

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial SAICHAITANYA	Last name VARDINENI	Your social security number 092-17-4043
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 2670 ARLINGTON LANE		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. WARSAW		State IN
Foreign country name		ZIP code 46582
Foreign province/state/county		Foreign postal code
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse		

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1956 Are blind **Spouse:** Was born before January 2, 1956 Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name Last name		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit Credit for other dependents	
						<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required. Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	55,564.	
	2a	Tax-exempt interest	2a	2b		
	3a	Qualified dividends	3a	1.	3b	1.
	4a	IRA distributions	4a		4b	
	5a	Pensions and annuities	5a		5b	
	6a	Social security benefits	6a		6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			7	1,485.
	8	Other income from Schedule 1, line 9			8	-4,630.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶			9	52,420.
	10	Adjustments to income:				
	a	From Schedule 1, line 22	10a		10c	300.
	b	Charitable contributions if you take the standard deduction. See instructions	10b	300.		
	c	Add lines 10a and 10b. These are your total adjustments to income ▶				
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶			11	52,120.
	12	Standard deduction or itemized deductions (from Schedule A)			12	12,400.
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A			13		
14	Add lines 12 and 13			14	12,400.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15	39,720.	

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	4,570.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	4,570.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	4,570.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	4,570.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	5,374.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	5,374.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,200.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,200.
33	Add lines 25d, 26, and 32. These are your total payments	33	6,574.

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,004.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,004.
b	Routing number <u>1 1 1 0 0 0 0 2 5</u> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <u>4 8 8 0 6 1 3 0 1 9 6 2</u>		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

For details on how to pay, see instructions.

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

Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.

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

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

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

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

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	04/07/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name <input type="checkbox"/> GLOBAL TAXES LLC	Firm's address <input type="checkbox"/> 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
				Firm's EIN <input type="checkbox"/> 30-1017196

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **01**

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

Your social security number
092-17-4043

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-4,630.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ _____ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-4,630.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2020

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return: SAICHAITANYA VARDINENI
Your social security number: 092-17-4043

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	6,982.	5,497.		1,485.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 1,485.

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

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

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 	16	1,485.
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>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 ▶</p>	18	
<p>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 ▶</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21 ()	
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

SCHEDULE E
(Form 1040)

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, 1040-NR, or 1041.**
▶ **Go to www.irs.gov/ScheduleE for instructions and the latest information.**

Name(s) shown on return

SAICHAITANYA VARDINENI

Your social security number

092-17-4043

Part I **Income or Loss From Rental Real Estate and Royalties** **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions **Yes** **No**
B If "Yes," did you or will you file required Form(s) 1099? **Yes** **No**

1a Physical address of each property (street, city, state, ZIP code)
A 8-1-112 VINAYAK NAGAR NIRMAL TELANGANA IN 504106
B
C

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A	3	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	450.		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	1,000.		
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11	900.		
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14	1,050.		
15 Supplies	15	1,200.		
16 Taxes	16			
17 Utilities	17	930.		
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	5,080.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-4,630.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-4,630.)		
23a Total of all amounts reported on line 3 for all rental properties	23a		450.	
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		5,080.	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(4,630.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26	-4,630.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

2020 Individual PFC Letter

Dear Taxpayer:

Your 2020 Indiana Individual Income Tax return indicates a total tax amount of \$ 40.00 is owed to the Indiana Department of Revenue.

As a reminder, you must pay this amount in full no later than April 15, 2021. Any portion not paid by that date will be subject to penalties and interest.

You can take care of this obligation by doing one of the following:

1. Pay online via eCheck or credit card by visiting <https://www.in.gov/dor/4340.htm>. At this site you can either pay in full or make partial payments by selecting "Individual" and "Tax Return Payment" options. Have your SSN ready for identification purposes. If paying by credit card, a fee will be charged by the credit card processor based on the amount you are paying. If paying by electronic check, a fee of \$1 will be charged by the bank. You can make partial payments, but must still pay the entire amount by April 15, 2021 to avoid penalty and interest.
2. Pay by check or money order using the coupon at the bottom of this letter. If you did not electronically file your state return and will submit the payment with your tax return, then do not include the payment coupon below. If you are sending in your return separately from your payment, then mail your payment and the tear-off coupon at the bottom of this letter to: Indiana Department of Revenue, PO Box 1674, Indianapolis, IN 46206-1674. Make your check or money order payable to "Indiana Department of Revenue". DO NOT SEND CASH.

Remember, you must take action on this debt no later than April 15, 2021, to avoid penalty and interest.

Sincerely,

Indiana Department of Revenue
317-232-2240

Cut on line before mailing

REV 03/24/21 PRO

POST FILING COUPON

PFC

0912

1030

*SSN 1 092 17 4043
*SSN 2
Period End Date 12 31 2020
Date Due 05 17 2021
Tax Type IND

"Electronic calculation and processing of state tax liabilities serve as a convenience for Indiana taxpayers. The taxpayer remains responsible for providing accurate information and remains liable for payment of the correct amount of tax."

Mail and make check payable to
INDIANA DEPARTMENT OF REVENUE
P.O. BOX 1674
INDIANAPOLIS, IN 46206-1674

SAICHAITANYA VARDINENI

Amount Due:

40.00

2670 ARLINGTON LANE

WARSAW IN 46582

06000009217404302000010111231202005

**Indiana Part-Year or Full-Year Nonresident
Individual Income Tax Return**

2020

Due April 15, 2021

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from to:

Place "X" in box
if amending

Your Social Security Number 092 17 4043

Spouse's Social Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name SAICHAITANYA Initial Last name VARDINENI Suffix

If filing a joint return, spouse's first name Initial Last name Suffix

Present address (number and street or rural route)

2670 ARLINGTON LANE Place "X" in box if you are married filing separately.

City WARSAW State IN Zip/Postal code 46582

Foreign country 2-character code (see instructions)

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40PNR) for the county where you lived and worked on January 1, 2020.

County where you lived 43 County where you worked 43 County where spouse lived County where spouse worked

Round all entries

- | | | |
|---|--------------------------------------|---|
| 1. Complete Schedule A first. Enter here the amount from Section 3, line 36B, and enclose Schedule A _____ | Indiana Income | <input type="text"/> 1 <input type="text"/> 3956 <input type="text"/> .00 |
| 2. Enter amount from Schedule B, line 6, and enclose Schedule B _____ | Indiana Add-Backs | <input type="text"/> 2 <input type="text"/> 300 <input type="text"/> .00 |
| 3. Add line 1 and line 2 _____ | | <input type="text"/> 3 <input type="text"/> 4256 <input type="text"/> .00 |
| 4. Enter amount from Schedule C, line 12, and enclose Schedule C _____ | Indiana Deductions | <input type="text"/> 4 <input type="text"/> _____ <input type="text"/> .00 |
| 5. Subtract line 4 from line 3 _____ | | <input type="text"/> 5 <input type="text"/> 4256 <input type="text"/> .00 |
| 6. You must complete Schedule D. Enter amount from Schedule D, line 8, and enclose Schedule D _____ | Indiana Exemptions | <input type="text"/> 6 <input type="text"/> 81 <input type="text"/> .00 |
| 7. Subtract line 6 from line 5 _____ | Indiana Adjusted Gross Income | <input type="text"/> 7 <input type="text"/> 4175 <input type="text"/> .00 |
| 8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323) (if answer is less than zero, leave blank) _____ | | <input type="text"/> 8 <input type="text"/> 135 <input type="text"/> .00 |
| 9. County tax. Enter county tax due from Schedule CT-40PNR (if answer is less than zero, leave blank) _____ | | <input type="text"/> 9 <input type="text"/> 42 <input type="text"/> .00 |
| 10. Other taxes. Enter amount from Schedule E, line 5 (enclose sch.) _____ | | <input type="text"/> 10 <input type="text"/> _____ <input type="text"/> .00 |
| 11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back _____ | Indiana Taxes | <input type="text"/> 11 <input type="text"/> 177 <input type="text"/> .00 |



15720111030

12. Enter credits from Schedule F, line 10 (enclose schedule) _____	12	137	.00
13. Enter offset credits from Schedule G, line 8 (enclose schedule) _____	13		.00
14. Add lines 12 and 13 _____ Indiana Credits	14	137	.00
15. Enter amount from line 11 _____ Indiana Taxes	15	177	.00
16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)	16		.00
17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16	17		.00
18. Subtract line 17 from line 16 _____ Overpayment	18		.00
19. Amount from line 18 to be applied to your 2021 estimated tax account (see instructions).			

Enter your county code county tax to be applied __ \$ a .00

Spouse's county code county tax to be applied __ \$ b .00

Indiana adjusted gross income tax to be applied _____ \$ c .00

Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) _____ 19d .00

20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A _____ 20 .00

21. **efund:** Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions **Your Refund** 21 .00

22. Direct Deposit (see instructions)

a. Routing Number

b. Account Number

c. Type: Checking Savings Hoosier Works MC

d. Place an "X" in the box if refund will go to an account outside the United States

23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) _____ 23 40 .00

24. Penalty if filed after due date (see instructions) _____ 24 .00

25. Interest if filed after due date (see instructions) _____ 25 .00

26. **Amount Due:** Add lines 23, 24 and 25 _____ **Amount You Owe** 26 40 .00

Do not send cash. Please make your check or money order payable to:
Indiana Department of Revenue. Credit card payers must see instructions.

Sign and date this return after reading the Authorization statement on Schedule H. You must enclose Schedule H (both pages).

Your Signature Date Spouse's Signature Date

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.



Name(s) shown on Form IT-40PNR

Your Social Security Number

SAICHAITANYA VARDINENI

092

17

4043

Section 1: Income or (Loss) Enter in Column A the same income or loss you reported on your 2020 federal income tax return, Form 1040, Form 1040-SR, and Form 1040 Schedule 1 (except for line 19B and/or a net operating loss carryforward on line 20B; see instructions). Round all entries.

	Column A Income from Federal Return		Column B Income Taxed by Indiana	
1. Your wages, salaries, tips, commissions, etc _____	1A	55564.00	1B	4256.00
2. Spouse's wages, salaries, tips, commissions, etc _____	2A	.00	2B	.00
3. Taxable interest income _____	3A	.00	3B	.00
4. Dividend income _____	4A	1.00	4B	0.00
5. Taxable refunds, credits, or offsets of state and local taxes from your federal return _____	5A	0.00	5B	.00
6. Alimony received _____	6A	.00	6B	.00
7. Business income or loss from federal Schedule C or C-EZ _____	7A	.00	7B	.00
8. Capital gain or loss from sale or exchange of property from your federal return _____	8A	1485.00	8B	0.00
9. Other gains or (losses) from Form 4797 _____	9A	.00	9B	.00
10. Total IRA distribution _____	10A	.00	10B	.00
11. Total pensions and annuities _____	11A	.00	11B	.00
12. Net rent or royalty income or loss reported on federal Schedule E _____	12A	-4630.00	12B	0.00
13. Income or loss from partnerships _____	13A	.00	13B	.00
14. Income or loss from trusts and estates _____	14A	.00	14B	.00
15. Income or loss from S corporations _____	15A	.00	15B	.00
16. Farm income or loss from federal Schedule F _____	16A	.00	16B	.00
17. Unemployment compensation _____	17A	.00	17B	.00
18. Taxable Social Security benefit _____	18A	.00	18B	.00
19. Indiana apportioned income from Schedule IT-40PNRA _____			19B	.00
20. Other income reported on your federal return _____	20A	.00	20B	.00
List source(s). (Do not include federal net operating loss in Column B. See instructions.)				
21. Subtotal: add lines 1 through 20 _____	21A	52420.00	21B	4256.00



23420111030

Proration Section See instructions.

21C. **Note:** Nonresident military personnel see special instructions and complete worksheet _____ 21C .00

21D. For all other individuals, divide the amount on line 21B by the amount on line 21A (see instructions if either line 21A and/or 21B are less than zero). Please round your answer to a decimal followed by three numbers. Example: $\$3,100 \div \$8,000 = .3875$, which rounds to .388 (do not enter a number greater than 1.00). Enter result here and on Schedule D, line 7 21D 0.081

Section 2: Adjustments to Income Note: Enter in Column A only those deductions claimed on your 2020 federal income tax return, Form 1040, Form 1040-SR, and Form 1040 Schedule 1. Round all entries.

	Column A Federal Adjustments		Column B Indiana Adjustments	
22. Educator expenses (see instructions) _____	22A	<input type="text"/> .00	22B	<input type="text"/> .00
23. Certain business expenses of reservists, performing artists, etc _____	23A	<input type="text"/> .00	23B	<input type="text"/> .00
24. Health savings account deduction _____	24A	<input type="text"/> .00	24B	<input type="text"/> .00
25. Moving expenses (see instructions) _____	25A	<input type="text"/> .00	25B	<input type="text"/> .00
26. Deductible part of self-employment tax _____	26A	<input type="text"/> .00	26B	<input type="text"/> .00
27. Self-employed, SEP, SIMPLE, and qualified plans _____	27A	<input type="text"/> .00	27B	<input type="text"/> .00
28. Self-employed health insurance deduction _____	28A	<input type="text"/> .00	28B	<input type="text"/> .00
29. Penalty on early withdrawal of savings _____	29A	<input type="text"/> .00	29B	<input type="text"/> .00
30. Alimony paid _____	30A	<input type="text"/> .00	30B	<input type="text"/> .00
31. IRA deduction _____	31A	<input type="text"/> .00	31B	<input type="text"/> .00
32. Student loan interest deduction (see instructions) _____	32A	<input type="text"/> .00	32B	<input type="text"/> .00
33. Tuition and Fees _____	33A	<input type="text"/> .00	33B	<input type="text"/> .00
34. Other (see instructions) <input type="text" value="CHARITY"/>	34A	<input type="text" value="300"/> .00	34B	<input type="text" value="300"/> .00
35. Add lines 22 through 34 _____	35A	<input type="text" value="300"/> .00	35B	<input type="text" value="300"/> .00

Section 3: Totals

36. Subtract line 35 from line 21 of Section 1. Carry amount from line 36B to Form IT-40PNR, line 1 36A .00 36B .00



Name(s) shown on Form IT-40PNR

Your Social Security Number

SAICHAITANYA VARDINENI

092 17 4043

Round all entries

1. Tax add back: certain taxes deducted from federal Schedules C, C-EZ, E and/or F _____	1		.00
2. OOS municipal obligation interest add-back _____	2		.00
3. Bonus depreciation add-back _____	3		.00
4. Section 179 expense excess add-back _____	4		.00
5. Other Add-Backs: See instructions.			
a. Enter add-back name OTHER CURRENT YEAR CONFORM code no. 120	5a	300	.00
b. Enter add-back name _____ code no. _____	5b		.00
c. Enter add-back name _____ code no. _____	5c		.00
d. Enter add-back name _____ code no. _____	5d		.00
e. Enter add-back name _____ code no. _____	5e		.00
f. Enter add-back name _____ code no. _____	5f		.00
g. Enter add-back name _____ code no. _____	5g		.00
h. Enter add-back name _____ code no. _____	5h		.00
i. Enter add-back name _____ code no. _____	5i		.00
j. Enter add-back name _____ code no. _____	5j		.00
k. Enter add-back name _____ code no. _____	5k		.00
l. Enter add-back name _____ code no. _____	5l		.00
m. Enter add-back name _____ code no. _____	5m		.00
n. Enter add-back name _____ code no. _____	5n		.00
o. Enter add-back name _____ code no. _____	o		.00
6. Add lines 1 through 5. Enter total here and on Form IT-40PNR, line 2 Total Indiana Add-Backs	6	300	.00



Name(s) shown on Form IT-40PNR

SAICHAITANYA VARDINENI

Your Social Security Number

092 17 4043

Complete and enclose Schedule IN-DEP: Dependent Information and Additional Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below.

Round all entries

1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000 1 1000 .00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 6 x \$1000 2 .00
You **MUST** enclose Schedule IN-DEP.

3. You may claim an additional exemption for each qualifying dependent child:
- who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom you are a legal guardian,
 - who was under the age of 19 by Dec. 31, 2020,
 - or a full-time student who was under the age of 24 by Dec. 31, 2020, and
 - who you are eligible to claim as a dependent on line 2 above.

Enter the number of additional dependents listed on Schedule IN-DEP, Box 7. x \$1500 3 .00

4. Place "X" in box(es) below if, by December 31, 2020

You were age 65 or older and/or blind

Spouse was 65 or older and/or blind

Total number of boxes with Xs x \$1000 .00

5. If age 65 or older, enter amount from Schedule A, line 36A \$
If this amount is less than \$40,000, place "X" in box(es) below if:

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs x \$500 5 .00

6. Add lines 1, 2, 3, 4 and 5 6 1000 .00

7. Enter the number from Schedule A, Proration Section, line 21D 7 0.081

8. Multiply line 6 by line 7. Enter here and on Form IT-40PNR, line 6 **Total Exemptions** 8 81 .00



Name(s) shown on Form IT-40PNR

SAICHAITANYA VARDINENI

Your Social Security Number

092 17 4043

Round all entries

- | | | | |
|---|----|-----|-----|
| 1. Indiana state tax withheld: enclose W-2s, 1099s, IN K-1s showing state tax withholding amounts | 1 | 137 | .00 |
| 2. Indiana county tax withheld: enclose W-2s, 1099s, IN K-1s showing county tax withholding amts. | 2 | | .00 |
| 3. Estimated tax paid for 2020: include any extension payment made with Form IT-9 | 3 | | .00 |
| 4. Unified tax credit for the elderly | 4 | | .00 |
| 5. Earned income credit: see instructions
Enter earned income credit from
Schedule IN-EIC, line A-3 _____ Box A | | | .00 |
| Enter number from Schedule A, Proration Section, line 21 _____ Box B | | | |
| Multiply Box A by Box B, enter total here | 5 | | .00 |
| 6. Lake County residential income tax credit | 6 | | .00 |
| 7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE,
line 19 (enclose schedule) | 7 | | .00 |
| 8. Economic development for a growing economy retention credit. Enter amount from
Schedule IN-EDGE-R, line 19 (enclose schedule) | 8 | | .00 |
| 9. Headquarters relocation credit (refundable portion - see instructions) | 9 | | .00 |
| 10. Add lines 1 through 9. Enter total here and on Form IT-40PNR, line 12 Total Credits | 10 | 137 | .00 |

Schedule IN-DONATE

Important. The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)
- | | | | | | | |
|---|--|----------|--|----|--|-----|
| a. Enter fund name | | code no. | | 1a | | .00 |
| b. Enter fund name | | code no. | | 1b | | .00 |
| c. Enter fund name | | code no. | | 1c | | .00 |
| 2. Add lines 1a through 1c. Enter total here and on Form IT-40/IT-40PNR, line 17 Total Donations | | | | 2 | | .00 |



23820111030

Name(s) shown on Form IT-40PNR

Your Social Security Number

SAICHAITANYA VARDINENI

092 17 4043

Section 1: Residency Information

List all state(s) and dates of your (and your spouse's, if filing jointly) residency during 2020. Enter 2-letter state name (e.g. "IL" for Illinois) or the letters "OC" if you were a resident of a foreign country (see instructions).

Example

State of Residence	Date From (MM/DD)	Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
IL	01 01 2020	06 01 2020	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IN	06 02 2020	12 31 2020	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Your information

	(a) State of Residence	(b) Date From (MM/DD)	(c) Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
1A	IN	09 01 2020	12 31 2020	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1B	OH	01 01 2020	08 31 2020	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1C				Ye <input type="checkbox"/> No <input type="checkbox"/>
1D				Ye <input type="checkbox"/> No <input type="checkbox"/>

Spouse's information if married filing jointly

	(a) State of Residence	(b) Date From (MM/DD)	(c) Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
2A				Yes <input type="checkbox"/> No <input type="checkbox"/>
2B				Yes <input type="checkbox"/> No <input type="checkbox"/>
2C				Ye <input type="checkbox"/> No <input type="checkbox"/>
2D				Yes <input type="checkbox"/> No <input type="checkbox"/>

Turn over to complete Section 2



Section 2: Additional Information

1. Federal filing information

Are you filing a federal income tax return for 2020? Place "X" in appropriate box. Yes No

2. Extension of time to file

a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.

b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

3. Farm / Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.

Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

4. MFJ filers. If you are eligible for a refund and you do not want it applied to an existing state income tax liability of your spouse, or to another debt of your spouse to which the state tax refund may be applied, place an "X" in the box and see instructions.

5. Date of death

If any individual listed at the top of the IT-40PNR died *during* 2020, enter date of death (MM/DD).

Taxpayer's date of death 2020 Spouse's date of death 2020

Authorization Sign Form IT-40PNR after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

6. Your daytime telephone number

Your email address

I authorize the Department to discuss my return with my personal representative.

Yes No If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State ZIP Code

Paid Preparer: Firm's Name (or yours if self-employed)

IN-OPT on file with paid preparer if not filing electronically

PTIN

Address

City

State ZIP Code

Preparer's signature



Name(s) shown on Form IT-40PNR

Your Social Security Number

SAICHAITANYA VARDINENI

092 17 4043

SECTION 1: To be completed by those taxpayers who were residents of an Indiana county as of Jan. 1, 2020.

1. Enter the amount from IT-40PNR, line 7. Note: If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40PNR, line 7 on line 1A only (see instructions) _____

Column A - Yourself		Column B - Spouse's	
1A	4175.00	1	.00

2. Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2020 _____

2A	.0100000	2B	.
----	----------	----	---

3. Multiply line 1 by the rate on line 2 (leave blank if less than zero) _____

3A	42.00	3B	.00
----	-------	----	-----

4. Add lines 3A and 3B. Enter the total here. **Note: Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 5 and 6.** Otherwise, enter the total here and on line 7 below. _____

4	42.00
---	-------

5. Enter the amount of income that was taxed by certain Kentucky localities (see instructions) _____

5	.00
---	-----

6. Multiply line 5 by .0181 and enter total here _____

6	.00
---	-----

7. Enter total of line 4 minus line 6. Continue with Section 2 below if you are married filing jointly and you/spouse need to complete it. Otherwise, enter this amount on line 9 of Form IT-40PNR _____

7	42.00
---	-------

SECTION 2: To be completed by those taxpayers who, on Jan. 1, 2020, were not residents of an Indiana county, but who worked in Indiana as of Jan. 1, 2020.

1. Enter your principal employment income (see instructions) _____

Column A - Yourself		Column B - Spouse's	
1A	.00	1B	.00

2. Enter deductions. See the complete list of allowable deductions in the instructions _____

2A	.00	2B	.00
----	-----	----	-----

3. Subtract line 2 from line 1 _____

3	.00	3B	.00
---	-----	----	-----

4. Enter some or all of the exemptions from line 8 of Schedule D (see instructions) _____

4A	.00	4B	.00
----	-----	----	-----

5. Subtract line 4 from line 3 (if less than zero, leave blank) _____

5	.00	5	.00
---	-----	---	-----

6. Enter the county tax rate from the chart on the back of this schedule for the county where you worked on Jan. 1, 2020 _____

6A	.	6B	.
----	---	----	---

7. Multiply the income on line 5 by the rate on line 6 _____

7	.00	7B	.00
---	-----	----	-----

8. Enter total of 7A plus 7B; carry to Form IT-40PNR, line 9. (If you have an amount on Section 1, line 7 above, combine that with the amount on line 8 and enter total on Form IT-40PNR, line 9) _____

8	.00
---	-----



Indiana Individual Income Tax
DECLARATION OF ELECTRONIC FILING
Income Tax for the Tax Year January 1 - December 31, 2020

**Do Not Mail This
Form To DOR**

Submission ID – –

First Name and Middle Initial SAICHAITANYA	Last Name VARDINENI	Your Social Security Number 092 17 4043	Spouse's Social Security Number
Spouse's First Name and Middle Initial	Spouse's Last Name	Street Address 2670 ARLINGTON LANE	
City WARSAW		State IN	Zip Code 46582
		Daytime Telephone Number 409 665 0893	

Part I Tax Return Information (See Instructions on Next Page)

1. Federal Adjusted Gross Income	52120
2. Indiana Adjusted Gross Income	4175
3. Total Indiana Tax	177
4. Total State Tax Withheld	137
5. Total County Tax Withheld	
6. Total Indiana Tax Credits	137
7. Refund	
8. Amount You Owe	40

Part II Direct Deposit

9. Routing number *Note: The first two digits of the routing number must be 01 - 12 or 21 - 32.*
10. Account number
11. Type of account: Checking Savings Hoosier Works MC
12. Place an "X" in the box if refund will go to an account outside the United States.

**Do Not Mail
This Form
To DOR**

My request for direct deposit of my refund includes my authorization for the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type, and Social Security number to ensure my refund is properly deposited.

Part III Declaration of Taxpayer

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my income tax return. To the best of my knowledge and belief, my 2020 return is true, correct and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the DOR. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the DOR of all information pertaining to my use of the system and software and to the transmission of my return electronically. I also consent to the DOR sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the DOR to disclose to my ERO and/or transmitter the reason(s) for the delay of when the refund was sent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN as my signature on my tax year 2020 electronically filed income tax return.
do not enter all zeros
- I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete part IV below.

Taxpayer's signature ► _____ Date _____

Spouse's PIN: check one box only

- I authorize _____ to enter my PIN as my signature on my tax year 2020 electronically filed income tax return.
do not enter all zeros
- I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete part IV below.

Spouse's signature ► _____ Date _____

Part IV Practitioner Certification and Authentication - Practitioner PIN Method ONLY

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self selected PIN.
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2020 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's Signature ► _____ Date _____

I
N
D
I
A
N
A

▶ Attach W-2 Forms Here ▶

2020 Ohio IT 1040 Individual Income Tax Return Use only black ink/UPPERCASE letters.



04 07 21

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

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

Primary taxpayer's SSN (required) 092 17 4043

If deceased Spouse's SSN (if filing jointly)

If deceased

School district # (see instructions).

check box

check box

SD# 2503

First name SAICHAITANYA

M.I. Last name VARDINENI

Spouse's first name (only if married filing jointly)

M.I. Last name

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

2670 ARLINGTON LANE

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

City

WARSAW

State

IN

ZIP code

46582

Ohio county (first four letters)

FRAN

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

Foreign postal code

Residency Status - Check only one for primary

Resident X Part-year resident Nonresident IN Indicate state

Check only one for spouse (if married filing jointly)

Resident Part-year resident Nonresident Indicate state

Filing Status - Check one (as reported on federal income tax return)

X Single, head of household or qualifying widow(er)

Married filing jointly

Married filing separately

Spouse's SSN

Ohio Nonresident Statement - See instructions for required criteria

Primary meets the five criteria for irrebuttable presumption as nonresident.

Spouse meets the five criteria for irrebuttable presumption as nonresident.

Check here if you filed the federal extension form 4868.

Check here if someone else is able to claim you (or your spouse if joint return) as a dependent.

Do not staple or paper clip.

Table with 3 columns: Line number, Description, and Amount. Includes Federal adjusted gross income, additions, deductions, and taxable business income.



MM-DD-YY Code

2020 Ohio IT 1040 Individual Income Tax Return



20000298 Sequence No. 2

SSN 092 17 4043

Table with 3 columns: Description, Line Number, Amount. Rows include 7a. Amount from line 7 on page 1, 8a. Nonbusiness income tax liability, 8b. Business income tax liability, 8c. Income tax liability before credits, 9. Ohio nonrefundable credits, 10. Tax liability after nonrefundable credits, 11. Interest penalty on underpayment of estimated tax, 12. Use tax due on internet, mail order or other out-of-state purchases, 13. Total Ohio tax liability, 14. Ohio income tax withheld, 15. Estimated and extension payments, 16. Refundable credits, 17. Amended return only, 18. Total Ohio tax payments, 19. Amended return only, 20. Line 18 minus line 19, 21. Tax liability, 22. Interest due on late payment of tax, 23. TOTAL AMOUNT DUE, 24. Overpayment, 25. Original return only, 26. Original return only (a-f), 27. REFUND.

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

Primary signature _____ Phone number (409) 665-0893
Spouse's signature _____ Date (MM/DD/YY) _____

Check here to authorize your preparer to discuss this return with the Department.
Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522
Preparer's TIN (PTIN) P02082703

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

NO Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679
Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057

2020 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

092 17 4043



20350198

Sequence No. 11

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

Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 10401. 1381 00

Part B - W-2s

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	P 830675925	55564 00	5374 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	54103262	51308 00	1381 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00



2020 Schedule of Ohio Withholding

Primary taxpayer's SSN
092 17 4043



20350298

Sequence No. 12

Part C - 1099-Rs

1. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

00

Total
distributionBox 7 -
Distribution code

Box 4 - Federal income tax withheld

00

Box 14 - Ohio tax withheld

00

2. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

00

Total
distributionBox 7 -
Distribution code

Box 4 - Federal income tax withheld

00

Box 14 - Ohio tax withheld

00

3. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

00

Total
distributionBox 7 -
Distribution code

Box 4 - Federal income tax withheld

00

Box 14 - Ohio tax withheld

00

4. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

00

Total
distributionBox 7 -
Distribution code

Box 4 - Federal income tax withheld

00

Box 14 - Ohio tax withheld

00

Part D - W-2Gs

1. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

00

Box 4 - Federal income tax withheld

00

Box 14 - Ohio state winnings

00

Box 15 - Ohio income tax withheld

00

2. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

00

Box 4 - Federal income tax withheld

00

Box 14 - Ohio state winnings

00

Box 15 - Ohio income tax withheld

00

3. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

00

Box 4 - Federal income tax withheld

00

Box 14 - Ohio state winnings

00

Box 15 - Ohio income tax withheld

00

Part E - 1099-NECs

1. P/S Payer's TIN

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation

00

Box 4 - Federal income tax withheld

00

Box 7 - State income

00

Box 5 - Ohio tax withheld

00

2. P/S Payer's TIN

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation

00

Box 4 - Federal income tax withheld

00

Box 7 - State income

00

Box 5 - Ohio tax withheld

00



2020 Ohio Schedule of Credits

Primary taxpayer's SSN



20280198

Sequence No. 7

04 07 21

092 17 4043

Nonrefundable Credits

Table with 3 columns: Line number, Description, and Amount. Includes items like 'Tax liability before credits', 'Retirement income credit', 'Total (add lines 2 through 8)', etc.



2020 Ohio Schedule of Credits

Primary taxpayer's SSN
092 17 4043



20280298

Sequence No. 8

Nonresident Credit

Date of nonresidency 09 01 20 to 12 31 20 State of residency IN

26. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)	26.	812 00	
27. Ohio adjusted gross income (Ohio IT 1040, line 3).....	27.	52120 00	
28. Divide line 26 by line 27 and enter the result here (four digits; do not round). Multiply this factor by line 25 to calculate your nonresident credit	28.	0.0155	18 00

Resident Credit

29. Portion of Ohio adjusted gross income taxed by another state or the District of Columbia while an Ohio resident- Ohio IT RC, line 1a (include a copy)	29.	00	
30. Ohio adjusted gross income (Ohio IT 1040, line 3).....	30.	00	
31. Divide line 29 by line 30 and enter the result here (four digits; do not round). Multiply this factor by line 25 and enter the result here	31.	00	
32. 2020 income tax liability after credits paid to another state or the District of Columbia Ohio IT RC, line 1b (include a copy)	32.	00	
33. Enter the lesser of line 31 or line 32. This is your Ohio resident tax credit. Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax.....	33.		00
34. Total nonrefundable credits (add lines 9, 24, 28 and 33; enter here and on Ohio IT 1040, line 9)	34.		18 00

Refundable Credits

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

Staple W-2s to the back of this page

SAICHAITANYA VARDINENI First name and middle initial Last name If a joint return, spouse's first name and initial Last name 2670 ARLINGTON LANE CURRENT home address (number and street) WARSAW IN 46582 City State Zip code Taxpayer phone number If you are a first time filer and payment is due, you must attach a check or money order for the amount due. This amount can be found in Box 5.	Primary Social Security Number 092 17 4043 Spouse's Social Security Number Filing status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married-Filing Jointly <input type="checkbox"/> Married-Filing Separately Should your account be inactivated? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, explain _____ Did you file a City return in 2019? <input type="checkbox"/> YES <input type="checkbox"/> NO
For Tax Office Use	
Occupation or nature of business _____ Trade name /DBA _____ Cities of employment COLUMBUS City of residence COLUMBUS	

Part A TAXABLE WAGES Attach W-2s and /or W-2 G.

Employer(s) and address where work was PHYSICALLY performed. If you worked from home, state percentage of time worked from home.	TAXABLE WAGES
INTELLECTT INC	(+) 51,308.
	(+)
	(+)
If you have more than three employers, please attach a statement listing all employers.	NET WAGES (enter in Column B below) (=) 51,308.

Part B TAX CALCULATION Complete Form IR-21 for 2021 if 2020 net tax due is more than \$200.

COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN E	COLUMN F	COLUMN G		
CITY	CODE	INCOME FROM WAGES, SALARIES, COMMISSIONS, ETC. (from Net Wages in Part A)	INCOME FROM NET PROFITS, RENTS, AND OTHER TAXABLE INCOME (from Part C)	TOTAL NET TAXABLE INCOME	TAX RATE	TAX DUE	LESS TAX WITHHELD (W-2), PAID BY A PARTNERSHIP, PAID DIRECTLY TO CITY WHERE EARNED, OR CAMPAIGN CONTRIBUTION CREDIT	NET TAX DUE
COLUMBUS	01	51,308.	0.	51,308.	2.5%	1,283.	0.	1,283.

2. LESS CREDITS FOR ESTIMATED TAX PAYMENTS AND OVERPAYMENT FROM PRIOR YEAR RETURN ONLY..... 2

3. BALANCE DUE (COLUMN G LESS LINE 2). If Line 2 is greater than Column G, enter amount (in brackets) here..... 3 1,283.

4. PENALTY: 15% \$ _____ + INTEREST \$ _____
(see instructions) (see instructions) 4

5. TOTAL AMOUNT DUE (ADD LINES 3 AND 4). NOTE: NO PAYMENT IS DUE IF AMOUNT IS \$10.00 or less 5 1,283.

6. OVERPAYMENT CLAIMED (IF LINE 2 EXCEEDS COLUMN G)..... 6

A. Enter the amount from Line 6 you want **CREDITED** to your next year tax estimate..... 6A

B. Enter the amount from Line 6 you want **REFUNDED** (must be greater than \$10.00)..... 6B

Third Party Designee Do you want to allow another person to discuss this matter with the City of Columbus? (see instructions) YES Complete the following NO

Designee's Name: _____ Phone #: _____ SSN: _____

SIGNATURE *The undersigned declares that this return (and accompanying schedules) is a true, correct, and complete return for the taxable period stated, and that the figures used are the same as used for federal income tax purposes and understands that this information may be released to the tax administration of the city of residence and the I.R.S.*

Sign Here Your Signature Date _____

If a joint return, both must sign Spouse's Signature Date _____

Paid Preparer's Use Only Signature _____ Date 04/07/2021 PTIN 30-1017196 Phone # (678) 965-9522

MAILING INFORMATION

NO Payment Enclosed:
 Mail to: Columbus Income Tax Division
 PO Box 182437
 Columbus, Ohio 43218-2437

Payment Enclosed:
 Make payable to: CITY TREASURER
 Mail to: Columbus Income Tax Division
 PO Box 182158
 Columbus, Ohio 43218-2158

Staple check or money order HERE