

IRS e-file Signature Authorization

OMB No. 1545-0074

▶ **ERO must obtain and retain completed Form 8879.**
 ▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name SRAVANI TALAM	Social security number 071-19-5700
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	44,120.
2 Total tax	2	1,610.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	5,119.
4 Amount you want refunded to you	4	4,109.
5 Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 9 5 7 0 0 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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 III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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 III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Filing Status [X] 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: SRAVANI, Last name: TALAM, Your social security number: 071-19-5700
If joint return, spouse's first name and middle initial: , Last name: , Spouse's social security number:

Home address (number and street): 188, BIRCHWOOD TRAIL DR, Apt. no.:
City, town, or post office: MARYLAND HEIGHTS, State: MO, ZIP code: 63043
Foreign country name: , Foreign province/state/county: , Foreign postal code:
Presidential Election Campaign: [] You [] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [] Yes [X] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes 'Dependents' section with instructions.

Main income table with columns for line numbers and amounts. Includes sections for 'Attach Sch. B if required' and 'Standard Deduction for-' with various income categories like Wages, Tax-exempt interest, Dividends, etc.

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

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	3,610.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	3,610.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	2,000.
21	Add lines 19 and 20	21	2,000.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	1,610.
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	1,610.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	5,119.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	5,119.
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	600.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	600.
33	Add lines 25d, 26, and 32. These are your total payments	33	5,719.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,109.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	4,109.
b	Routing number 044000037		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 720138317		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

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

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 SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
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.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 04/12/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
Firm's EIN				30-1017196

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

**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
SRAVANI TALAM

Your social security number
071-19-5700

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
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	

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	2,500.
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	2,500.

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

▶ **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. **03**

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

Your social security number
071-19-5700

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	2,000.
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	6	
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	7	2,000.

Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962	8	
9	Amount paid with request for extension to file (see instructions)	9	
10	Excess social security and tier 1 RRTA tax withheld	10	
11	Credit for federal tax on fuels. Attach Form 4136	11	
12	Other payments or refundable credits:		
a	Form 2439	12a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b	
c	Health coverage tax credit from Form 8885	12c	
d	Other: _____	12d	
e	Deferral for certain Schedule H or SE filers (see instructions)	12e	
f	Add lines 12a through 12e	12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	13	

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

REV 04/02/21 PRO

Schedule 3 (Form 1040) 2020

Education Credits
(American Opportunity and Lifetime Learning Credits)
 ▶ Attach to Form 1040 or 1040-SR.
 ▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

Your social security number
 071-19-5700



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . .	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4	
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)	6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below.	8	

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	11,350.
11	Enter the smaller of line 10 or \$10,000	11	10,000.
12	Multiply line 11 by 20% (0.20)	12	2,000.
13	Enter: \$138,000 if married filing jointly; \$69,000 if single, head of household, or qualifying widow(er)	13	69,000.
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	44,120.
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	24,880.
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	10,000.
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18	2,000.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3	19	2,000.

Name(s) shown on return SRAVANI TALAM	Your social security number 071-19-5700
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Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

20 Student name (as shown on page 1 of your tax return) SRAVANI TALAM	21 Student social security number (as shown on page 1 of your tax return) 071-19-5700
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22 Educational institution information (see instructions)	
a. Name of first educational institution CAMPBELLSVILLE UNIVERSITY (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 1 UNIVERSITY DR CAMPBELLSVILLE KY 42718 (2) Did the student receive Form 1098-T from this institution for 2020? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (3) Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3) . You can get the EIN from Form 1098-T or from the institution. 61-0469267	b. Name of second educational institution (if any) (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. (2) Did the student receive Form 1098-T from this institution for 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No (3) Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No (4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3) . You can get the EIN from Form 1098-T or from the institution.

23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020? Yes — **Stop!** Go to line 31 for this student. No — Go to line 24.

24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2020 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. Yes — Go to line 25. No — **Stop!** Go to line 31 for this student.

25 Did the student complete the first 4 years of postsecondary education before 2020? See instructions. Yes — **Stop!** Go to line 31 for this student. No — Go to line 26.

26 Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance? Yes — **Stop!** Go to line 31 for this student. No — Complete lines 27 through 30 for this student.



You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27	
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28	
29 Multiply line 28 by 25% (0.25)	29	
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30	

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	11,350.
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Primary SSN 071-19-5700

		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only	(C) Arkansas Income Only	
ROUND ALL AMOUNTS TO WHOLE DOLLARS					
INCOME Attach W-2(s)/1099(s) here / Attach check on top of W-2(s)/1099(s)	8. Wages, salaries, tips, etc: (Attach W-2s)	46,920.00		5,760.00	
	9. Military pay: Primary <input type="text"/> Spouse <input type="text"/>				
	10. Interest income: (If over \$1,500, Attach AR4)				
	11. Dividend income: (If over \$1,500, Attach AR4)				
	12. Alimony and separate maintenance received:				
	13. Business or professional income: (Attach federal Schedule C)				
	14. Capital gains/(losses) from stocks, bonds, etc: (See instr. Attach federal Schedule D)				
	15. Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable)				
	16. Non-qualified IRA distributions and taxable annuities: (Attach all 1099Rs)				
	17. Military retirement: Primary <input type="text"/> Spouse <input type="text"/>				
	18A. Primary employer pension plan(s)/qualified IRA(s): (Attach all 1099Rs)				
	Gross distribution <input type="text"/> Taxable amt <input type="text"/> Less \$6,000				
	18B. Spouse employer pension plan(s)/qualified IRA(s): (Attach all 1099Rs)				
	Gross distribution <input type="text"/> Taxable amt <input type="text"/> Less \$6,000				
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E)				
	20. Farm income: (Attach federal Schedule F)				
	21. Unemployment: Primary/Joint <input type="text"/> Spouse <input type="text"/>				
	22. Other income/depreciation differences: (Attach Form AR-OI)				
	23. TOTAL INCOME: (Add lines 8 through 22)	46,920.00		5,760.00	
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	2,500.00			
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	44,420.00		5,760.00	
	TAX COMPUTATION	26. Select tax table: (Select only one)			
		27. <input type="checkbox"/> Low income table (\$0), For low income qualifications see line 26 instructions			
		<input checked="" type="checkbox"/> Standard deduction (\$2,200 or \$4,400 for filing status 2 only)	2,200.00		
		<input type="checkbox"/> Itemized deductions (Attach AR3)			
28. NET TAXABLE INCOME: (Subtract line 27 from line 25)		42,220.00			
29. TAX: (Enter tax from tax table)		1,719.00			
30. Combined tax: (Add amounts from line 29, columns A and B)				1,719.00	
31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)					
32. Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required)					
33. TOTAL TAX: (Add lines 30 through 32)			1,719.00		
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7D)			29.00	
	35. Child care credit: (20% of federal credit allowed; Attach federal Form 2441)				
	36. Other credits: (Attach AR1000TC)				
	37. TOTAL CREDITS: (Add lines 34 through 36)			29.00	
38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)			1,690.00		
PRORATION	38A. Enter the amount from line 25, Column C:			5,760.00	
	38B. Enter the total amount from line 25, Columns A and B:			44,420.00	
	38C. Divide line 38A by 38B: (See instructions)129671		
	38D. APPORTIONED TAX LIABILITY: (Multiply line 38 by line 38C)			219.00	
PAYMENTS	39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W-2-G)			195.00	
	40. Estimated tax paid or credit brought forward from 2019:				
	41. Payment made with extension: (See instructions)				
	42. AMENDED RETURNS ONLY - Previous payments: (See instructions)				
	43. Early childhood program: Certification number: _____ (20% of federal credit; Attach federal Form 2441 and Form AR1000EC)				
	44. TOTAL PAYMENTS: (Add lines 39 through 43)			195.00	
	45. AMENDED RETURNS ONLY - Previous refund: (See instructions)				
46. Adjusted total payments: (Subtract line 45 from line 44)			195.00		
REFUND OR TAX DUE	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38D, enter difference)				
	48. Amount to be applied to 2021 estimated tax:				
	49. Amount of Check-Off contributions: (Attach Schedule AR1000-CO)				
	50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47)				
	51. AMOUNT DUE: (If line 46 is less than line 38D, enter difference; If over \$1,000, continue to 52A)			24.00	
	52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A <input type="text"/> Penalty 52B <input type="text"/>				
52C. Add lines 51 and 52B: (See instructions)			24.00		

PAY ONLINE: Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov. ATAP allows taxpayers or their representatives to log on, make payments and manage their account online. ATAP is available 24 hours.

PAY BY CREDIT CARD: (See instructions)

PAY BY MAIL: (See instructions)



ARKANSAS INDIVIDUAL INCOME TAX SCHEDULE OF ADJUSTMENTS

Table with 2 columns: Primary's legal name (SRAVANI TALAM) and Primary's social security number (071-19-5700)

INSTRUCTIONS

Full Year Resident Filers - Complete columns (A) and (B) if using filing status 4 (married filing separately on the same return). All other filing statuses must complete column (A) only.

Part Year Resident Filers - Complete columns (A) and (B) if using filing status 4 (married filing separately on the same return). All other filing statuses must complete column (A) only. Enter only the amount of adjustments attributable to Arkansas in column (C).

Full Year Nonresident Filers - Complete columns (A) and (B) if using filing status 4 (married filing separately on the same return). All other filing statuses must complete column (A) only. If an amount is entered in column (C), attach explanation.

Enter the total of each column on line 19 of this form and on line 24 of AR1000F or AR1000NR.

See additional instructions on the reverse side of this form.

Main table with 3 columns: (A) Primary/Joint Adjustments, (B) Spouse's Adjustments Status 4 Only, (C) Arkansas Adjustments Only. Rows include items like Border city exemption, Tuition savings program, IRA payments, etc., ending with a total row for adjustments.



ARKANSAS INDIVIDUAL INCOME TAX
DEDUCTION FOR TUITION PAID TO
POST-SECONDARY EDUCATIONAL INSTITUTIONS

Taxpayer's name SRAVANI TALAM		Taxpayer's social security number 071-19-5700
Student attending institution SRAVANI TALAM	Relationship to taxpayer OTHER	Student's social security number 071-19-5700

ONE FORM PER STUDENT PER TYPE OF INSTITUTION

1. Name(s) of institution(s): CAMPBELLSVILLE UNIVERSITY INC

Check one: 2-Year 4-Year Technical Institute

2. Total tuition paid by taxpayer: (See instructions)	2 >	11,350.	00
3. Multiply line 2 by 50% (.50):	3 >	5,675.	00
4. Enter the appropriate Weighted Average Tuition from the table below: (See instructions)	4 >	800.	00
5. Enter the lesser of line 3 or line 4 here and on Form AR3, line 19:	5 >	800.	00

Instructions

This deduction is allowed for a portion of the tuition paid by the taxpayer as tuition for the taxpayer, the taxpayer's spouse or their dependent.

- Line 1 Enter the name(s) of institution(s). Study must be for an associate, undergraduate or graduate degree. The institution(s) can be located out of Arkansas, but you must use the Arkansas Weighted Average Tuition in determining the maximum allowable deduction.
- Line 2 Enter the total amount of tuition paid. Reduce the amount of tuition paid by any reimbursements from scholarships, grants, and/or fellowships. Do not include expenses paid for fees, books, or lodging.
- Line 3 Enter 50% of line 2, tuition paid.
- Line 4 From the list below, choose the type of institution attended and enter the corresponding amount from the 50% of Weighted Average Tuition column.

<u>Type of Institution</u>	<u>50% of Weighted Average Tuition</u>
2-year Colleges	\$2,127
4-year Colleges	\$4,531
Technical Institutes	\$800

Line 5 Enter this amount on Itemized Deductions (AR3), line 19.

NOTE: If you completed more than one AR1075, total the amounts from line 5 on each form and enter on AR3, line 19.



ARKANSAS INDIVIDUAL INCOME TAX
DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial ● SRAVANI		Last Name ● TALAM		Primary's Social Security Number ● 071-19-5700	
Spouse's Legal First Name and Middle Initial		Last Name		Spouse's Social Security Number ●	
Mailing Address (Number and Street, P.O. Box or Rural Route) 188, BIRCHWOOD TRAIL DR				Telephone ● (313) 655-1392	
City MARYLAND HEIGHTS	State or Province MO	ZIP 63043	<input type="checkbox"/> Check if address is outside U.S. Foreign Country		

PART I - TAX RETURN INFORMATION (Whole Dollars Only)			
1. Total Income (Form AR1000F or AR1000NR, Line 23)	1	46,920.	00
2. Net Tax (Form AR1000F or AR1000NR, Line 38)	2		00
3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39).....	3	●	00
4. Refund (Form AR1000F or AR1000NR, Line 47)	4		00
5. Tax Due (Form AR1000F or AR1000NR, Line 51)	5	24.	00

PART II - DECLARATION OF TAXPAYER

6a. I consent that my refund be direct deposited as designated in the electronic portion of my 2020 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account(s) shown on page 1 of the Form AR1000F/AR1000NR.

6b. I do not want direct deposit of my refund or I am not receiving a refund.

6c. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT).

6d. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

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 2020 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas 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 State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here _____
 Primary's Signature _____ Date _____ Spouse's Signature _____ Date _____

PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that 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 declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only _____ 04/12/2021 _____
 ERO'S Signature Date Check if paid preparer Check if self-employed Your SSN or PTIN _____
 GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 30-1017196
 Firm's name and address FEIN

Under penalties of perjury, I declare that 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 declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only _____ 04/12/2021 _____
 Preparer's Signature Date Check if self-employed P02082703
 SYAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN CUMMING GA 30041 30-1017196
 Firm's name and address FEIN



2020 Form M1, Individual Income Tax

SRAVANI TALAM 071195700 11291992
 Your First Name and Initial Your Last Name Your Social Security Number (SSN) Your Date of Birth

If a Joint Return, Spouse's First Name and Initial Spouse's Last Name Spouse's Social Security Number Spouse's Date of Birth

188, BIRCHWOOD TRAIL MARYLAND HEIGHTS MO 63043
 Current Home Address City State ZIP Code

Check if Address is:
 New Foreign

2020 Federal Filing Status (place an X in one box):

(1) Single (2) Married Filing Jointly (3) Married Filing Separately (4) Head of Household (5) Qualifying Widow(er)

Spouse Name _____
 Spouse SSN _____

Dependents (see instructions):

Dependent 1 First Name _____	Dependent 1 Last Name _____	Dependent 1 SSN _____	Dependent 1 Relationship to You _____
Dependent 2 First Name _____	Dependent 2 Last Name _____	Dependent 2 SSN _____	Dependent 2 Relationship to You _____
Dependent 3 First Name _____	Dependent 3 Last Name _____	Dependent 3 SSN _____	Dependent 3 Relationship to You _____

State Elections Campaign Fund

To grant \$5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

Political Party Code Numbers:

Your Code _____	Spouse's Code _____	Republican—11	Independence—13	Green—15	Legal Marijuana Now—17
		Democratic/Farmer-Labor—12	Grassroots/Legalize Cannabis—14	Libertarian—16	General Campaign Fund—99

From Your Federal Return (see instructions)

46920 0 0 31720
 A. Wages, salaries, tips, etc. B. IRA, pensions, and annuities C. Unemployment D. Federal taxable income

1	Federal adjusted gross income (from line 11 of federal Form 1040 and 1040-SR)	1 ■	<u>44120</u>
2	Additions to Minnesota income from line 17 of Schedule M1M (see instructions; enclose Schedule M1M)	2 ■	<u>300</u>
3	Add lines 1 and 2.	3	<u>44420</u>
4	Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions)	4 ■	<u>12400</u>
5	Exemptions (determine from instructions)	5 ■	_____
6	State income tax refund from line 1 of federal Schedule 1.	6 ■	_____
7	Other subtractions from Minnesota income from line 47 of Schedule M1M (see instructions; enclose Schedule M1M)	7 ■	_____
8	Total subtractions. Add lines 4 through 7.	8	<u>12400</u>
9	Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank.	9	<u>32020</u>
10	Tax from the table in the Form M1 instructions	10	<u>1788</u>
11	Alternative minimum tax (enclose Schedule M1MT)	11 ■	_____



12 Add lines 10 and 11 12 1788

13 **Full-year residents:** Enter the amount from line 12 on line 13. Skip lines 13a and 13b.
Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 32 on line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR) 13 1788


13a ■ 0 13b ■ 0

14 Other taxes, such as recapture amounts and the tax on lump-sum distributions (check appropriate boxes)
 (a) Schedule M1HOME (b) Schedule M1529 (c) Schedule M1LS 14 ■ _____

15 Tax before credits. Add lines 13 and 14 15 1788

16 Amount from line 17 of Schedule M1C, *Nonrefundable Credits* (enclose Schedule M1C) 16 ■ 219

17 Subtract line 16 from line 15 (if result is zero or less, leave blank) 17 1569

18 Nongame Wildlife Fund contribution (see instructions)
This will reduce your refund or increase the amount you owe  18 ■ _____

19 Add lines 17 and 18 19 1569

20 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report
Minnesota withholding from Forms W-2, 1099, and W-2G (do not send) 20 ■ 2326

21 Minnesota estimated tax and extension payments made for 2020 21 ■ _____

22 Amount from line 9 of Schedule M1REF, *Refundable Credits* (see instructions; enclose Schedule M1REF) 22 ■ _____

23 Total payments. Add lines 20 through 22 23 2326

24 **REFUND.** If line 23 is more than line 19, subtract line 19 from line 23 (see instructions).
For direct deposit, complete line 25 24 ■ 757

25 Direct deposit of your refund (you must use an account not associated with a foreign bank):
 Checking Savings 044000037 720138317
Routing Number Account Number

26 **AMOUNT YOU OWE.** If line 19 is more than line 23, subtract line 23 from line 19 (see instructions) 26 ■ _____

27 Penalty amount from Schedule M15 (see instructions). Also subtract
this amount from line 24 or add it to line 26 (enclose Schedule M15) 27 ■ _____

IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 28 and 29.

28 Amount from line 24 you want sent to you 28 ■ _____

29 Amount from line 24 you want applied to your 2021 estimated tax 29 ■ _____

Taxpayer: I declare that this return is correct and complete to the best of my knowledge and belief.

Your Signature _____
3136551392
Daytime Phone

SYAM PRIYA RAM SAGAR GUPTA TALLAM
Paid Preparer's Signature
6789659522
Preparer's Daytime Phone

Spouse's Signature (If Filing Jointly) _____ Date (MM/DD/YYYY) _____
SRAVANI8129@GMAIL.COM
Email Address

04122021
Date (MM/DD/YYYY) P02082703
PTIN or VITA/TCE # (required)

SYAM@GTAXFILE.COM
Preparer's Email Address

I do not want my paid preparer to file my return electronically.

I authorize the Minnesota Department of Revenue to discuss this return with my paid preparer or the third-party designee indicated on my federal return.



2020 Schedule M1M, Income Additions and Subtractions

Complete this schedule to determine line 2 and line 7 of Form M1.

SRAVANI
Your First Name and Initial

TALAM
Your Last Name

071195700
Your Social Security Number

Additions to Income

- 1 Interest from municipal bonds of another state or its governmental units included on line 2a of federal Form 1040 1 ■ _____
- 2 Federally tax-exempt dividends from mutual funds investing in bonds of another state or its governmental units included on line 2a of federal Form 1040 2 ■ _____
- 3 Federal bonus depreciation addition (*determine from worksheet in the instructions*) 3 ■ _____
- 4 Section 179 Addition (*see instructions*) 4 ■ _____
- 5 State taxes passed through to you (*see instructions*) 5 ■ _____
- 6 Expenses deducted on your federal return attributable to income not taxed by Minnesota (*other than interest or mutual fund dividends from U.S. bonds*) 6 ■ _____
- 7 Foreign-derived intangible income deduction under section (*see instructions*) 7 ■ _____
- 8 Suspended loss from bonus depreciation (*see instructions and worksheets*) 8 ■ _____
- 9 Capital gain portion of a lump-sum distribution (*from line 6 of federal Form 4972; enclose Form 4972*) ... 9 ■ _____
- 10 Net operating loss carryover adjustment (*see instructions*) 10 ■ _____
- 11 Addition from line 7 of Schedule M1HOME (*enclose Schedule M1HOME*) 11 ■ _____
- 12 Accelerated recognition of nonresident installment sales (*enclose Schedule M1AR*) 12 ■ _____
- 13 Distributions from higher education savings accounts used for K-12 tuition (*see instructions*) 13 ■ _____
- 14 This line intentionally left blank 14 ■ _____
- 15 This line intentionally left blank 15 ■ _____
- 16 Addition from line 32 of Schedule M1NC 16 ■ _____ 300
- 17 Add lines 1 through 16. Enter the total here and on line 2 of Form M1 17 _____ 300

Subtractions from Income

- 18 Net interest or mutual fund dividends from U.S. bonds (*see instructions*) 18 ■ _____
- 19 Education expenses you paid for your qualifying children in grades K-12 (*see instructions*)
Enter the name and grade of each child on the line below: 19 ■ _____
- 20 If you are not filing Schedule M1SA, and your charitable contributions were more than \$500, see instructions 20 ■ _____
- 21 Federal bonus depreciation subtraction (*see instructions and worksheet*) 21 ■ _____
- 22 Section 179 Expensing Subtraction (*see instructions*) 22 ■ _____





- 23 Subtraction for persons age 65 or older, or permanently and totally disabled (*enclose Schedule M1R*) . . . 23 ■ _____
- 24 Railroad Retirement Board benefits (*see instructions*) 24 ■ _____
- 25 If you are a resident of Michigan or North Dakota filing Form M1 only to receive a refund of all Minnesota tax withheld, enter the amount from line 1 of Form M1. If the amount is zero or less, enter 0 25 ■ _____
 - Place an X in one box to indicate the reciprocity state of which you were a resident during 2020 Michigan North Dakota
- 26 Subtraction of reservation income for American Indians (*see instructions*) 26 ■ _____
- 27 Federal active duty military pay received for services performed while a Minnesota resident, to the extent the income is federally taxable. If you received a military pension, see line 32 27 ■ _____
- 28 **Minnesota National Guard members and reservists:** See instructions 28 ■ _____
- 29 **Residents of another state:** Enter your federal active service military pay, to the extent the income is federally taxable. If you received a military pension, see line 32. 29 ■ _____
- 30 Organ Donor Subtraction (*see instructions*) 30 ■ _____
- 31 Disallowed section 280E expenses of medical cannabis manufacturers (*see instructions*) 31 ■ _____
- 32 Subtraction for military pensions or other military retirement pay (*see instructions*) 32 ■ _____
- 33 Gain from the sale of farm property (*see instructions*) 33 ■ _____
- 34 Post-service education awards received for service in an AmeriCorps National Service program 34 ■ _____
- 35 Net operating loss carryover adjustment (*see instructions*) 35 ■ _____
- 36 Prior addback of reacquisition of indebtedness income (*see instructions*) 36 ■ _____
- 37 Subtraction for railroad maintenance expenses. 37 ■ _____
- 38 Subtraction for contributions to a qualified education savings plan (*enclose Schedule M1529*) 38 ■ _____
- 39 Social Security benefit subtraction (*determine from worksheet in instructions*) 39 ■ _____
- 40 Subtraction for interest earned from a designated first-time homebuyer savings account (*enclose Schedule M1HOME*) 40 ■ _____
- 41 Subtraction for discharge of indebtedness of educational loans (*see instructions*) 41 ■ _____
- 42 Income from prior-year partnership sale (see instructions) (*see instructions*). 42 ■ _____
- 43 Deferred foreign income recognized under section 965 of the Internal Revenue Code 43 ■ _____
- 44 Global intangible low-taxed income included in gross income under section 951A of the Internal Revenue Code. 44 ■ _____
- 45 Subtraction from line 32 of Schedule M1NC. Enter as a positive number. 45 ■ _____
- 46 This line intentionally left blank 46 ■ _____
- 47 Add lines 18-46. Enter the total here and on line 7 of Form M1. 47 _____

You must include this schedule with your Form M1.



2020 Schedule M1C, Nonrefundable Credits

Complete this schedule to determine line 16 of Form M1. Include this schedule when filing your return.

SRAVANI
Your First Name and Initial

TALAM
Your Last Name

071195700
Your Social Security Number

- 1 Marriage Credit for joint return when both spouses have taxable earned income or taxable retirement income *(enclose Schedule M1MA)* **1** ■ _____
- 2 Credit for long-term care insurance premiums paid *(enclose Schedule M1LTI)* **2** ■ _____
- 3 Credit for taxes paid to another state *(enclose Schedule(s) M1CR and M1RCR)* **3** ■ _____ 219
- 4 Credit for Past Military Service *(see instructions)* **4** ■ _____
- 5 Employer Transit Pass Credit *(enclose Schedule ETP)* **5** ■ _____
- 6 SEED Capital Investment Credit *(see instructions; enclose certification)* **6** ■ _____
- 7 Education Savings Account Contribution Credit *(enclose Schedule M1529)* **7** ■ _____
- 8 Credit for Attaining Master’s Degree in Teacher’s Licensure Field *(enclose Schedule M1CMD)* **8** ■ _____
- 9 Student Loan Credit *(enclose Schedule M1SLC)* **9** ■ _____
- 10 Beginning Farmer Management Credit **10** ■ _____
Enter the certificate number from the certificate you received from the Rural Finance Authority:
BF 20 - _____
- 11 Tax Credit for Owners of Agricultural Assets. **11** ■ _____
Enter the certificate number from the certificate you received from the Rural Finance Authority:
AO 20 - _____
AO 20 - _____
AO 20 - _____
- 12 Credit for increasing research activities *(enclose Schedule KPI, KS, or KF)* **12** ■ _____
- 13 Carryforward of prior year Beginning Farmer Management Credits *(see instructions)* **13** ■ _____
BF ____ - _____
BF ____ - _____
- 14 Carryforward of prior year Owners of Agricultural Assets Credits *(see instructions)* **14** ■ _____
AO ____ - _____
AO ____ - _____
- 15 Carryforward of prior year Credit for Increasing Research Activities **15** ■ _____
List the years the credits were reported to you on Schedule KPI, KS, or KF:

- 16 Alternative Minimum Tax Credit *(enclose Schedule M1MTC)* **16** ■ _____ 0
- 17 Add lines 1 through 16. Enter total here and on line 16 of Form M1. **17** _____ 219

You must include this schedule with your Form M1.





2020 Schedule M1CR, Credit for Income Tax Paid to Another State

SRAVANI TALAM
Your First Name and Initial

Last Name

071195700
Social Security Number

Arkansas
State or Canadian Province or Territory That Taxed Income Also Taxed By Minnesota

You must complete a separate Schedule M1CR for each state or province you paid tax to. To report tax paid to Wisconsin, use Schedule M1CR, Credit for Taxes Paid to Wisconsin.

To be eligible for this credit, all of the following must apply:

- You were a full- or part-year Minnesota resident in 2020
- You paid 2020 state income tax to **both Minnesota and another state or Canadian province on the same income**
- You were a Minnesota resident when both states taxed the same income.

Use Schedule M1CR to report tax paid to Wisconsin.

Round amounts to the nearest whole dollar.

Full-Year Residents and Part-Year Residents

1	Amount of adjusted gross income you received while a Minnesota resident that was taxed by the other state (<i>see instructions</i>)	1	<u>5760</u>
2	Your adjusted gross income adjusted by U.S. bond interest and bonds of another state (<i>determine from instructions</i>). Part-year residents: See instructions	2	<u>44420</u>
3	Divide line 1 by line 2. Enter the result as a decimal (<i>carry to five decimal places; if line 1 is more than line 2, enter 1.00000</i>)	3	<u>.12967</u>
4	Complete the lines below to determine your Minnesota tax after credits.		
	a Tax from line 13 of Form M1.	4 a	<u>1788</u>
	b Add lines 1-2 and 4-9 of Schedule M1C.	4 b	_____
	Subtract line 4b from line 4a. If the result is zero or less, STOP HERE . You do not qualify for this credit	4	<u>1788</u>
5	Multiply line 4 by line 3	5	<u>232</u>
6	From the other state's income tax return, enter the tax amount before you subtract any tax withheld or estimated tax payments (<i>see instructions</i>). If you paid taxes to a Canadian province or territory, see instructions	6 ■	<u>219</u>

Full-Year Residents

7	Amount from line 5 or line 6, whichever is less. Enter here and include on line 3 of Schedule M1C	7	<u>219</u>
---	---	---	------------

Part-Year Residents

8	From the other state's income tax return, enter the amount of income taxed by that state before subtracting itemized or standard deductions	8	_____
9	Divide line 1 by line 8. Enter the result as a decimal (<i>carry to five decimal places; if line 1 is more than line 8, enter 1.00000</i>)	9	_____
10	Multiply line 6 by line 9	10	_____
11	Amount from line 5 or line 10, whichever is less. Enter here and include on line 3 of Schedule M1C.	11	_____

You must include this schedule with your Form M1.



2020 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

SRAVANI TALAM 071195700
 Your First Name and Initial Last Name Your Social Security Number

 If a Joint Return, Spouse's First Name and Initial Spouse's Last Name Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF that shows Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

A	B—Box 13	C—Box 15	D—Box 16	E—Box 17
If the Form W-2 is for:	If Retirement Plan box is checked, mark an X below.	Employer's seven-digit Minnesota Tax ID Number	State wages, tips, etc. <i>(round to nearest whole dollar)</i>	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
• you, enter 1				
• spouse, enter 2				
a1 <u>1</u>	b1 <input type="checkbox"/>	c1 MN <u>1726057</u>	d1 <u>41160</u>	e1 <u>2326</u>
a2 _____	b2 <input type="checkbox"/>	c2 MN _____	d2 _____	e2 _____
a3 _____	b3 <input type="checkbox"/>	c3 MN _____	d3 _____	e3 _____
a4 _____	b4 <input type="checkbox"/>	c4 MN _____	d4 _____	e4 _____
a5 _____	b5 <input type="checkbox"/>	c5 MN _____	d5 _____	e5 _____

Subtotal for additional Forms W-2 (from line 5 on page 2) _____

Total Minnesota tax withheld on all Forms W-2 (add amounts in line 1, column E) 1 ■ 2326

2 Minnesota tax withheld on Forms 1099, W-2G, and 1042-S. If you have more than four forms, complete line 6 on the back.

A	B	C	D
If the Form 1099, W-2G, or 1042-S is for:	Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer)	Income amount (see the table on the back for amounts to include)	Minnesota tax withheld (round to nearest whole dollar)
• you, enter 1			
• spouse, enter 2			
a1 _____	b1 MN _____	c1 _____	d1 _____
a2 _____	b2 MN _____	c2 _____	d2 _____
a3 _____	b3 MN _____	c3 _____	d3 _____
a4 _____	b4 MN _____	c4 _____	d4 _____

Subtotal for additional 1099, W-2G, and 1042-S (from line 6 on page 2) _____

Total Minnesota tax withheld on all 1099, W-2G, and 1042-S (add amounts in line 2, column D) 2 ■ _____

3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries (from line 7 on page 2) 3 ■ _____

4 Total. Add the Minnesota tax withheld on lines 1, 2, and 3.
 Enter the total here and on line 20 of Form M1 **4 ■ 2326**

**Include this schedule with your Form M1.
 If required, include Schedules KPI, KS, and KF.**



2020 Schedule M1NC, Federal Adjustments

Minnesota has not adopted the federal law changes enacted after December 31, 2018, that affect federal adjusted gross income for tax year 2020. This schedule allows for any necessary adjustments required to file a state tax return.

SRAVANI
Your First Name and Initial

TALAM
Last Name

071195700
Social Security Number

Read the instructions before you complete this schedule.

Enter amounts as a positive or negative.
Round amounts to the nearest whole dollar.

Adjustments to federal adjusted gross income (FAGI)

- 1 Home mortgage debt cancelled in 2020 and excluded from federal income 1 ■ _____
- 2 Tuition and fees deduction from line 21 of federal Schedule 1. 2 ■ _____
- 3 Distributions from higher education savings accounts used for apprenticeship programs or student loan payments. 3 ■ _____
- 4 Distributions from IRAs and defined contribution plans related to Coronavirus to be repaid over extended time . 4 ■ _____
- 5 Certain retirement account withdrawals excluded from income 5 ■ _____
- 6 Charitable contribution deduction for filers who claim the federal standard deduction 6 ■ _____ 300
- 7 Unemployment compensation excluded from income 7 ■ _____
- 8 This line intentionally left blank. 8 ■ _____
- 9 Paycheck Protection Program loan forgiveness 9 ■ _____
- 10 Exclusion for certain employer payments of student loans. 10 ■ _____
- 11 Employee Retention Credit under the CARES Act 11 ■ _____
- 12 Employee Retention Credit for employers affected by qualified disasters. 12 ■ _____
- 13 NOL carryovers and suspension of 80% Limit. 13 ■ _____
- 14 Modification of excess loss limitation or excess business loss 14 ■ _____
- 15 Subpart F Income Adjustment 15 ■ _____
- 16 Modification of business interest limitation 16 ■ _____
- 17 Qualified Improvement Property technical fix 17 ■ _____
- 18 Employer credit for paid medical leave and Employer payroll credit for required paid family leave 18 ■ _____
- 19 TCDTR basis and depreciation provisions 19 ■ _____
- 20 Credit provisions impacting basis and depreciation 20 ■ _____
- 21 Credit provisions impacting business expenses 21 ■ _____
- 22 Other adjustments to federal adjusted gross income 22 ■ _____
- 23 TCDTR20 basis and depreciation provisions 23 ■ _____



24	Loans, grants, and loan repayment assistance under the CARES Act excluded from income (see instructions)	24	■	_____
25	Temporary Allowance of Full Deduction for Business Meals (see instructions)	25	■	_____
26	This line intentionally left blank	26	■	_____
27	This line intentionally left blank	27	■	_____
28	This line intentionally left blank	28	■	_____
29	This line intentionally left blank	29	■	_____
30	This line intentionally left blank	30	■	_____
31	If you have an amount on lines 1 through 30, and an adjustment to income subject to a rule involving adjusted gross income such as an IRA deduction, Social Security income, rental real estate loss, or student loan interest, see instructions.	31	■	_____
32	Add lines 1-31. If the result is positive, enter it on Form M1M, line 16. If the amount is negative, enter it as a positive number on Form M1M, line 45	32	■	_____ 300
33	Line 1 of Form M1.	33	■	_____ 44120
34	Minnesota adjusted gross income. Add lines 32 and 33, then see instructions	34	■	_____ 44420

You must include this schedule when you file Form M1.

