E1040 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	s 🔀 🤅	Single Married filing jointly	Marrie	d filing separately (M	1FS) Hea	d of hous	sehold (HOH)	☐ Qu	alifying wi	idow(er) (QW)	
Check only one box.	If yo	u checked the MFS box, enter the na on is a child but not your dependent		our spouse. If you cl	hecked the HO	OH or QV	V box, enter	the child	's name if	the qualifying	
Your first name	and m	ddle initial	Last nan	ne				Yours	social secu	rity number	
SAI THA	RUN :	REDDY	NALA	BOLU				244	244-55-5949		
If joint return, s	If joint return, spouse's first name and middle initial			ne				Spous	Spouse's social security number		
		r and street). If you have a P.O. box, see in	nstructio	ins.			Apt. no.			tion Campaign	
3769 S							160		k here if you	u, or your pintly, want \$3	
	oost offi	ce. If you have a foreign address, also com	nplete sp	paces below.	State		code			d. Checking a	
BOISE					ID		3706		elow will no	0	
Foreign country name			-	oreign province/state/o	county	For	eign postal cod	e your t	ax or refun		
At any time du	uring 20	020, did you receive, sell, send, excha	ange, o	r otherwise acquire	any financial ir	nterest in	any virtual o	currency	? Yes	s 🔀 No	
Standard		eone can claim: You as a dep				ent					
Deduction		Spouse itemizes on a separate return	or you	were a dual-status a	alien						
Age/Blindnes	s You	☐ Were born before January 2, 19	56	Are blind Spo	use: Was	born be	efore January	2, 1956	☐ Is	blind	
Dependent	s (see	instructions):		(2) Social security		THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO			for (see inst	,	
If more	(1) F	rst name Last name		number	to y	ou	Child tax	credit	Credit for	other dependents	
than four											
dependents, see instruction	s										
and check											
here ►											
Attach	_1_	Wages, salaries, tips, etc. Attach Fo	12.2	V-2					1	<u>68,318.</u>	
Attach Sch. B if	2a	Tax-exempt interest 2			b Taxable int	erest		200	2b		
required.	3a_	Qualified dividends 3		_	b Ordinary di				Bb		
	4a	IRA distributions 4			b Taxable an			. –	lb		
	5a	Pensions and annuities 5			b Taxable an			_	ib	<u> </u>	
Standard Deduction for—	6a	Social security benefits 6			b Taxable an			_	6b		
• Single or	7	Capital gain or (loss). Attach Schede		required. If not requ	ired, check he	ere .	•		7	77	
Married filing separately,	8	Other income from Schedule 1, line							8	<u>-5,360.</u>	
\$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, at	nd 8. Th	nis is your total inco	ome				9	<u>6</u> 3,035.	
 Married filing jointly or 	10	Adjustments to income:				T 1					
Qualifying	а	From Schedule 1, line 22				10a	4,0	00.			
widow(er), \$24,800	b	Charitable contributions if you take the	he stan	dard deduction. See	instructions	10b					
 Head of household, 	С	Add lines 10a and 10b. These are year		water and the same and the same					0с	4,000.	
\$18,650	11	Subtract line 10c from line 9. This is		- T					1	<u>5</u> 9,035.	
 If you checked any box under 	12	Standard deduction or itemized d						-	12	12,400.	
Standard	13	Qualified business income deduction	n. Atta	ch Form 8995 or For	rm 8995-A .				13		
Deduction, see instructions.	14	Add lines 12 and 13							14	12,400.	
	15	Taxable income. Subtract line 14 fi	rom line	e 11. If zero or less,	enter -0			. 1	15	46,635.	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2020)

Form 1040 (2020)							Page 2
	16	Tax (see instructions). Check if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌		16	6,048.
	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	6,048.
	19	Child tax credit or credit for other depender	ıts				19	
	20	Amount from Schedule 3, line 7					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or less,	enter -0				22	6,048.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 10			23	0.
	24	Add lines 22 and 23. This is your total tax				. ▶	24	6,048.
	25	Federal income tax withheld from:			1 1			
	а	Form(s) W-2			25a	,405.	4	
	b	Form(s) 1099			25b			
	C	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	8,405.
If you have a	26	2020 estimated tax payments and amount a					26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			27			
If you have	28	Additional child tax credit. Attach Schedule	8812		28			
nontaxable combat pay,	29	American opportunity credit from Form 886			29		4	
see instructions.	30	Recovery rebate credit. See instructions .		/		,800.		
	31	Amount from Schedule 3, line 13			31			
	32	Add lines 27 through 31. These are your tot				/	32	1,800.
	33	Add lines 25d, 26, and 32. These are your to				. ▶	33	10,205.
Refund	34	If line 33 is more than line 24, subtract line 2	24 from line 33.	This is the amount	nt you overpaid		34	4,157.
	35a	Amount of line 34 you want refunded to yo					35a	4,157.
Direct deposit?	▶b	Routing number X X X X X X X X		▶ c Type:		Savings		
See instructions.	▶ d	Account number X X X X X X X X	 		i T			
	36	Amount of line 34 you want applied to your	2021 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. This is the am	ount you owe	now		. ▶	37	
You Owe		Note: Schedule H and Schedule SE filers,						
For details on how to pay, see	91	2020. See Schedule 3, line 12e, and its instr			1 1			
instructions.	38	Estimated tax penalty (see instructions) .			38			
Third Party		you want to allow another person to distructions	The second second second					X No
Designee		tructions				omplete t onal identif		△ NO
		ne ►	Phone no.			ber (PIN)		
Sign	Un	der penalties of perjury, I declare that I have examin	ed this return and	d accompanying sch	edules and stateme	nts, and to	the bes	st of my knowledge and
•	bel	ef, they are true, correct, and complete. Declaration					prepar	er has any knowledge.
Here	You	ur signature	Date	Your occupation		If the		nt you an Identity
	k .			18-1	NCTMEED		ection P inst.) ►	IN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, both must sign.	Date	SOFTWARE I	797-00 SE'U 000-000 W N 300			nt your spouse an
Keep a copy for	Op	base 3 signature. If a joint return, both mast sign.	Date	opouse s occupati	OH			ection PIN, enter it here
your records.						(see	inst.) 🕨	
	Pho	one no.	Email address					
Paid	Pre	parer's name Preparer's signa	ture		Date	PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/22/2021	P02082	2703	Self-employed
Use Only	Firr	n's name ▶ GLOBAL TAXES LLC				Phor	ne no. (678) 965-9522
Use Offig	Firr	n's address ▶ 2530 Pebble Creek I	In Cummin	g GA 30041		Firm	s EIN 🕨	30-1017196
Go to www.irs.go	v/Forn	1040 for instructions and the latest information.		BAA	REV 02/15/21 PRO			Form 1040 (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

2020 Attachment Sequence No. 01

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

SAI THARUN REDDY NALABOLU

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Your social security number 244-55-5949

Par	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 Schedule E	5	-5 , 360.
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,	0	5 260
Dor	line 8	9	<u>-</u> 5 , 360.
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
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	4,000.
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	4,000.

SCHEDULE D (Form 1040)

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.

2020

OMB No. 1545-0074

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return
SAI THARUN REDDY NALABOLU

Your social security number 244-55-5949

	rou dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additions					
Pa	Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less (se	e ins	tructions)
lines This	nstructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	Adjustmen to gain or loss Form(s) 8949, line 2, column	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
	Totals for all transactions reported on Form(s) 8949 with Box A checked	1,122.	1,045.		0.	77.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (l	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1		estates, and tr		5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions			The second secon	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	77.
Par					(see	
	nstructions for how to figure the amounts to enter on the below.	(d)	(e)	(g) Adjustmen		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, I line 2, colum	Part II,	from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat				12	
	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	•	-	Carryover	14	()
15	Net long-term capital gain or (loss). Combine lines 8a	a through 14 in co	lumn (h). Then. ac	to Part III		

on the back.

Schedule D (Form 1040) 2020 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 77. • 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. If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 amount, if any, from line 7 of that worksheet . . . 18 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see 19 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. ■ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 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 • (\$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 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.

Form **8949**

Sales and Other Dispositions of Capital Assets

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

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

OMB No. 1545-0074

2020
Attachment
Sequence No. 12A

Department of the Treasury Internal Revenue Service

Part I

Social security number or taxpayer identification number

244-55-5949

SAI THARUN REDDY NALABOLU

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.

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. X (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 Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (e) enter a code in column (f). (d) Cost or other basis. Gain or (loss). (c) (a) (b) See the separate instructions. Date sold or Proceeds See the Note below Subtract column (e) Description of property Date acquired and see Column (e) (sales price) disposed of from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (see instructions) combine the result (Mo., day, yr.) in the separate (a) Code(s) from Amount of instructions with column (a) instructions adjustment 08/23/20 12/25/20 Robinhood Securities LLC 1,045. W 77. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

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.

1,122.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked) ▶

1,045.

SCHEDULE E (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.

Attachment Sequence No. **13**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

Your social security number

SAI	THARUN REDDY NA	LABOLU						24	4-55-594	9
Part		From Rental Real Estate a	-		-				• .	
		instructions. If you are an individu								
	, , ,	nts in 2020 that would require	•	. ,						
B If "		ou file required Form(s) 1099?							🗆 🖰	Yes No
1a	Physical address of e	each property (street, city, sta	te, ZIP	code)						
<u>A</u> _	IN									
B										
C	- (5					E-1-	Devited	-	and Disa	
1b	Type of Property (from list below)	(from list below) above, report the number of fa personal use days. Check the if you meet the requirements t				r rental and Days			onal Use Days	QJV
A	3	if you meet the requirem	ents to	file as a	Α		365		0	
B		qualified joint venture. S	qualified joint venture. See instructions.							
C					С		- VM			
	of Property:									
	gle Family Residence	3 Vacation/Short-Term R				7 Self-				
	ti-Family Residence	4 Commercial		6 Royalties		8 Othe	r (describe			
Incom		Prope			Α		E	3		<u> </u>
3				3		500.				
4				4						
Expen				- 40						
5	_		-	5		-				
6		nstructions)		6	1	000				
7	_	nance	· •	7	1,	020.				
8				8	-					
9		anianal face	-	9						
10	•	ssional fees		10	1	200				
11		d to banks ata (see instructi		12	⊥,	300.				
12	0 0	d to banks, etc. (see instructi	UIIS)	13						
13 14	Repairs		()	14	1	240.				
	•			15		320.				
15 16				16	⊥,	320.				
17	Utilities			17		980.				
18		or depletion		18		900.				
19	Other (list)	sol depletion	•	19						
20	` ′	lines 5 through 19		20	5	860.				
		line 3 (rents) and/or 4 (royalti	-	20		000.				
21		instructions to find out if you								
	file Form 6198	instructions to find out if you	must	21	-5.	360.				
22		estate loss after limitation, in	f any		- 7					
	on Form 8582 (see in		. u.iy,	22 (-5.3	860.)	()()
23a		eported on line 3 for all rental	proper			23a		50	0.	,
b		eported on line 4 for all royalt				23b		900 7529		
C		eported on line 12 for all prop				23c				
d		eported on line 18 for all prop				23d				
e		eported on line 20 for all prop				23e		5,86	0.	
24		e amounts shown on line 21.		include an	y losses				24	
25	•	sses from line 21 and rental real			•	nter tota	al losses her	-	25 (5,360.)
26		ate and royalty income or (_	,	, /
20		V, and line 40 on page 2 d	-							
		10), line 5. Otherwise, include							26	-5,360.

Form **8917**(Rev. January 2020)

Tuition and Fees Deduction

► Attach to Form 1040 or 1040-SR.

► Go to www.irs.gov/Form8917 for the latest information.

OMB No. 1545-0074

Attachment Sequence No. **60**

Internal Revenue Service
Name(s) shown on return

Department of the Treasury

SAI THARUN REDDY NALABOLU

Your social security number 244-55-5949



Use this form for qualified tuition and fees paid in 2018, 2019, or 2020, and later years if legislation extends the deduction (see instructions). File a separate Form 8917 for each year after 2017 for which you qualify to take the deduction.

You can't take both an education credit from Form 8863 and the tuition and fees deduction from this form for the same student for the same tax year.

Before you begin:

- ✓ To see if you qualify for this deduction, see Who Can Take the Deduction in the instructions below.
- ✓ If you file Form 1040 or 1040-SR, figure any write-in adjustments.
 - For 2018: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040), line 36.
 - For 2019: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.
 - For 2020 and later years: Figure any write-in adjustments for Schedule 1 (Form 1040 or 1040-SR); see the Instructions for Forms 1040 and 1040-SR.

	the Instructions for Forms 1040 and 1040-SR.		
1	(a) Student's name (as shown on page 1 of your tax return) (b) Student's social number (as shown First name Last name 1 of your tax return)	on page	(c) Adjusted qualified expenses (see instructions)
	SAI THARUN REDDY NALABOLU 244-55-59	49	7,200.
2	Add the amounts on line 1, column (c), and enter the total	. 2	7,200.
3	Enter the amount from your "total income" line of Form 1040 or 1040-SR	35.	
4	• For 2018: Enter the total of the amounts on your 2018 Schedule 1 (Form 1040), lines 23 through 33, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040), line 36.		
	• For 2019 and 2020: Enter the total of the amounts on your 2019 Schedule 1 (Form 1040 or 1040-SR), lines 10 through 20, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.		
	• For later years: See www.irs.gov/Form8917 to find out if the line references above for 2019 have changed		
5	Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 if married filing join stop ; you can't take the deduction for tuition and fees	ily), 5	63,035.
	*If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, Effect of the Amount of Your Income on the Amount of Your Deduction in Pub. 970 to figure amount to enter on line 5.		
6	Tuition and fees deduction. Is the amount on line 5 more than \$65,000 (\$130,000 if man filing jointly)?	ied	
	Yes. Enter the smaller of line 2, or \$2,000.		
	\\ \tag{\tag{\tag{\tag{\tag{\tag{\tag{	. 6	4,000.
	X No. Enter the smaller of line 2, or \$4,000.		

Also enter this amount on line 21 of the 2019 and 2020 Schedule 1 (Form 1040 or 1040-SR), or line 34 of the 2018 Schedule 1 (Form 1040). See *www.irs.gov/Form8917* to find out if the line references above for 2019 have changed.

Don't Staple

State lax commission Illulvidual IllCol	ile lax Retuill
Amended Return? Check the box.	State Use Only
See page 7 of instructions for the reasons to amend and enter the number that applies.	NALA



Amended Return? Check the box. State Use Only								X	
	f instructions for the reasons to nter the number that applies.	<u>- </u>	NAL	A		rzerytorenski	LEPPH LEPSHED!	HONTHOO BRADENT I VERN	
For calendar	year 2020 or fiscal year beginnir	ng, e	ending _						
1	name and initial	Your last name			Your Social Security	number (S	SN)	Dece	ased
Your first	HARUN REDDY	NALABOLU			244-55-5949	9		in 202	
ㅎ Spouse's	first name and initial	Spouse's last nar	me		Spouse's Social Sec	curity numb	er (SSN	Dece in 202	
Current r	nailing address	l							
9 3769	S GEKELER LN APT 16	0			Forms an	d instruc	tions a	available at	
3769 City			State	ZIP Code		tax.idal	no.gov	/	
1 10121			ID	83706					
Filing State	us. Check only one box. If ma	arried filing joir	itly or s	separately, ente	r spouse's name an	d Social	Securit	y number abo	ve.
1. X S	ingle 2. Married filing jointly		arried fili parately		Head of Household 5.	Qualify with qu	ying wic ualifying	dow(er) g dependents	
Household.	See instructions, page 7. If so	meone can claim	you as a	a dependent, leav	e line 6a blank. Enter "	'1" on lines	6a and	6b, if they apply	<i>.</i>
6a Yours	self1 6b. Spous	e 60	. Depe	endents	_ 6d. Total Househ	old ¹			
List your de	pendents below. If you have	more than four	depend	ents, continue o	on Form 39R. Enter t	otal numb			
D	ependent's first name	Deper	ndent's la	st name	Dependent's	SSN		endent's birthdate (mm/dd/yyyy)	Э
								, , , , , , , , , , , , , , , , , , , ,	
									7
									\dashv
									\dashv
									ᆜ
	e instructions, page 7.								
	our federal adjusted gross in								
	a complete copy of your fed						7	59035	
1	ns from Form 39R, Part A, lin						8		00
•	dd lines 7 and 8						9	<u>59</u> 035	00
	ctions from Form 39R, Part B						10		00
	ed business income deduction	_					11		00
12. Total A	djusted Income. Subtract lir	nes 10 and 11 fr	om line	9			12	59035	00
Tax Comp	utation. See instructions, ¡	page 8.							
Standard	_			_	_				
Deduction for Most	a. If age 6	5 or older		• 📙 Y	ourself • _ Spou	se			
People	13. Check — b. If blind			• 🗌 Y	ourself • Spou	se			
Single or	c. If your	parent or some	ne else	can claim you	as a				
Married Filing Separately:	depend	lent, check here	and en	ter zero on line	43				
\$12,400	44 11 11 11 11 11				9		2.2		00
Head of	14. Itemized deductions. In						14		00
Household: \$18,650	15. State and local income						15		00
	16. Subtract line 15 from li	•					16	99	00
Married Filing Jointly or	17. Standard deduction. S						17	12400	
Qualifýing Widow(er):	18. Subtract the larger of						18	46635	
\$24,800	19. Idaho taxable income.						19	46635	
	20. Tax from tables or rate			ions, page 52			20	2958	00
REV 01/23/21 PR	o Conf	tinue to page :	2		I				

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056 Include a complete copy of your federal return.

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	YHO state tax commission	,	2020 (continu	lea)
21.	Tax amount from line 20	21	2958	00
Cre	dits. Limits apply. See instructions, page 9.			
22.	Income tax paid to other states. Include Form 39R and a copy of other states' returns • 22			
	Total credits from Form 39R, Part D, line 4. Include Form 39R			
	Total business income tax credits from Form 44, Part I, line 10. Include Form 44 24 00			
	Idaho Child Tax Credit. Computed amount from worksheet on page 10			
	Total Credits. Add lines 22 through 25	26	0	00
	Subtract line 26 from line 21. If line 26 is more than line 21, enter zero	27	2958	
		21	2930	00
	er Taxes. See instructions, page 10.	00		
	Fuels use tax due. Include Form 75	28		00
	Sales/use tax due on untaxed purchases (online, mail order and other)	29		00
30.	Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 44	30		00
31.	, , , ,	31		00
32.	Permanent building fund tax.			
	Check the box if you received Idaho public assistance payments for 2020	32	10	!
	Total Tax. Add lines 27 through 32	33	2968	00
	ations. See instructions, page 10. I want to donate to:			
34.	Idaho Nongame Wildlife Fund • 35. Idaho Children's Trust Fund •			
	Special Olympics Idaho 37. Idaho Guard & Reserve Family			
	American Red Cross of Idaho Fund 39. Veterans Support Fund			
40.				
42	Total Tax Plus Donations. Add lines 33 through 41	42	2968	00
	ments and Other Credits.			100
_	Grocery Credit. Computed amount from worksheet on page 12			
45.	To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 43			
		42	100	00
	To receive your grocery credit, enter the computed amount on line 43	43	100	
	Maintaining a home for family member age 65 or older or developmentally disabled. Include Form 39R	44		00
45.	Special fuels tax refund Gasoline tax refund Include Form 75	45		00
46.		46	3256	00
47.		47		00
48.		48		00
49.	Tax Reimbursement Incentive credit ■ Claim of Right credit ■ See instructions	49		00
	Total Payments and Other Credits. Add lines 43 through 49	50	3356	00
	Due or Refund. See instructions, page 13.			
	Tax Due. If line 42 is more than line 50, subtract line 50 from line 42			00
	Penalty Interest from the due date Enter total	52		00
O <u>L</u> .	Check box if penalty is caused by an unqualified Idaho medical savings account withdrawal			
53	Total Due. Add lines 51 and 52. Pay online or make check payable to the Idaho State Tax Commission	53		00
		54	200	_
54.	S. A. C.	54	388	_
55.	,		388	00
_56.	Estimated Tax. Amount of line 54 to be applied to your 2021 estimated tax	56		00
57.	Direct Deposit. See instructions, page 13. • Check if final deposit destination is outside the U.	S.	Chool	doa
- Day	ting No. Account No.		Type of Check	•
- Rou	ting No. Account No.		Account: Saving	gs ——
Am	ended Return Only. Complete this section to determine your tax due or refund. See instructions.			
58.	Total due (line 53) or overpaid (line 54) on this return	58		00
59.		59		00
60.	Tax paid with original return plus additional tax paid	60		00
	Amended tax due or refund. Add lines 58 and 59 then subtract line 60	61		00
	¬ Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid properties. → Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid properties. → Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid properties. → Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid properties. → Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid properties. → Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid properties. → Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid properties. → Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid properties. → Within 180 days of receiving this return with the paid properties. → Within 180 days of receiving this return with the paid properties. → Within 180 days of receiving this return with the paid properties. → Within 180 days of receiving the return with the paid properties. → Within 180 days of receiving the return with the paid properties. → Within 180 days of receiving the return with the return wit		er identified below	
•	Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct and co			
	Your signature Spouse's signature (if a joint return, both must sign)		Date	
Sigr		er's	ohone number	
Here				
		1) /	57-0860	
•	parer's address State ZIP Code Preparer's phone number			
253	30 PEBBLE CREEK LN CUMMING GA 30041 (678)965-9522			
EFO	00089 12-03-2020 REV 01/23/21 PRO Page 2 of 2	0	2 0 1 5 2	3 0