Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

IIICIIIAI N	evenue del vice										
Submis	ssion Identification Number (SID)										
Taxpayer	's name	Social secur	Social security number								
SAI	CHARAN REDDY KAMIREDDY	115-69	115-69-4068								
Spouse's	name	Spouse's so	cial secu	urity n	umber						
Part	Tax Return Information — Tax Year Ending December 31, 2020 (En	ter year you a	3KO 011	thori:	zina \						
	/hole dollars only on lines 1 through 5.	ter year you a	are au	LITOITA	zirig.)						
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.										
	Adjusted gross income		1		156,	188.					
	Total tax		2			269.					
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		21,	854.					
4	Amount you want refunded to you		4		ŕ						
	Amount you owe		5		4,	415.					
Part I	Taxpayer Declaration and Signature Authorization (Be sure you get an	d keep a cor	y of y	our	retur	n)					
to send for any of Agent to payment authorize payment business taxes to persona	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account to financial taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terming t, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation is a days prior to the payment (settlement) date. I also authorize the financial institutions involved in the process of the process of the process of the payment (settlement) date. I also authorize the financial institutions involved in the process of	rejection of the factorial value of the curson of the cution to debit the cution of	ransmis and its of ax preparently in ation. The e receiful the election at the actions are actions and its elections.	ssion, desigr paration to this To rev ved n ectror know	(b) the nated Fon softs account oke (can be not be	e reason inancial ware for unt. This ancel) a than 2 ment of that the					
	yer's PIN: check one box only			_							
X	l authorize GLOBAL TAXES LLC to enter or genera	te mv PIN	4 () 6	8	as my					
•••	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ei	nter five on't ente			ao my					
	I will enter my PIN as my signature on the income tax return (original or amended) I arif you are entering your own PIN and your return is filed using the Practitioner PIN mbelow.										
Your si	gnature ▶ Date ▶										
Spouse	e's PIN: check one box only	_									
Ороца	I authorize to enter or genera	te my PIN				as my					
Ш	ERO firm name		nter five	digits,	but	asiny					
	signature on the income tax return (original or amended) I am now authorizing.	de	n't ente	r all ze	eros						
	I will enter my PIN as my signature on the income tax return (original or amended) I ar if you are entering your own PIN and your return is filed using the Practitioner PIN m below.										
Spouse	e's signature ▶ Date ▶	•									
	Practitioner PIN Method Returns Only—continue belo	ow									
Part I	Certification and Authentication — Practitioner PIN Method Only										
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	8 7 2 7	8 6	1	9 8	9					
	, , , , , , , , , , , , , , , , , , , ,	Don't en	ter all ze	ros							
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual incomed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am suments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of	bmitting this ret	urn in a	accord	danće v						
ERO's	signature ► Date ►										
	ERO Must Retain This Form — See Instructions										
	Don't Submit This Form to the IRS Unless Requested T	o Do So									

Form 1040-V 2020 Page 2

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, Ohio, Oregon, North Dakota, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V** 2020

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service

(99)

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ► Do not staple this voucher or your payment to Form 1040.
- ► Make your check or money order payable to the 'United States Treasury.'

► Write your social security number (SSN) on your check or money order.

REV 03/06/21 PRO

Enter the amount

of your payment . .

4,415.

SAI CHARAN REDDY KAMIREDDY

4201 W MEMORIAL ROAD, 16106 OKLAHOMA CITY OK 73134

INTERNAL REVENUE SERVICE P.O. BOX 931000 LOUISVILLE, KY 40543-7000

£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	Single Married filing jointly u checked the MFS box, enter the son is a child but not your dependent	name of y	ed filing separately your spouse. If you	. ,	_			_			, , , ,	
Your first name and middle initial Last name						You	Your social security numbe						
SAI CHAI	RAN :	REDDY	KAMI	REDDY					11	115-69-4068			
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spo	Spouse's social security number			
Home address (number and street). If you have a P.O. box, see instruct 4201 W MEMORIAL ROAD,				ons.				Apt. no. 16106	106 Check here if you			or your	
City, town, or p	ost offi	ce. If you have a foreign address, also o	complete s	paces below.	Sta	te	ZIP	code			0,	tly, want \$3 Checking a	
Oklahom	a Ci	ty			01	K	73	3134	box	k belo	w will not	•	
Foreign country	y name		F	Foreign province/state	coun/	ty	Fore	eign postal cod	de you	ır tax	or refund.	Spouse	
At any time du	ıring 20	020, did you receive, sell, send, ex	change, o	or otherwise acquire	any	financial intere	est in	any virtual	curren	cy?	Yes	⊠ No	
Standard Deduction		eone can claim:											
Age/Blindness	s You	Were born before January 2,	1956	Are blind Sp	ouse	: Was bo	rn be	efore Januar	y 2, 19	56	☐ Is bli	nd	
Dependents	s (see	instructions):		(2) Social securit	ty	(3) Relationsh	nip	(4) 🗸 i	f qualifie	ualifies for (see instructions):			
If more		irst name Last name		number to you			.	Child tax					
than four													
dependents, see instruction	. —												
and check													
here ▶ 🗌]				
	1	Wages, salaries, tips, etc. Attach	Form(s) \	N-2						1	11	L9,618.	
Attach	2a	Tax-exempt interest	2a		b T	axable interes	t			2b			
Sch. B if required.	3a	Qualified dividends	3a	46.	b (Ordinary divide	nds			3b		48.	
	4a	IRA distributions	4a		b T	axable amoun	t.			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— Single or	7	Capital gain or (loss). Attach Scho	edule D if	required. If not rec	uired	, check here		•	· 🗌	7	3	36,522.	
Married filing	8	Other income from Schedule 1, li	ne 9						. [8		0.	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your total inc	ome				•	9	15	56,188.	
Married filing	10	Adjustments to income:											
jointly or Qualifying	а	From Schedule 1, line 22				10	а						
widow(er), \$24,800	b	Charitable contributions if you take	e the stan	dard deduction. Se	e inst	ructions 10	b						
Head of	С	Add lines 10a and 10b. These are							•	10c	;]		
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross inc	ome				•	11	15	66,188.	
If you checked	12	Standard deduction or itemized	d deducti	i ons (from Schedul	e A)				. 1	12		L2,400.	
any box under Standard	13	Qualified business income deduc		•	,	8995-A			. 1	13			
Deduction,	14	Add lines 12 and 13							. 1	14	4 12,400.		
see instructions.	15	Taxable income. Subtract line 1-	4 from lin	e 11. If zero or less	, ente	er -0			.	15		13,788.	

Form 1040 (2020))								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	26,269.
	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	26,269.
	19	Child tax credit or credit for	other dependen	ts				19	
	20	Amount from Schedule 3, lir	ne7					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	26,269.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 10 .			23	0.
	24	Add lines 22 and 23. This is	your total tax				🕨	24	26,269.
	25	Federal income tax withheld	I from:						
	а	Form(s) W-2				25a 2	1,854.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	21,854.
If you have a	26	2020 estimated tax paymen	ts and amount a	pplied from 20	119 return			26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812		28			
nontaxable	29	American opportunity credit	from Form 8863	3, line 8		29			
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .			30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27 through 31. The					▶	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			•	33	21,854.
Defined	34	If line 33 is more than line 24						34	,
Refund	35a	Amount of line 34 you want						35a	
Direct deposit?	▶b	Routing number X X X				Checking			
See instructions.	►d	Account number X X X							
	36	Amount of line 34 you want				 			
Amount	37	Subtract line 33 from line 24	. This is the am o	ount you owe	now		▶	37	4,415.
You Owe		Note: Schedule H and Sch	edule SE filers.	line 37 may r	ot represent all	of the taxes voi	owe for		
For details on how to pay, see		2020. See Schedule 3, line 1	·	•	•	, , , , , , , , , , , , , , , , , , , ,			
instructions.	38	Estimated tax penalty (see in	nstructions) .		🕨	38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	? See			
Designee	ins	structions				. ► Yes.	Complete	below.	X No
		signee's		Phone			sonal ident		
		ne ▶		no. ▶			mber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		ur signature	•	Date					nt you an Identity
		ar orginaturo		Bato	Tour occupation				IN, enter it here
Joint return?					SOFTWARE	ENGINEER	(see	e inst.) 🕨	
See instructions. Keep a copy for	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupat	tion			nt your spouse an	
your records.	,							ntity Prote e inst.) ▶	ection PIN, enter it here
		000 00		Email address			(000		
		one no. eparer's name	Preparer's signat	Email address		Date	PTIN		Check if:
Paid		•	1 .		מווחתה תחודא.			2702	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAN SAGAR	GUPIA IALLAM	1 03/17/2021			
Use Only		m's name ► GLOBAL TA		n (1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	~ (7) 20041				678)965-9522
		m's address ▶ 2530 Pebb		ıı Cummın				n's EIN ▶	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 03/06/21 PI	RO		Form 1040 (2020)

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service (99)

Capital Gains and Losses

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

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

► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2020

Attachment Sequence No. **12**

Name(s) shown on return Your social security number 115-69-4068 SAI CHARAN REDDY KAMIREDDY Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) Form(s) 8949, Part I, combine the result (or other basis) whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked 22,808. 12,139. 122. 10,791. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 10,791. Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with 1,469. 27,200. 25,731. Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

15

25,731.

Schedule D (Form 1040) 2020 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 36,522. • 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? X Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? X 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 gualified 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 Name(s) shown on return

Part I

Social security number or taxpayer identification number

115-69-4068

SAI CHARAN REDDY KAMIREDDY

instructions). For long-term transactions, see page 2.

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

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). (h) enter a code in column (f). Cost or other basis Gain or (loss). (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of (sales price) and see Column (e. from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (a) instructions 05/10/20 | 12/08/20 E*TRADE SECURITIES LLC 12,264. 2,264. 10,000. E*TRADE SECURITIES LLC 01/17/20 06/25/20 1,151. 979. 172. ROBINHOOD SECURITIES LLC 05/14/20 07/08/20 9,393. 8,896. 122. 619. 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.

22,808.

10,791.

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) ▶

12,139.

Form 8949 (2020) Attachment Sequence No. 12A

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

SAI CHARAN REDDY KAMIREDDY

115-69-4068

Before you check Box D. E. or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

✓ (D) Long-term transactions☐ (E) Long-term transactions☐ (F) Long-term transactions	reported on	Form(s) 1099	-B showing bas				9)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	Date sold or Proceeds See	(e) Cost or other basis. See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (genter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Ćo.)	(Mo., day, yr.)	(Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
E*TRADE SECURITIES LLC	02/22/19	12/08/20	27,200.	1,469.			25,731.
2 Totals. Add the amounts in columns negative amounts). Enter each total		. , .					
Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	is checked), lir	ne 9 (if Box E	27,200.	1,469.			25,731.

Note: If you checked Box D 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.



Oklahoma Individual Income Tax Declaration for Electronic Filing

NOTE: Do not mail Oklahoma Tax Return - Form 511 or Form 511NR.

See instructions on Page 2 to determine if you are required to send Form 511EF to the OTC.

2020 Form 511EF

See instructions on Page 2 to determine if you	<u> </u>		JIC.								
Your first name and middle initial	Last name	Your social security number	1	1 5	6	9 4	Ł 0	6	8		
SAI CHARAN REDDY KAMIRED											
If a joint return, spouse's first name and middle initial	Last name	Spouse's social security number									
Mailing address (number and street, including apartment	number, rural route or PO Bo	ox)									
4201 W MEMORIAL ROAD,	16106					Filir	ng sta	tus	1		
City, State, ZIP			Total	numbo	r of	ovomní	tione				
OKLAHOMA CITY OK 73134 Total number of exemptions											
Part One - Tax Return Information	n (whole dollars	only)									
Oklahoma Adjusted Gross Income (511, Line 7 Adjusted Gross Income: All Sources (511NR)	•		1				156	5188	00		
2 Oklahoma Income Tax and Use Tax (511, Line	22 or 511NR, Line 26)		2					7254			
3 Oklahoma Income Tax Payments and Credits ((511, Line 33 or 511NR, Li	ne 34)	3					5439	00		
4 Refund (511, Line 38 or 511NR, Line 39)			4		-				00		
5 Balance Due (511, Line 43 or 511NR, Line 44)			5					L815	00		
For a balance due return with an electronic payn balance due return with a non-electronic payme Internal Revenue Code (IRC) of the IRS provides timely. If the due date falls on a weekend or lega	nt enclose a payment with for a later due date, your p	the 511-V and submit or payment may be made b	or bef by the la	ore the iter due	due d date	date of A	April 15 I be co	5th. If			
Part Two - Declaration of Taxpaye	er										
I consent that my refund be directly deposit If I have filed a joint return, this is an irre							urn.				
I authorize the Oklahoma State Treasury											
entry to the financial institution account and/or a payment of estimated tax. I also											
receive confidential information necessar	ary to answer inquiries and re	solve issues related to the	ne paym	ent.							
If I have filed a balance due return, I understand that if t will remain liable for the tax liability and all applicable in		on (OTC) does not receiv	e full ar	nd timely	/ payn	nent of r	ny tax	liabilit	ty, I		
Under penalties of perjury, I declare I have compared th Originator (ERO), and the amounts described in Part Or tax return. To the best of my knowledge and belief, my r panying schedules and statements, be sent to the OTC	ne above, agree with the ame return is true, correct, and co	ounts shown on the corre	spondir	ng lines	of my	2020 O	klahom	na inc	ome		
In addition, by using a computer system and software to Commission of all information pertaining to my use of the							klahom	а Тах	[
Sign											
Here:Your Signature	Date Spou	se's Signature (If joint r	eturn, k	oth mu	st siç	jn)	Date				
Part Three - Declaration of Electr	onic Return Orio	inator (ERO) a	nd F	Paid	Pre	pare					
Part Three - Declaration of Electronic Return Originator (ERO) and Paid Preparer I declare I have reviewed the above taxpayer's return and the entries on Form 511EF are complete and correct to the best of my knowledge. (EROs who are collectors are not responsible for reviewing the taxpayer's return; however, they must ensure Form 511EF accurately reflects the data on the return.) I have obtained the taxpayer's signature on Form 511EF and I have provided the taxpayer with a copy of all forms and information to be filed with the OTC, and have followed all other requirements described in Pub. 1345, Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2020). If I am also a Paid Preparer, under penalties of perjury I declare I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.											
ERO Use Only	03	/17/2021_									
ERO or Paid Preparer's Signature	Dat	e PTI	N								
Paid Preparer Use Only	03	/17/2021 P02	20827	03							
Paid Preparer Signature	Dat	e PTI									
Firm name (or yours if self-employed), SYAM PRIYA RAM SAGAR GUPTA TALLAM											
address and ZIP 2530 PEBBLE CREEK LN CUMMING GA 30041											
Phone number (<u>678</u>) <u>965-9522</u>										

State of Oklahoma **Individual Income Tax Payment Voucher** Instructions

What is Form 511-V and Do You Have to Use It?

If you have already filed your return, either electronically or by paper, send this voucher with your check or money order for any balance due on your 2020 Form 511 or 511NR. Using Form 511-V allows us to process your payment more accurately and efficiently. We strongly encourage you to use Form 511-V, but there is no penalty if you do not.

* Due Date

Generally, your Oklahoma income tax is due April 15th. However:

- If you electronically file your return and pay electronically, your due date is extended until April 20th. Log on to tax.ok.gov and visit the "Online Services" link to make a payment electronically.
- If the Internal Revenue Code (IRC) of the IRS provides for a later due date, your payment may be made by the later due date and will be considered timely.
- If the due date falls on a weekend or legal holiday when OTC offices are closed, your payment is due the next business day.

How To Prepare Your Payment

- · Remit only one check or money order per voucher.
- Make your check or money order payable to the "Oklahoma Tax Commission". Do not send cash.
- · Make sure your name and address appear on your check or money order.

How To Send In Your 2020 Tax Payment, and Form 511-V

- Cut Form 511-V along the dotted line and submit the bottom portion of the Individual Income Tax Payment Voucher.
- Do not staple or otherwise attach your payment to Form 511-V. Instead, just put them loose in the envelope.
- Do not include a copy of your income tax return. To use this form, your income tax return (either paper or electronic) should already be filed with the Oklahoma Tax Commission.
- Mail your 2020 tax payment and Form 511-V to:

Oklahoma Tax Commission PO Box 26890 Oklahoma City, OK 73126-0890

● Do not fold, staple, or paper clip
Detach Here and Return Voucher with Payment

Do not tear or cut below line

#1555#

ITI-I

State of Oklahoma Individual Income Tax Payment Voucher





Reporting Period

01-01-2020 to 12-31-2020

Due Date* (Penalty and interest may be assessed if payment is not sent by the due date)

04-15-2021

Your first name, middle initial and last name

SAI CHARAN REDDY KAMIREDDY

If joint return, spouse's first name, middle initial and last name

Mailing address (number and street, including apartment number, rural route or PO Box)

4201 W MEMORIAL ROAD, APT 16106

City, State, ZIP

OKLAHOMA CITY OK 73134

Oklahoma Tax Commission

Your Social Security Number (if filing a joint return, enter the SSN shown first on your return)

115-69-4068

Spouse's Social Security Number (if filing a joint return)

Daytime phone number (optional)

Do **not** enclose a copy of your Oklahoma tax return.

Balance Due

1815

Amount of Payment



PO Box 26890 Oklahoma City, OK 73126-0890

FAILURE TO SUBMIT THIS PAGE WILL DELAY PROCESSING OF YOUR RETURN









Form 511 2020



Oklahoma Resident Income Tax Return

.,			Spouse's Soc		umber			AMEND	ED RETU	RN!	
	Social Security Number 5-69-4068	Place an 'X' in this box if this taxpayer is deceased	(joint return only)		b	Place an 'X' in to lox if this taxp is deceased —	ayer		'X' in this be amended 5 511-l.		
Nam	ne and Address - Please Pri	int or Type									
Your	first name	Middle initial Last name		If a joint return	n, spouse's fir	st name	Middle initia	al Last nam	е		
SAI	CHARAN REDDY	KAMIREDD	Y								
	ng address (number and street, includi			City				State	ZIP		
420)1 W MEMORIAL ROAI	D,, APT. 16106		OKLAHO	MA CIT	Ϋ́		OK	7313	34	
				* Note: If	claiming Sp	ecial Exemp	tion, see inst	tructions on	page 9 of	511 Packet.	
	1 X Single					Regular	* Special	Blind	_	_	
	2 Married filing joint	return (even if only one h	ad income)	ll su	Yourself	1 1	+		■ 1	(a)	
				<u>.</u> <u>.</u>	Spouse	0 +			a 0	(b)	
tus	3 Married filing sepa	arate filing, list name and SSN ir	the hoves	<u>t</u> d							
Sta	Name	SSN	Ture boxes	e L		Numbe	er of depen	dents	∃	(c)	
Filing Status	rvamo	00/1		Exemptions	Add the	Totals from I	noxes (a) (b)	and (c)		-	
Ξ					Aug tho		er the TOTA		■ 1		
	4 Head of househol	d with qualifying person				e claimed as regular exem		t on anoth	er return,	enter "0" in	the
	5 Qualifying widow(er) with dependent child									
		spouse died in box at right:	:	Age 6	5 or Older	? (Please se	e instructions)	Yo	ourself	Spot	ıse
РΑ	RT ONE: TO ARRIVE	AT OKI AHOMA AD	JUSTED G	ROSS INC	COME			Roun	d to Neare	est Whole D	olla
1	Federal adjusted gross inco							1		156188	00
2	Oklahoma Subtractions (pro	,	,					2			00
3	Line 1 minus line 2	,						3		156188	
4	Out-of-state income, except (Provide Federal schedule with	t wages. Describe (4a)						4b		130100	00
5	Line 3 minus line 4b							5		156188	-
6	Oklahoma Additions (provid							6		130100	00
7	Oklahoma adjusted gross							7		156188	-
	(If line 7 is different than	n line 1, provide a copy o	of your Feder	al return.)						130100	
PA	RT TWO: OKLAHOM		-								
8	Oklahoma Adjustments (pro							8			00
9	Oklahoma income after adju	•	,					9		156188	00
	AND READ: If line 4b is zero, cor Oklahoma itemized deduction (Single or Married Filing	ons (from Schedule 511-D Separate: \$6,350 • Mari), line 11) or O ried Filing Joi	klahoma star	ndard dedu	uction · w(er): \$12,	700 •				
	Head of Household: \$9,							10		6350	
11	Exemptions: Enter the total					_		11		1000	
12	Total deductions and exemp	•			,			12		7350	
13 14	Oklahoma Taxable Income (a) Oklahoma Income Tax from							13		148838	00
	enter tax from Form 573, I (b) If paying the Health Saving and enter a "2" in box on I Tax Credit, add recapturec an Oklahoma installment	ine 22 and enter a "1" in bo	x on line 14 tax, add additio klahoma Afforda ' in box on line ection 965(h) a	nal tax here able Housing 14. If making nd 68 O.S. Se	ec.		7254 00				
	Oklahoma Income Tax (line	14a plus line 14b)						14		7254	00
STOP	AND READ: If line 7 is equal to or large	•									
15	Oklahoma child care/child to	•	•					15			00
16	Oklahoma earned income of	, ,									00
17	Credit for taxes paid to anot							17			00
18	Form 511CR - Other Credits	s Form. List 511CR line nu	umber claimed	here:				18			00

19 Income Tax (line 14 minus lines 15-18) Do not enter less than zero......

DO NOT PAY THIS AMOUNT. PAYMENT IS FIGURED ON LINE 43.

7254 00

2020 Form 511 - Resident Income Tax Return - Page 2





The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.		
Name(s) shown		Your Social
L. E E44 CAT CHADAN DEDDY KAMEDEDDY	1 1	115 60 4060

	orm 511: SAI CHARAN REDDI KAI			Secu	nty Number:	113-09-4000			
PA	RT THREE: TAX, CREDITS AND PAYI	MENTS							
20	Total from line 19				20	7254 00			
21	Use tax due on Internet, mail order, or othe	r out-of-state purchases			21	00			
	(For use tax table, see page 14 of the Pack	et) If you certify that no use tax	s due, place an 'X' h	nere: 🗙					
22	Balance (add lines 20 and 21)				22	7254 00			
23	Oklahoma withholding (provide all W-2s, 109	9s or other withholding statements	23	5439	00				
24	2020 estimated tax payments (qua	lified farmer)	24		00				
25	2020 payment with extension				00				
26	Low Income Property Tax Credit (provide Fe	orm 538-H)	26		00				
27	Sales Tax Relief Credit (provide Form 538-5	S)	27		00				
28	Natural Disaster Tax Credit (provide Form 5	576)	28		00				
29	Credits from Form	a) 577b) 578	29		00				
30	Amount paid with original return plus addition	onal paid after it was filed							
	(amended return only)		30		00				
31	Payments and credits (add lines 23-30)				31	5439 00			
32	Overpayment, if any, as shown on original r	eturn and/or prior amended ret	ırn(s) or						
	as previously adjusted by Oklahoma (amen	ded return only)			32	00			
33	Total payments and credits (line 31 minus	s 32)			33	5439 00			
PA	RT FOUR: REFUND								
34	If line 33 is more than line 22, subtract line	22 from line 33. This is your ove	rpayment		34	0 00			
35	Amount of line 34 to be applied to 2021 estim	ated tax (original return only)							
	(For further information regarding estimated to) 35		00				
Sche	dule 511-H provides you with the opportunity	to make a financial gift from you	refund to a variety	of Oklahoma					
	izations. Please place the line number of the		H in the box below.	If you give to					
more	than one organization, put a "99" in the box.	Provide Schedule 511-H							
36	Donations from your refund (total from Scho	edule 511-H)	36		00				
37	Total deductions from refund (add lines 35 a	and 36)			37	00			
38	Amount to be refunded to you (line 34 minu	s line 37)			38	0 00			
	15 1111								
l —	<u> </u>	refund going to or through an ac	count that is located	outside of the	United State	es? Yes N No			
Veri	fy your account and routing numbers correct. If your direct deposit fails	sit my refund in my:							
to pi	ocess or you do not choose direct	hecking account Routin							
	osit, you will receive a <u>debit card</u> . the 511 Packet for direct deposit and	Accou	nt						
	t card information.	avings account Number							
DA	RT FIVE: AMOUNT YOU OWE								
39	If line 22 is more than line 33, subtract line	33 from line 22. This is your tax	due		39	1815 00			
40	a) Donation: Support the Oklahoma Genera	· -				00			
	b) Donation: Public School Classroom Supp	port Fund (original return only)		40b	00			
41	Underpayment of estimated tax interest (an	nualized installment method) 41	00			
	(If you have an underpayment of estimated	tax (line 41) & overpayment (lin	e 34), see instruction	ons.)					
42	For delinquent payment add penalty of 5%	\$			_				
	plus interest of 1.25% per month	\$			42	00			
43	Total tax, donation, penalty and interest (ad	d lines 39-42)			43	1815 00			
	penalty of perjury, I declare the information contained in the	io accamoni, ana an	n this box if the Oklahoma this return with your tax pro						
	nents and schedules, is true and correct to the best of my			`					
Тахра	yer's signature Date	Spouse's signature	Date	Paid Preparer's	signature	Date			
				SYAM PRIYA RAM	SAGAR GUPTA TAL	LAM 03/17/2021			
Taxpa occup		Spouse's occupation		Paid Preparer's	address and ph	one number (678) 965-9522			
SOF	TWARE ENGINEER			2530 PE	BBLE CR	EEK LN			
Daytir (option	ne Phone nal)	Daytime Phone (optional)		CUMMING		GA 30041			
Paid Preparer's PTIN						IN P02082703			