



<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____	<b>16</b>	5,729.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	5,729.
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 7	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	5,729.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	5,729.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	7,577.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	7,577.
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>	
<b>27</b>	Earned income credit (EIC)	<b>27</b>	
<b>28</b>	Additional child tax credit. Attach Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	1,800.
<b>31</b>	Amount from Schedule 3, line 13	<b>31</b>	
<b>32</b>	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	1,800.
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	9,377.

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

**Refund**

<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	3,648.
<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	3,648.
<b>b</b>	Routing number <u>1 0 3 0 0 0 0 1 7</u> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number <u>3 0 5 0 0 6 0 3 3 6 7 9</u>		
<b>36</b>	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	<b>36</b>	

**Amount You Owe**

For details on how to pay, see instructions.

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

**Third Party Designee**

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

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

**Sign Here**

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

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

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	04/03/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	Firm's EIN
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		(678) 965-9522	30-1017196

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form1040](http://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  
SAHITI REDDY ANNAREDDY

Your social security number  
121-93-0096

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-5,270.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-5,270.

**Part II Adjustments to Income**

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

**SCHEDULE E**  
**(Form 1040)**

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

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return

SAHITI REDDY ANNAREDDY

Your social security number

121-93-0096

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

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

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)					
<b>A</b>	PUSHPA RESIDENCY, AMBERPET HYDERABAD TELANGANA IN 500013					
<b>B</b>						
<b>C</b>						
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>	
<b>A</b>	3		<b>A</b>	365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>			<input type="checkbox"/>
<b>C</b>			<b>C</b>			<input type="checkbox"/>

**Type of Property:**

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

<b>Income:</b>	<b>Properties:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b> Rents received . . . . .	<b>3</b>	350.		
<b>4</b> Royalties received . . . . .	<b>4</b>			
<b>Expenses:</b>				
<b>5</b> Advertising . . . . .	<b>5</b>	70.		
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>	220.		
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b>	180.		
<b>8</b> Commissions . . . . .	<b>8</b>			
<b>9</b> Insurance . . . . .	<b>9</b>			
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>	150.		
<b>11</b> Management fees . . . . .	<b>11</b>			
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>			
<b>13</b> Other interest . . . . .	<b>13</b>	4,800.		
<b>14</b> Repairs . . . . .	<b>14</b>	200.		
<b>15</b> Supplies . . . . .	<b>15</b>			
<b>16</b> Taxes . . . . .	<b>16</b>			
<b>17</b> Utilities . . . . .	<b>17</b>			
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>			
<b>19</b> Other (list) ▶ . . . . .	<b>19</b>			
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	5,620.		
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b>	-5,270.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	( -5,270. )	( )	( )
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		350.	
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>			
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>			
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		5,620.	
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>			
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	( 5,270. )		
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>	-5,270.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

## 2020 Individual PFC Letter

Dear Taxpayer:

Your 2020 Indiana Individual Income Tax return indicates a total tax amount of \$ 476.00 is owed to the Indiana Department of Revenue.

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

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

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

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

Sincerely,

Indiana Department of Revenue  
317-232-2240

Cut on line before mailing

REV 03/24/21 PRO

POST FILING COUPON

PFC

0912

1030

\*SSN 1 121 93 0096  
\*SSN 2  
Period End Date 12 31 2020  
Date Due 05 17 2021  
Tax Type IND

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

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

SAHITI REDDY ANNAREDDY

Amount Due:

476.00

1201 CARSON WAY ST ANDREWS APA

GREENWOOD IN 46143

06000012193009602000010111231202000

**2020** **Indiana Full-Year Resident Individual Income Tax Return**

Due April 15, 2021

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

from    to:

Place "X" in box if amending

Your Social Security Number  121  93  0096

Spouse's Social Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name  SAHITI REDDY Initial  Last name  ANNAREDDY Suffix

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

Present address (number and street or rural route)

1201 CARSON WAY ST, ANDREWS AP  Place "X" in box if you are married filing separately.

City  GREENWOOD State  IN Zip/Postal code  46143

Foreign country 2-character code (see instructions)

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

County where you lived  41 County where you worked  00 County where spouse lived  County where spouse worked

**Round all entries**

1. Enter your federal adjusted gross income from your federal income tax return, Form 1040 or Form 1040-SR, line 11	<b>Federal AGI</b>	<input type="text"/> 1	<input type="text"/> 57578	<input type="text"/> .00
2. Enter amount from Schedule 1, line 7, and enclose Schedule 1	<b>Indiana Add-Backs</b>	<input type="text"/> 2	<input type="text"/>	<input type="text"/> .00
3. Add line 1 and line 2			<input type="text"/> 57578	<input type="text"/> .00
4. Enter amount from Schedule 2, line 12, and enclose Schedule 2	<b>Indiana Deductions</b>	<input type="text"/> 4	<input type="text"/>	<input type="text"/> .00
5. Subtract line 4 from line 3			<input type="text"/> 57578	<input type="text"/> .00
6. You must complete Schedule 3. Enter amount from Schedule 3, line 6, and enclose Schedule 3	<b>Indiana Exemptions</b>	<input type="text"/> 6	<input type="text"/> 1000	<input type="text"/> .00
7. Subtract line 6 from line 5	<b>Indiana Adjusted Gross Income</b>	<input type="text"/> 7	<input type="text"/> 56578	<input type="text"/> .00
8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323) (if answer is less than zero, leave blank)		<input type="text"/> 8	<input type="text"/> 1827	<input type="text"/> .00
9. County tax. Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank)		<input type="text"/> 9	<input type="text"/> 679	<input type="text"/> .00
10. Other taxes. Enter amount from Schedule 4, line 4 (enclose sch.)		<input type="text"/> 10	<input type="text"/>	<input type="text"/> .00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back	<b>Indiana Taxes</b>	<input type="text"/> 11	<input type="text"/> 2506	<input type="text"/> .00



15120111030

12. Enter credits from Schedule 5, line 10 (enclose schedule) _____	12	2030	.00
13. Enter offset credits from Schedule 6, line 8 (enclose schedule) _____	13		.00
14. Add lines 12 and 13 _____ <b>Indiana Credits</b>	14	2030	.00
15. Enter amount from line 11 _____ <b>Indiana Taxes</b>	15	2506	.00
16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)	16		.00
17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16	17		.00
18. Subtract line 17 from line 16 _____ <b>Overpayment</b>	18		.00
19. Amount from line 18 to be applied to your 2021 estimated tax account (see instructions).			
Enter your county code <input style="width: 30px;" type="text"/> county tax to be applied _ \$	a		.00
Spouse's county code <input style="width: 30px;" type="text"/> county tax to be applied _ \$	b		.00
Indiana adjusted gross income tax to be applied _____ \$	c		.00
Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) _____	19d		.00
20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A _____			.00
<b>21. Refund:</b> Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 _____ <b>Your Refund</b>	21		.00
<b>22. Direct Deposit</b> (see instructions)			
a. Routing Number <input style="width: 100px;" type="text"/>			
b. Account Number <input style="width: 200px;" type="text"/>			
c. Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Hoosier Works MC			
d. Place an "X" in the box if refund will go to an account outside the United States <input type="checkbox"/>			
23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) _____	23	476	.00
24. Penalty if filed after due date (see instructions) _____			.00
25. Interest if filed after due date (see instructions) _____			.00
<b>26. Amount Due:</b> Add lines 23, 24 and 25 _____ <b>Amount You Owe</b>	26	476	.00

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

**Sign and date this return after reading the Authorization statement on Schedule 7. You must enclose Schedule 7.**

Your Signature	Date	Spouse's Signature	Date
----------------	------	--------------------	------

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



15120121030

Name(s) shown on Form IT-40

SAHITI REDDY ANNAREDDY

Your Social Security Number

121 93 0096

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

Round all entries

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

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

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

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

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

You were age 65 or older  and/or blind

Spouse was 65 or older  and/or blind

Total number of boxes with Xs  x \$1000  4  .00

5. If age 65 or older, enter amount from Form IT-40, line 1.

If this amount is less than \$40,000, place "X" in box(es) below if:

You were age 65 or older

Spouse was 65 or older

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

6. Add lines 1, 2, 3, 4 and 5. Enter here and on Form IT-40, line 6 **Total Exemptions**  6 1000 .00





Name(s) shown on Form IT-40

Your Social Security Number

SAHITI REDDY ANNAREDDY

121 93 0096

**Round all entries**

1. Indiana state tax withheld: enclose W-2s, 1099s showing state tax withholding amounts _____	1	2030	.00
2. Indiana county tax withheld: enclose W-2s, 1099s showing county tax withholding amounts _____	2		.00
3. Estimated tax paid for 2020: include any extension payment made with Form IT-9 _____			.00
4. Unified tax credit for the elderly _____	4		.00
5. Earned income credit: enclose Schedule IN-EIC and enter amount from line <b>A-3</b> _____	5		.00
6. Lake County residential income tax credit _____	6		.00
7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____	7		.00
8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) _____	8		.00
9. Headquarters relocation credit (refundable portion - see instructions) _____	9		.00
10. Add lines 1 through 9. Enter total here and on Form IT-40, line 12 <b>Total Credits</b>	10	2030	.00

**Schedule IN-DONATE**

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

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

a. Enter fund name		code no.		1a		.00
b. Enter fund name		code no.		1b		.00
c. Enter fund name		code no.		c		.00
2. Add lines 1a through 1c. Enter total here and on Form IT-40/IT-40PNR, line 17 <b>Total Donations</b>	2					.00



23120111030

Name(s) shown on Form IT-40

Your Social Security Number

SAHITI REDDY ANNAREDDY

121 93 0096

**1. Federal filing information**

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

**2. Out-of-state income** Complete if you and/or your spouse (if filing a joint return) received any salary, wage, tip and/or commission income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or Wisconsin. Enter two-digit code number from the back of Schedule CT-40 for state where you and/or your spouse worked.

State where you worked

Your income

State where spouse worked

Spouse's income

\$  .00

\$  .00

**3. Extension of time to file**

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

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

**4. Farm / Fishing income**

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

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

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

**6. Date of death**

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

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

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

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

**7. Your daytime telephone number**

**Your mail address** SAHITIANNAREDDYGARI@GM

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

Yes  No  If yes, complete the information below.

**Personal Representative's Name** (please print)

Telephone number

Address

City

State  Zip Code

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

GLOBAL TAXES LLC

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

PTIN P02082703

Address 2530 PEBBLE CREEK LN

City CUMMING

State GA Zip Code 30041

Preparer's signature SYAM PRIYA RAM SAGAR GUPTA



Name(s) shown on Form IT-40

Your Social Security Number

SAHITI REDDY ANNAREDDY

121

93

0096

**1. Enter the amount from IT-40, line 7.** Note: If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40, line 7 on line 1A (do not complete Column B). See instructions \_\_\_\_\_

**Column A - Yourself**

**Column B - Spouse's**

1A 56578.00

1B .00

**2. Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 202** \_\_\_\_\_

2A .0120000

2B .

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

3A 679.00

3B .00

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

4 679.00

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

5 .00

**6. Multiply line 5 by .0181 and enter total here** \_\_\_\_\_

6 .00

**7. Enter total of line 4 minus line 6. Enter this amount on line 9 of Form IT-40** \_\_\_\_\_

7 679.00



