 22	Total net long-term capital gain Net long-term capital gain from						- 100				
scl		22	Multiply line 22 by 25% (25) a	nd enter the result					23	0 00			
AZ		24	Net capital gain derived from in	nvestment in qualified sma	all busines	SS			24	00			
pu		This	box may be blank or may contain a	printed barcode of data from y	our return	25 Net o	capital gain exc	change of legal to	ender 25	00			
<u>a</u>	ons				XXX II	26 Rec	alculated Arizo	na depreciation.	26	00			
era	acti					27 Parti	nership Income	e adjustment	27	00			
eq	Subtractions				1377	28 Inter	est on U.S. ob	ligations	28	00			
ğ	S					29a Exclus	sion for fed., AZ st	ate or local govt. per	nsions. 29 a	00			
Jire					XXX	29b Pensio	ons-Uniformed Se	rvices retired/retaine	er pay 29b	00			
edı						30 U.S. S	Social Security o	r Railroad Retirem	ent Act 30	00			
Place any required federal and AZ schedules or other documents			Net capital gain derived from in box may be blank or may contain a		//W/	31 Certa	ain wages of A	merican Indians	31	00			
ar			ANTERPROPERTURE PROPERTURE CONTRACTOR	INATE (CITED TRESPENDANCE)				an active service me adjustment		00			
эсе						1	-	adjustment College Savings Pla		00			
Ĕ								uah 34 from line18.		65,443 00			

	Your	Name (as shown on page 1)	Your Social Security Number						
	KAI	YANSHANKAR KUMMARI	098-51-328	2					
1									
	36	Other Subtractions from Income. Complete Adjustments to Arizona Gross Income schedule on			65 440	00			
	37	Subtract line 36 from line 35 and enter the difference			65,443	$\overline{}$			
suc	38	Age 65 or over: Multiply the number in box 8 by \$2,100				00			
ptio	39	Blind: Multiply the number in box 9 by \$1,500				00			
Exemptions	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300		. 40		00			
ш	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000				00			
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0"				-			
	43	Deductions: Check box and enter amount. See instructions			12,400	$\overline{}$			
	44	If you checked box 43S and claim charitable deductions, check 44C 🔲 Complete page 3. See instr	uctions	. 44		00			
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		45	53,043	-			
of Tax	46	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables		46	1,567				
ō	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31		47		00			
Balance	48	Subtotal of tax: Add lines 46 and 47 and enter the total		48	1,567	$\overline{}$			
3a la	49	Dependent Tax Credit. See instructions		49		00			
	50	Family income tax credit (from the worksheet - see instructions)		50		00			
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61		51		00			
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than	line 48, enter "0"	52	1,567	00			
	53	2020 AZ income tax withheld		53	1,906	00			
and	54	2020 AZ estimated tax payments54a 00 Claim of Right 54b	00 Add 54a and 54b	5 4c		00			
Cre	55	2020 AZ extension payment (Form 204)		55		00			
Total Payments and Refundable Credits	56	Increased Excise Tax Credit (from the worksheet - see instructions)		56		00			
und	57	Property Tax Credit from Arizona Form 140PTC		57		00			
Tota Ref	58	Other refundable credits: Check the box(es) and enter the total amount	□308-I 582 □34	9 58		00			
	59	Total payments and refundable credits: Add lines 53 through 58 and enter the total		59	1,906	00			
or ent	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52 and enter amount of tax due. Skip lin	es 61, 62 and 63	60		00			
Tax Due or Overpaymen	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59 and enter amount of overpay	ment	61	339	00			
rax I	62	Amount of line 61 to be applied to 2021 estimated tax		62		00			
. 0	63	Balance of overpayment: Subtract line 62 from line 61 and enter the difference		63	339	00			
fts	64	- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools	65	0					
Ğ		Child Abuse Prevention	68 00	0					
ıtar		Neighbors Helping Neighbors 69 00 Special Olympics	und 71 00	0					
Voluntary Gifts		I Didn't Pay Enough Fund72 00 Sustainable State Parks and Road Fund73 00 Spay/Neuter of Anima	als 74	0					
Š	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian	753 Republican						
Ę	76	Estimated payment penalty		76		00			
Penalty	77	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included							
а.	78	Add lines 64 through 74 and 76; enter the total		78		00			
_	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80		79	339	00			
Refund or Amount Owed		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; se	e instructions. 79A]					
u du		C Checking or ROUTING NUMBER ACCOUNT NUMBER							
Ref									
₹	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write y				00			
		and include with your return							
		Under penalties of perjury, I declare that I have read this return and any documents with it, and to				are			
	l t	true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information	on of which prepare	er has	s any knowledge.				
HERE	→				ID.				
宣	Ι-		FTWARE ENGI	LNEE	iK	-			
工		SATE SA	70017111011						
5	→								
SIGN	-	SPOUSE'S SIGNATURE DATE SF	OUSE'S OCCUPATION			-			
		SYAM PRIYA RAM SAGAR GUPTA TALLAM 02252021 GLOBAL TAXES LI	ıC						
PLEASE		PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF				_			
Щ.		2530 Pebble Creek Ln	30-101	7196	6				
П	Ī	PAID PREPARER'S STREET ADDRESS	PAID PREPAI			_			
	(Cumming GA 30041	(678)9	65-9	9522				
	7	DAID DEPARENCE CITY STATE ZID CODE	DAID DDEDAI	פר היפי	DHONE NIIMBED	— I			

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