

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: SUDARSHAN
Last name: BASAPPA
Your social security number: 715-72-9233
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): 100 N WHISMAN STATION
Apt. no.: 1914
City, town, or post office: MOUNTAIN VIEW
State: CA
ZIP code: 94043
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 instructions for dependents.

Main tax calculation table with columns for line numbers and amounts. Includes sections for Attach Sch. B if required, Standard Deduction for, and Taxable income calculation.

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 | 1,300. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 1,300. |
| 19 | Child tax credit or credit for other dependents | 19 | |
| 20 | Amount from Schedule 3, line 7 | 20 | |
| 21 | Add lines 19 and 20 | 21 | |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 1,300. |
| 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 | 1,300. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 3,485. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 3,485. |
| 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 | 4,085. |

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

Refund

| | | | |
|-----|---|-----|--------|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 2,785. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 2,785. |
| b | Routing number 2 7 1 0 7 0 8 0 1 | | |
| c | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number 1 4 1 6 5 8 1 5 6 | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |

Amount You Owe

For details on how to pay, see instructions.

| | | | |
|--|--|----|--|
| 37 | Subtract line 33 from line 24. This is the amount you owe now | 37 | |
| 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.) |

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

| | | | | |
|-----------------------------------|---------------------------------------|------------|-----------|--|
| Preparer's name | Preparer's signature | Date | PTIN | Check if: |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA RAM SAGAR GUPTA TALLAM | 09/24/2021 | P02082703 | <input type="checkbox"/> Self-employed |
| Firm's name | Firm's address | | | Phone no. |
| GLOBAL TAXES LLC | 2530 Pebble Creek Ln Cumming GA 30041 | | | (678) 965-9522 |
| Firm's EIN | | | | 30-1017196 |



Form M-8453 Individual Income Tax Declaration for Electronic Filing

2020
Massachusetts
Department of
Revenue

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2020.

| | | |
|-----------------------------|-----------|-----------------------------|
| Your first name and initial | Last name | Your Social Security number |
| SUDARSHAN BASAPPA | | 715729233 |

| | | |
|--|-----------|---------------------------------|
| If a joint return, spouse's first name and initial | Last name | Spouse's Social Security number |
| | | |

| | | | |
|---|-------|-------|---|
| Present street address (and apartment number) | | | |
| 100 N WHISMAN STATION APT NO 1914 | | | |
| City/Town/Post Office | State | Zip | Filing status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly |
| MOUNTAIN VIEW | CA | 94043 | <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household |

Part 1. Tax Return Information for Electronic Filing

| | | |
|--|----------|-------|
| 1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12) | 1 | 21672 |
| 2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36) | 2 | 891 |
| 3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38) | 3 | |
| 4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42) | 4 | 1084 |
| 5 Refund amount (from Form 1, line 50, or Form 1-NR/PY, line 54) | 5 | 193 |
| 6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55) | 6 | |

Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2020 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

| | | | |
|----------------|------|---|------|
| Your signature | Date | Spouse's signature (if joint return, both must sign) | Date |
| | | | |

Part 3. Declaration and Signature of Electronic Return Originator (ERO)

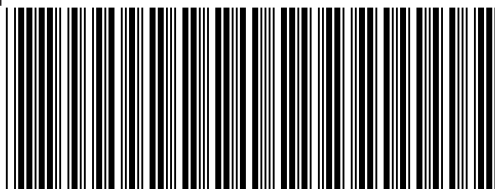
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and 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. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

| | | | |
|--|-----------|-----------|--|
| ERO's signature and SSN or PTIN | Date | EIN | <input type="checkbox"/> Check if self-employed |
| | 09242021 | 301017196 | |
| Firm name (or yours, if self-employed) and address | City/Town | State | Zip |
| GLOBAL TAXES LLC 2530 PEBBLE CREEK LN | CUMMING | GA | 30041 |
| | | | <input type="checkbox"/> Check if also paid preparer |

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

| | | | |
|--|--------------------|-----------|---|
| Paid preparer's signature and SSN or PTIN | Date | EIN | <input type="checkbox"/> Check if self-employed |
| | P02082703 09242021 | 301017196 | |
| Firm name (or yours, if self-employed) and address | City/Town | State | Zip |
| SIAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN | CUMMING | GA | 30041 |



2020 Form 1-NR/PY

MA20006011555

**Massachusetts Nonresident/Part-Year Resident
Income Tax Return**

For the year January 1–December 31, 2020 or other taxable

Year beginning

Ending

SUDARSHAN

BASAPPA

715729233

100 N WHISMAN STATION

MOUNTAIN VIEW

CA 94043

Fill in if: Original return Amended return Amended return due to federal change

Apt. no. 1914

State Election Campaign Fund:

\$1 You \$1 Spouse TOTAL

Fill in if veteran of U.S. armed forces who served in Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

You Spouse

Taxpayer deceased

You Spouse

Fill in if under age 18

You Spouse

Check one: Nonresident

Filing as both nonresident and part-year resident

Name changed since 2019

Part-year resident

Nonresident composite

Fill in if noncustodial parent

a. Total federal income 24867

b. Federal adjusted gross income 24867

1. Filing status (select one only): Single

Fill in if filing Schedule TDS

Married filing jointly

Married filing separate return

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From To

3. Total days as Massachusetts resident ÷ 365 = 3

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature

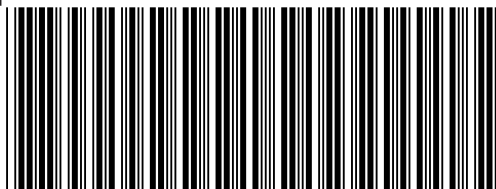
Date

Spouse's signature

Date

312-502-8531

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



2020 Form 1-NR/PY, pg. 2

MA20006021555

Massachusetts Nonresident/

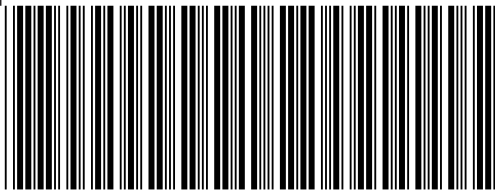
Part-Year Resident Income Tax Return

715729233

4. Exemptions:

| | | | |
|--|--------------------------|----------------|-------|
| a. Personal exemptions | | 4a | 4400 |
| b. Number of dependents. (Do not include yourself or your spouse.) Enter number | | x \$1,000 = 4b | |
| c. Age 65 or over before 2021 | You + Spouse = | x \$700 = 4c | |
| d. Blindness | You + Spouse = | x \$2,200 = 4d | |
| e. Medical/dental | | 4e | |
| f. Adoption | | 4f | |
| g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a | | 4g | 4400 |
| 5. Wages, salaries, tips | | 5 | 21672 |
| 6. Taxable pensions and annuities | | 6 | |
| 7. Mass. bank interest: a. | - b. exemption | = 7 | |
| 8. Business/profession income/loss a. | + b. Farming income/loss | = 8 | |
| 9. Rental, royalty and REMIC, partnership, S corp., trust income/loss | | 9 | |
| 10a. Unemployment | | 10a | |
| 10b. Mass. lottery winnings | | 10b | |
| 11. Other income | | 11 | |
| 12. TOTAL 5.0% INCOME | | 12 | 21672 |
| 13. NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis: | | | |
| | working days | miles | sales |
| | other: | | |
| Working days (or other basis) outside Massachusetts | | | 13a |
| Working days (or other basis) inside Massachusetts | | | 13b |
| Total working days | | | 13c |
| Nonworking days (holidays, weekends, etc.) | | | 13d |
| Massachusetts ratio | | | 13e |
| Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2 | | | 13f |
| Massachusetts income | | | 13g |

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2020 Form 1-NR/PY, pg. 3

MA20006031555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

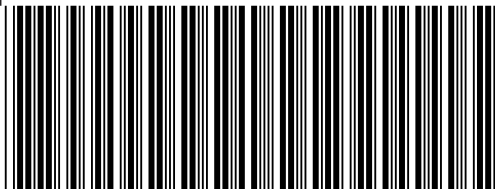
SUDARSHAN

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| | | |
|--|-----------------|--------|
| 14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO | | |
| a. Total 5.0% income | 14a | 21672 |
| b. Interest income | 14b | |
| c. Total capital gain income | 14c | |
| d. Total income this return | 14d | 21672 |
| e. Non-Massachusetts source income. Not less than "0" | 14e | 3195 |
| f. Total income | 14f | 24867 |
| g. Deduction and exemption ratio | 14g | 0.8715 |
| 15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement | 15a | |
| 15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement | 15b | |
| 16. Child under age 13, or disabled dependent/spouse care expenses | 16 | |
| 17. Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/20, or disabled dependent(s) Not more than two. a. x \$3,600 = b. Part-year residents multiply line 17b by line 3; nonresidents multiply line 17b by line 14g | 17 | |
| 18. Rental deduction. a. Nonresidents, fill in if during 2020 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future | ÷ 2 = 18 | |
| 19. Other deductions from Schedule Y, line 19 | 19 | |
| 20. Total deductions. Add lines 15 through 19 | 20 | |
| 21. 5.0% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. Not less than "0" | 21 | 21672 |
| 22. Exemption amount. a. 4400 | 22 | 3835 |
| 23. 5.0% INCOME AFTER DEDUCTIONS. Subtract line 22 from line 21. Not less than "0" | 23 | 17837 |
| 24. INTEREST AND DIVIDEND INCOME | 24 | |
| 25. TOTAL TAXABLE 5.0% INCOME. Add lines 23 and 24 | 25 | 17837 |
| 26. TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585 | 26 | 891 |

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2020 Form 1-NR/PY, pg. 4

MA20006041555

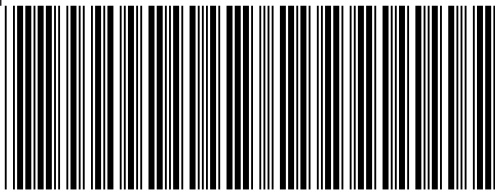
Massachusetts Nonresident/

Part-Year Resident Income Tax Return

715729233

| | | |
|--|-----------|-----|
| 27. 12% INCOME. Not less than "0." a. | x .12 =27 | |
| 28. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS Fill in if any excess exemptions were used in calculating lines 24, 27 or 28 | 28 | |
| 29. Credit recapture amount (from Credit Recapture Schedule) | 29 | |
| 30. Additional tax on installment sale | 30 | |
| 31. If you qualify for No Tax Status, fill in and enter "0" on line 32 | | |
| 32. TOTAL INCOME TAX. Add lines 26 through 30. | 32 | 891 |
| 33. Limited Income Credit | 33 | |
| 34. Income tax due to another state or jurisdiction | 34 | |
| 35. Other credits (from Credit Manager Schedule) | 35 | |
| 36. INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 from line 32. Not less than "0" | 36 | 891 |
| 37. Voluntary Contributions | | |
| a. Endangered Wildlife Conservation | 37a | |
| b. Organ Transplant Fund | 37b | |
| c. Massachusetts Public Health HIV and Hepatitis Fund | 37c | |
| d. Massachusetts U.S. Olympic Fund | 37d | |
| e. Massachusetts Military Family Relief Fund | 37e | |
| f. Homeless Animal Prevention and Care | 37f | |
| Total. Add lines 37a through 37f | 37 | |
| 38. Use tax due on Internet, mail order and other out-of-state purchases | 38 | |
| 39. Health care penalty a. You + b. Spouse | 39 | |
| 40. Amended return only. Overpayment from original return | 40 | |
| 41. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 36 through 40 | 41 | 891 |

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2020 Schedule INC

MA20INC011555

SUDARSHAN

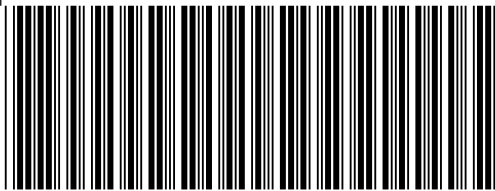
BASAPPA

715729233

Form W-2 and 1099 Information

| A. FEDERAL ID NUMBER | B. STATE TAX WITHHELD | C. STATE WAGES/INCOME | D. TAXPAYER SS WITHHELD | E. SPOUSE SS WITHHELD | F. SOURCE OF WITHHOLDING |
|----------------------|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| 823426464 | 1084 | 21672 | | | W2 |

| | | | | | |
|--------|------|-------|--|--|--|
| TOTALS | 1084 | 21672 | | | |
|--------|------|-------|--|--|--|



2020 Schedule HC

MA20029011555

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).

Note: Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

SUDARSHAN

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1a. Date of birth 07011993 1b. Spouse's date of birth 1c. Family size 1

2. Federal adjusted gross income 2 24867

3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. Note: MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2020, you turned 18, you were a part-year resident or a taxpayer was deceased. If you filled in the full-year or part-year MCC oval, go to line 4. If you filled in No MCC/None, go to line 6.

| | | | | |
|-------------------|---------------|---------------|-------------------------------------|-------------|
| 3a You: | Full-year MCC | Part-year MCC | <input checked="" type="checkbox"/> | No MCC/None |
| 3a Spouse: | Full-year MCC | Part-year MCC | | No MCC/None |

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2020, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

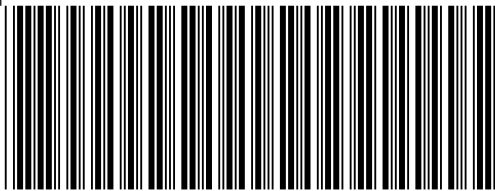
| | | |
|--|-----|--------|
| 4a. Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below) | You | Spouse |
| 4b. MassHealth. Fill in and go to line 5 | You | Spouse |
| 4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5 | You | Spouse |
| 4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5 | You | Spouse |
| 4e. Other program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net is not considered insurance or minimum creditable coverage. | You | Spouse |

4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC.

4g. Spouse Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC.

5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Other wise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2020, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.



2020 Schedule HC, pg. 2

715729233 MA20029021555

Your Health Insurance

6. Was your income in 2020 at or below 150% of the federal poverty level? 6 Yes X No

If you answer Yes, you are not subject to a penalty in 2020. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2020, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7. Complete this section only if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2020. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least 15 days or more. If, during 2020, you turned 18, you were a part-year resident or a taxpayer was deceased, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

Months Covered By Health Insurance

Table with 13 columns for months (Jan-Dec) and rows for You and Spouse.

If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row), go to line 8a. Otherwise, a penalty does not apply to you in 2020. Skip the remainder of this schedule and complete your tax return.

Religious Exemption and Certificate of Exemption

8a. Religious exemption: Are you claiming an exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by health insurance? 8a You Yes No Spouse Yes No

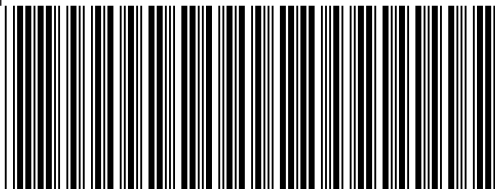
If you answer Yes, go to line 8b. If you answer No, go to line 9.

8b. If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2020 tax year? 8b You Yes No Spouse Yes No

If you answer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 8b, go to line 9.

9. Certificate of exemption: Have you obtained a Certificate of Exemption issued by the Massachusetts Health Connector for the 2020 tax year? 9 You Yes No Spouse Yes No

If you answer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax return. If you answer No to line 9, go to line 10.



2020 Schedule HC, pg. 3

MA20029031555

SUDARSHAN

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715729233

Affordability as Determined By State Guidelines

Note: This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2020 tax year.

- | | | | | |
|---|-----------|--------|-----|----|
| 10. Did your employer offer affordable health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 10 in the instructions? | 10 | You | Yes | No |
| | | Spouse | Yes | No |

Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligible for health insurance offered by your employer, you were self-employed or you were unemployed.

- | | | | | |
|--|-----------|--------|-----|----|
| 11. Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC Worksheet for Line 11 in the instructions? | 11 | You | Yes | No |
| | | Spouse | Yes | No |

If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

- | | | | | |
|---|-----------|--------|-----|----|
| 12. Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 12 in the instructions? | 12 | You | Yes | No |
| | | Spouse | Yes | No |

If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

Complete Only If You Are Filing An Appeal

You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.

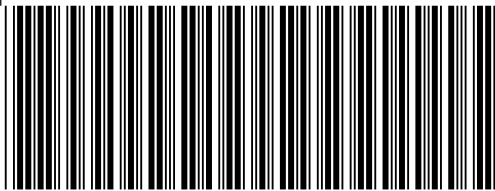
You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2020 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal.

You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty. Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

Note: If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do not assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

Spouse: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.



2020 Schedule NTS-L-NRPY

MA20021011555

No Tax Status and Limited Income Credit

715729233

Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

| | | |
|---|----|-------|
| 1. Total 5.0% income | 1 | 21672 |
| 2. Adjustments to income | 2 | |
| 3. Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0" | 3 | 21672 |
| 4. Interest exemption used | 4 | |
| 5. Adjusted gross interest, dividends and certain capital gains | 5 | |
| 6. Long-term capital gain | 6 | |
| 7. Additional income/loss while a nonresident/part-year resident | 7 | 3195 |
| 8. Total income. Combine lines 3 through 7 | 8 | 24867 |
| 9. Additional adjustments to income while a nonresident/part-year resident | 9 | |
| 10. Massachusetts Adjusted Gross Income (AGI) | 10 | 24867 |
| If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status | | |
| 11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount | 11 | |
| 12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount | 12 | |
| 13. No Tax Status threshold | 13 | |
| 14. Income for Limited Income Credit | 14 | |
| 15. Tax before adjustments | 15 | |
| 16. Tax for Limited Income Credit | 16 | |
| 17. Limited Income Credit | 17 | |

We encourage all taxpayers to pay electronically whenever possible.

By paying electronically, you can . . .

- Avoid mailing delays.
- Save a trip to the post office and the price of a stamp.
- Get immediate confirmation of your payment.

Visit **mytax.illinois.gov** to electronically pay.

If you prefer to pay the amount you owe on your Form IL-1040, Individual Income Tax Return, by mail, complete the IL-1040-V at the bottom of this page and send it, along with your payment, to the address on the voucher.



Illinois Department of Revenue
2020 IL-1040-V ID: 3WM
Payment Voucher for Individual Income Tax

REV 04/06/21 PRO

715-72-9233

Your Social Security number

Spouse's Social Security number

Your payment is due April 15, 2021.

\$ 67.00
Payment amount

SUDARSHAN BASAPPA
100 N WHISMAN STATION 1914
MOUNTAIN VIEW CA 94043

Make your check payable to and mail to
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62726-0001

Write your Social Security number(s) on your check.



104081220 1 2 715729233 0 02011901 1 000006700



Illinois Department of Revenue
2020 Form IL-1040

Individual Income Tax Return or for fiscal year ending ___/___/___

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

1993
 715-72-9233
 SUDARSHAN BASAPPA
 100 N WHISMAN STATION 1914
 MOUNTAIN VIEW CA 94043



- B** Filing status: Single Married filing jointly Married filing separately Widowed Head of household
C Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Spouse
D Check the box if this applies to you during 2020: Nonresident - Attach Sch. NR Part-year resident - Attach Sch. NR

Step 2: Income

(Whole dollars only)

| | |
|---|--------------------|
| 1 Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. | 1 24,867.00 |
| 2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. | 2 .00 |
| 3 Other additions. Attach Schedule M. | 3 .00 |
| 4 Total income. Add Lines 1 through 3. | 4 24,867.00 |

Step 3: Base Income

| | |
|---|--------------------|
| 5 Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. | 5 .00 |
| 6 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1. | 6 .00 |
| 7 Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/> | 7 .00 |
| 8 Add Lines 5, 6, and 7. This is the total of your subtractions. | 8 .00 |
| 9 Illinois base income. Subtract Line 8 from Line 4. | 9 24,867.00 |

Step 4: Exemptions

| | |
|---|--------------------|
| 10 a Enter the exemption amount for yourself and your spouse. See instructions. | a 2,325.00 |
| b Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 = | b .00 |
| c Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 = | c .00 |
| d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC. | d 0.00 |
| Exemption allowance. Add Lines a through d. | 10 2,325.00 |

Step 5: Net Income and Tax

| | |
|--|---------------------|
| 11 Residents: Net income. Subtract Line 10 from Line 9. | 11 22,542.00 |
| Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR. | 11 22,542.00 |
| 12 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. | 12 1,116.00 |
| Nonresidents and part-year residents: Enter the tax from Schedule NR. | 12 1,116.00 |
| 13 Recapture of investment tax credits. Attach Schedule 4255. | 13 .00 |
| 14 Income tax. Add Lines 12 and 13. Cannot be less than zero. | 14 1,116.00 |

Step 6: Tax After Nonrefundable Credits

| | |
|---|------------------|
| 15 Income tax paid to another state while an Illinois resident. Attach Schedule CR. | 15 891.00 |
| 16 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. | 16 .00 |
| 17 Credit amount from Schedule 1299-C. Attach Schedule 1299-C. | 17 .00 |
| 18 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. | 18 891.00 |
| 19 Tax after nonrefundable credits. Subtract Line 18 from Line 14. | 19 225.00 |

Step 7: Other Taxes

| | |
|---|------------------|
| 20 Household employment tax. See instructions. | 20 .00 |
| 21 Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank. | 21 0.00 |
| 22 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. | 22 .00 |
| 23 Total Tax. Add Lines 19, 20, 21, and 22. | 23 225.00 |

IL-1040 2D Front (R-12/20)

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



Staple W-2 and 1099 forms here

Staple your check and IL-1040-V



Read this information first

You should file Schedule CR if

- you were either a resident or a part-year resident of Illinois during the tax year; and
• you paid income tax to another state on income you earned while you were an Illinois resident; and
• the income subject to the other state's tax is included in your Illinois base income; and
• you did not deduct the income tax paid to the other state when you figured your federal adjusted gross income as shown on your Illinois tax return.

You should not file this schedule if

- you were a nonresident of Illinois during the entire tax year; or
• you did not pay income tax to Illinois and another state.

For purposes of this schedule, "state" means any state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, or political subdivision of any of these (e.g., county, city, local). The term "state" does not refer to any foreign country.

Note: If you earned income in Iowa, Kentucky, Michigan, or Wisconsin, you may be covered by a reciprocal agreement. This agreement applies only to income from wages, salaries, tips, and other employee compensation. See the Schedule CR Instructions.

Step 1: Provide the following information

SUDARSHAN BASAPPA

Your name as shown on your Form IL-1040

7 1 5 - 7 2 - 9 2 3 3
Your Social Security number

Step 2: Figure the Illinois and non-Illinois portions of your federal adjusted gross income



Illinois residents: In Column A of each line, except Line 15, enter the amounts exactly as reported on the corresponding line of your federal income tax return.

Part-year residents: In Column A of each line, enter the amounts as reported on the equivalent line of your Schedule NR, Column B.

Column A Total (Whole dollars only)
Column B Non-Illinois Portion (Whole dollars only)

Read the instructions before completing this step.

Table with 3 columns: Line number, Description, Column A Total, Column B Non-Illinois Portion. Includes rows for Wages, interest, dividends, etc., and a total row at the bottom.

Continue with Step 2 on Page 2

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



| | Column A Total (Whole dollars only) | Column B Non-Illinois Portion (Whole dollars only) |
|--|---|--|
| 17 Enter the amounts from Page 1, Line 16. | 24,867.00 | 21,672.00 |
| Adjustments to Income | | |
| 18 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 10) | .00 | .00 |
| 19 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 11) | .00 | .00 |
| 20 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 12) | .00 | .00 |
| 21 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 13) | .00 | .00 |
| 22 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 14) | .00 | .00 |
| 23 Self-employed SEP, SIMPLE, and qualified plans (fed. Form 1040 or 1040-SR, Schedule 1, Line 15) | .00 | .00 |
| 24 Self-employed health insurance deduction (fed. Form 1040 or 1040-SR, Schedule 1, Line 16) | .00 | .00 |
| 25 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 17) | .00 | .00 |
| 26 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 18a) | .00 | .00 |
| 27 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 19) | .00 | .00 |
| 28 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20) | .00 | .00 |
| 29 Tuition and fees (federal Form 1040 or 1040-SR, Schedule 1, Line 21) | .00 | .00 |
| 30 RESERVED | .00 | .00 |
| 31 Other adjustments. See instructions. | .00 | .00 |
| 32 Add Columns A and B, Lines 18 through 31. | .00 | .00 |
| 33 Subtract Columns A and B, Line 32 from Line 17. | 24,867.00 | 21,672.00 |

Step 3: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

| | Column A Form IL-1040 Total (Whole dollars only) | Column B Non-Illinois Portion (Whole dollars only) |
|--|--|--|
| Illinois Adjustments | | |
| 34 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) | .00 | .00 |
| 35 Other additions (Form IL-1040, Line 3) | .00 | .00 |
| 36 Add Columns A and B, Lines 33, 34, and 35. | 24,867.00 | 21,672.00 |
| 37 Federally taxed Social Security and retirement income (Form IL-1040, Line 5) | .00 | .00 |
| 38 Illinois Income Tax overpayment included on your federal Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) | .00 | .00 |
| 39 Other subtractions (Form IL-1040, Line 7) | .00 | .00 |
| 40 Add Columns A and B, Lines 37 through 39. | .00 | .00 |
| 41 Subtract Columns A and B, Line 40 from Line 36. If Line 40 is larger than Line 36, enter zero. | 24,867.00 | 21,672.00 |

Continue to Page 3 →



Step 4: Figure your Schedule CR decimal

| | Column A | Column B |
|--|-----------|-----------|
| 42 Enter the amount from Line 41, Column A and Column B. | 24,867.00 | 21,672.00 |
| 43 Divide Column B, Line 42 by Column A, Line 42 (round to three decimal places). Enter the appropriate decimal. If Column B, Line 42 is greater than Column A, Line 42, enter 1.000. Enter this amount on Step 6, Line 53. | | 0.872 |

Step 5: Part-year residents only (Full year residents, go to Step 6.)

| | | |
|--|--|-----|
| 44 Enter the base income from your Form IL-1040, Line 9. | | .00 |
| 45 Divide Column A, Line 42 by Line 44 (round to 3 decimal places). Enter the appropriate decimal. If Column A, Line 42 is greater than Line 44, enter 1.000. | | |
| 46 Enter the exemption amount from Form IL-1040, Line 10. | | .00 |
| 47 Multiply Line 45 by Line 46. | | .00 |
| 48 Subtract Line 47 from Column A, Line 42. | | .00 |
| 49 Multiply Line 48 by 4.95% (.0495). Enter this amount on Step 6, Line 52, and continue on to Step 6, Line 50. | | .00 |

Step 6: Figure your credit

| | | |
|---|-------|----------|
| 50 If you are claiming a credit for tax paid to any of the states listed below, check the box for the appropriate state. See instructions. <input type="checkbox"/> Iowa <input type="checkbox"/> Kentucky <input type="checkbox"/> Michigan <input type="checkbox"/> Wisconsin | | |
| 51 Enter the total amount of income tax paid to other states on Illinois base income (see instructions). Note: Do not enter the tax withheld from your Form W-2 unless you are including tax paid to a city or local government that does not require you to file a tax return. | | 891.00 |
| 52 Illinois Residents: Enter your Illinois tax due from Form IL-1040, Line 12. Part-year Residents: Enter the amount from Step 5, Line 49. | | 1,116.00 |
| 53 Enter the decimal amount from Step 4, Line 43 here. | 0.872 | |
| 54 Multiply Line 52 by Line 53. | | 973.00 |
| 55 Compare the amounts on Lines 51 and 54. Enter the lesser amount here and on Form IL-1040, Line 15. This is your tax credit. | | 891.00 |



Keep your out-of-state tax returns and any Schedules K-1-P and K-1-T with your records. You must send us this information if we request it.





Illinois Department of Revenue

2020 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. **IL Attachment No. 31**

Use the reference for Column A shown in the chart below.

| Form Type | Letter Code for Column A | Form Type | Letter Code for Column A |
|-----------|--------------------------|-----------|--------------------------|
| W-2 | W | 1099-DIV | D |
| W-2G | WG | 1099-INT | I |
| 1099-R | R | 1042-S | S |
| 1099-G | G | 1099-B | B |
| 1099-MISC | M | 1099-K | K |
| 1099-OID | O | 1099-NEC | N |

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

SUDARSHAN BASAPPA

Your name as shown on Form IL-1040

7 1 5 - 7 2 - 9 2 3 3
Your Social Security number

| Column A Form type | Column B Employer/Payer Identification Number | Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc. | Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc. | Column E Illinois Income Tax Withheld |
|-----------------------|---|---|--|---|
| 1 W | 36-2167048 | \$ 3,195.00 | \$ 3,195.00 | \$ 158.00 |
| 2 | | \$.00 | \$.00 | \$.00 |
| 3 | | \$.00 | \$.00 | \$.00 |
| 4 | | \$.00 | \$.00 | \$.00 |
| 5 | | \$.00 | \$.00 | \$.00 |

Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Your spouse's name as shown on Form IL-1040

Your spouse's Social Security number

| Column A Form type | Column B Employer/Payer Identification Number | Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc. | Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc. | Column E Illinois Income Tax Withheld |
|-----------------------|---|---|--|---|
| 6 | | \$.00 | \$.00 | \$.00 |
| 7 | | \$.00 | \$.00 | \$.00 |
| 8 | | \$.00 | \$.00 | \$.00 |
| 9 | | \$.00 | \$.00 | \$.00 |
| 10 | | \$.00 | \$.00 | \$.00 |

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040, Line 25.

11 \$ 158.00

➔ Attach all Schedules IL-WIT to your IL-1040. ➔



Illinois Department of Revenue

Submission ID boxes

Submission ID

2020 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

Form fields for Step 1: SUDARSHAN, BASAPPA, Social Security number 715-72-9233, MOUNTAIN VIEW, CA, 94043

Step 2: Complete information from tax return

Table for Step 2: Net income 22,542.00, Tax 1,116.00, Illinois Income Tax withheld 158.00, Total amount due 67.00, Filing status: Single

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission.

Form fields for Step 3: Routing no., Account no., Type of account, Date, Amount, Name on account

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- Consent to direct deposit, authorize IDOR, or do not want direct deposit (checked)

Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical.

Sign here: Your signature, Date, Spouse's signature, Date

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information.

Form fields for Step 5: ERO's signature, Date 09/24/2021, Check if paid preparer (checked), Your PTIN, Firm's name GLOBAL TAXES LLC, Address 2530 Pebble Creek Ln, Cumming, GA, 30041

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

Do not mail Form IL-8453 and these documents unless requested for review.

