# Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

	•					
Submission Ident	ification Number (SID)					
Taxpayer's name			Social securi	ty numbe	er	
RITHVI REDD	Y SATHAPUR		736-02	-2280		
Spouse's name			Spouse's soo	ial secur	ity number	<u></u>
	LARIDGE		971-92	-9890	1	
Part I Tax	Return Information — Tax Year Ending Dec	ember 31, (Ente	er year you a	re auth	norizing.	)
	rs only on lines 1 through 5.					
	-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 b			1 . 1		
-	gross income			1		,284.
				3		,902.
				4		<u>,951.</u>
5 Amount yo	•			5	9	,249.
	payer Declaration and Signature Authorizati	on (Be sure you get and	keep a cop		our retu	rn)
Under penalties of pmy knowledge and return (original or ar to send my return to send my return to for any delay in provagent to initiate an payment of my fede authorization is to ream to send my return to the send to make the send to business days prior taxes to receive copersonal identification to the send to the send to the send to send the send	perjury, I declare that I have examined a copy of the incombelief, it is true, correct, and complete. I further declare mended) I am now authorizing. I consent to allow my interport the IRS and to receive from the IRS (a) an acknowledge cessing the return or refund, and (c) the date of any refur ACH electronic funds withdrawal (direct debit) entry to the real taxes owed on this return and/or a payment of estimatemain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-353-to the payment (settlement) date. I also authorize the financial information necessary to answer inquiries and on number (PIN) below is my signature for the income ta	ne tax return (original or amende that the amounts in Part I abore mediate service provider, transferent of receipt or reason for redu. If applicable, I authorize the le financial institution account inted tax, and the financial institut sury Financial Agent to termina 4537. Payment cancellation reancial institutions involved in the resolve issues related to the x return (original or amended) I to enter or generate m now authorizing.	d) I am now autove are the amounter, or electropiction of the transport of transport of the transport of the transport of the transport of transport of the transport of the transport of the transport of transport of the transport of the transport of transport of the transport of the transport of the transport of the transport of transport of the transport of the transport of the transport of transport of the transport of the transport of the transport of transport of the transport of the transport of transport of the transport of the transport of the transport of the transport of transport of the transport of the transport of the transport of t	horizing pounts from the return ansmiss and its deax preparently the electric the electric the electric the electric ation. To the receive the electric ansmission and the electric the electric and the electric the electric ansmission and the electric the electric the electric ansmission and the electric the electric ansmission and the electric the electr	, and to the om the industry original sion, (b) the esignated or this according to this according to the condition of the con	ne best of come tax tor (ERO) ne reason Financial ftware for bunt. This cancel) a er than 2 syment of that the cable, my
Your signature ►		Date ▶				
Spouse's PIN: ch	neck one box only					
I authorize	ze GLOBAL TAXES LLC	to enter or generate	my PIN 2	9 8	9 0	as my
	ERO firm name				igits, but all zeros	
	e on the income tax return (original or amended) I a					an anh
	er my PIN as my signature on the income tax return e entering your own PIN <b>and</b> your return is filed us					
Spouse's signatu		Date ►				
	Practitioner PIN Method Ret		V			
Part III Cert	ification and Authentication — Practitioner	PIN Method Only				
ERO's EFIN/PIN.	Enter your six-digit EFIN followed by your five-digi	t self-selected PIN. 5 8	3 7 2 7 Don't ent	8 6 er all zer	1 9 8 os	9
authorized to file for	ove numeric entry is my PIN, which is my signature for to the taxpayer (s) indicated above for the taxpayer (s) indicated Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Alexandrian PIN method and Pub. 1345, Handbook for Alexandrian PIN method and Pub. 1345, Handbook for Alexandrian PIN method and Pub. 1345, Handbook for Alexandrian Pub. 1345, Ha	above. I confirm that I am sub	mitting this retu	ırn in ad	ccordance	
ERO's signature	•	Date ►				
	ERO Must Retain This Fo					
	Don't Submit This Form to the IR	S Unless Requested To	Do So			

E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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

Filing Status Check only				ed filing separately		_		·	. –	_			
one box.		ou checked the MFS box, enter the son is a child but not your depende		our spouse. If you	cnec	kea the HC	JH or Q	/v box, ente	er the d	chilars	name it t	ne qua	ııtyıng
Your first name			Last nar	me					Y	our so	cial secur	ity num	nber
RITHVI	REDD	Y	SATH	APUR							02-228		
If joint return, s	pouse's	s first name and middle initial	Last nar	me					S	pouse'	s social se	curity i	number
MARCEL	N		CLAR	IDGE					9	71-9	92-989	90	
Home address	(numbe	er and street). If you have a P.O. box, se	e instruction	ons.				Apt. no.	Р	reside	ntial Elect	ion Car	mpaign
1 MIRAD	A DR	IVE N						112	- 1		nere if you		
City, town, or p	ost offi	ce. If you have a foreign address, also c	omplete sp	paces below.	Sta	ate	ZIF	code			if filing joi this fund.		
LEWIS C	ENTE:	R			0	H	4	3035			ow will no		
Foreign countr	y name		F	oreign province/state	e/cour	nty	Fo	reign postal co	ode y	our tax	or refund	d. `	
											You		Spouse
At any time du	ıring 20	020, did you receive, sell, send, exc	change, o	r otherwise acquire	e any	financial in	nterest i	n any virtua	l curre	ency?	Yes	XI	No
Standard Deduction	_	eone can claim: You as a d Spouse itemizes on a separate retu	•				ent						
Age/Blindness	s You	Were born before January 2,	1956	Are blind Sr	ouse	e: Was	s born b	efore Janua	ary 2,	1956	☐ Is b	olind	
Dependent	-			(2) Social securi	tv	(3) Relat	ionship	(4) 🗸	if qual	ifies for	r (see instr	uctions	a):
If more		irst name Last name		number	-,	to y		Child ta		- 1	Credit for o		
than four													
dependents,	_												
see instruction and check	s ——												
here ►													
	1	Wages, salaries, tips, etc. Attach	Form(s) V	N-2						1		90,3	340.
Attach	2a	Tax-exempt interest	2a		b T	Γaxable int	erest			2b			
Sch. B if required.	3a	Qualified dividends	3a		<b>b</b> (	Ordinary di	vidends			3b			
Toquirou.	4a	IRA distributions	4a		b T	Taxable an	nount .			4b			
	5a	Pensions and annuities	5a		b T	Taxable an	nount .			5b			
Standard	6a	Social security benefits	6a		b T	Taxable an	nount .			6b			
• Single or	7	Capital gain or (loss). Attach Sch	edule D if	required. If not red	quirec	d, check he	ere .	)	<b>▶</b> □	7			
Married filing	8	Other income from Schedule 1, li	ne 9							8		-13,0	)56.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your <b>total in</b>	come				. ▶	9	$\perp$	77,2	284.
Married filing	10	Adjustments to income:											
jointly or Qualifying	а	From Schedule 1, line 22					10a						
widow(er), \$24,800	b	Charitable contributions if you take	e the stan	dard deduction. Se	e ins	tructions	10b						
<ul> <li>Head of</li> </ul>	С	Add lines 10a and 10b. These are	e your <b>tot</b>	al adjustments to	inco	me			. ▶	100	_		
household, \$18,650	11	Subtract line 10c from line 9. This	s is your <b>a</b>	adjusted gross inc	ome				. ▶	11		77,2	
<ul> <li>If you checked any box under</li> </ul>	12	Standard deduction or itemized	d deducti	ons (from Schedul	e A)					12		24,8	300.
Standard	13	Qualified business income deduc	tion. Atta	ch Form 8995 or F	orm 8	3995-A .				13			
Deduction, see instructions.	14	Add lines 12 and 13								14		24,8	
	15	Taxable income. Subtract line 1-	4 from line	e 11. If zero or less	, ent	er-0				15	1	52,4	184.

Form 1040 (2020	))									Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			. 16	5,902.
	17	Amount from Schedule 2, lir	ne 3						. 17	
	18	Add lines 16 and 17							. 18	5,902.
	19	Child tax credit or credit for	other dependent	ts					. 19	
	20	Amount from Schedule 3, lir	ne 7						. 20	
	21	Add lines 19 and 20							. 21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0					. 22	5,902.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 10 .				. 23	0.
	24	Add lines 22 and 23. This is	your total tax						▶ 24	5,902.
	25	Federal income tax withheld	l from:							, , , , , , , , , , , , , , , , , , , ,
	а	Form(s) W-2				25a	13	,95	1.	
	b	Form(s) 1099				25b				
	С	Other forms (see instruction				25c				
	d	Add lines 25a through 25c	•						. 25d	13,951.
	26	2020 estimated tax paymen								
<ul> <li>If you have a L qualifying child,</li> </ul>	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit. A				28				
If you have nontaxable	29	American opportunity credit				29				
combat pay, see instructions.	30	Recovery rebate credit. See		•		30	1	,20	<u> </u>	
3cc mandenona.	31	Amount from Schedule 3. lir				31		, 20	<del>-</del>	
	32	Add lines 27 through 31. The					adite		▶ 32	1,200.
	33	· ·	•							15,151.
	34	Add lines 25d, 26, and 32. These are your <b>total payments</b>								9,249.
Refund	35a	Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here <b>&gt;</b>							. 34 35a	9,249.
Direct deposit?	> b	Routing number 0 8 1 9 0 4 8 0 8							_	9,249.
See instructions.	►d	Account number 2 9 1				.] Crieck	iiig	Saviri	ys	
	36	Amount of line 34 you want				36	i			
Amount	37								> 37	
You Owe	0,	Subtract line 33 from line 24. This is the <b>amount you owe now</b>								
For details on		<b>Note:</b> 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.								
how to pay, see instructions.	38	Estimated tax penalty (see instructions)								
Third Party		you want to allow another								
Designee		structions	•				Yes. C	omple	te below.	X No
Ü	De	signee's		Phone			Pers	onal id	entification	
-	nar	me 🕨		no. 🕨			num	ber (PII	N) <b>&gt;</b>	
Sign		der penalties of perjury, I declare tief, they are true, correct, and com								
Here			ipiete. Declaration (			aseu on a	ali iriioririati			,
	YO	ur signature		Date	Your occupation					nt you an Identity IN, enter it here
Joint return?					SOFTWARE	ENGIN	IEER		see inst.)	
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat			li li	f the IRS se	nt your spouse an
Keep a copy for your records.	,									ection PIN, enter it here
your records.					HOMEMAKER			(:	see inst.) <b>&gt;</b>	
		one no.		Email address						1
Paid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check if:
Preparer	RV	SSMANIKUMARAPPANA	RVSSMANIK	UMARAPPAN	IA.	02/1	6/2021	P02	090332	Self-employed
Use Only		m's name ► GLOBAL TA						F	Phone no.	(646)727-7157
	Fir	m's address ► 2530 Pebb	le Creek L	n Cumming	g GA 30041			F	irm's EIN	30-1017196
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV	02/07/21 PR	)		Form <b>1040</b> (2020)

# SCHEDULE 1 (Form 1040)

**Additional Income and Adjustments to Income** 

OMB No. 1545-0074

2020

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

RITHVI REDDY SATHAPUR & MARCEL N CLARIDGE

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

Attachment Sequence No. 01 Your social security number

736-02-2280

Par	t 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	-13,056.
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,		12.056
Dar	t II Adjustments to Income	9	-13,056.
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		
С	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

### **SCHEDULE E**

(Form 1040)

### **Supplemental Income and Loss**

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

Attachment

Department of the Treasury Internal Revenue Service (99)

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Sequence No. 13

Name(s) shown on return Your social security number RITHVI REDDY SATHAPUR & MARCEL N CLARIDGE 736-02-2280 Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I 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 . . . . . Physical address of each property (street, city, state, ZIP code) Α MIYAPUR HYDERABAD TELANGANA IN 500049 В C 1b Fair Rental **Personal Use** Type of Property For each rental real estate property listed QJV above, report the number of fair rental and (from list below) **Days Days** personal use days. Check the **QJV** box only if you meet the requirements to file as a 365 0 Α Α qualified joint venture. See instructions. В В С С Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 3 550. 4 Royalties received . . . . . . 4 Expenses: Advertising . . . . . . 5 5 6 Auto and travel (see instructions) . . . 6 250. 7 Cleaning and maintenance . . . 7 2,750. 8 350. 8 Commissions. . . . . . 9 9 Insurance . . . . . . . . . . 10 Legal and other professional fees . . . 10 11 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 Other interest. . . . . . . . . 4,750. 14 Repairs. . . . . . . . 14 15 2,933. 15 Supplies . Taxes . . . . . . 16 16 17 17 2,573. 18 Depreciation expense or depletion . . 18 19 19 Total expenses. Add lines 5 through 19 . . . . . 20 20 13,606. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . . . . . . . . . . . . . . 21 -13,056. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . -13,056.) 550 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b c Total of all amounts reported on line 12 for all properties 23c d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 13,606. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 13,056. 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 26 -13,056.

Please detach here. You must use the Ohio form SD 40P payment voucher if you use a paper check or money order to pay your tax due.

OHIO SD 40P

Rev. 8/6/20

Original School District Income Tax Payment Voucher

02 16 21

Tax Year

Do <u>NOT</u> send cash
 Do <u>NOT</u> fold, staple, or paper clip

School district number

2101

RITHVI REDDY SATHAPUR

MARCEL N CLARIDGE

1 MIRADA DRIVE N APT 112

LEWIS CENTER

OH 43035

Make payment payable to: School District Income Tax Mail to: School District Income Tax, P.O. Box 182389, Columbus, OH 43218-2389



Use UPPERCASE letters to print the first three letters of 
▼

Taxpayer's last name

Spouse's last name (only if joint filing)

98

SAT CLA

Taxpayer's SSN

736 02 2280

Spouse's SSN (only if joint filing)

971 92 9890

Amount of Payment



547.00



### 2020 Ohio IT 1040

Individual Income Tax Return Use only black ink/UPPERCASE letters.



Sequence No. 1

Check here if this is an amended return. Include the Ohio IT RE.

Do **NOT** include a copy of the previously filed return.

Primary taxpayer's SSN (required) 736 02 2280

Spouse's SSN (if filing jointly)

▶ If deceased

School district # (see instructions).

check box

Nonresident |

Indicate state

971 92 9890

check box

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

**SD#** ▶ 2101

First name

RITHVI REDDY

M.I. Last name SATHAPUR

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

MARCEL

Last name

CLARIDGE

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

1 MIRADA DRIVE N

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

**APT 112** 

Resident

City

State

ZIP code

Ohio county (first four letters)

LEWIS CENTER

OH 43035 DELA

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

Single, head of household or qualifying widow(er)

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

Residency Status - Check only one for primary

Part-year

resident

Foreign postal code

	Check only one for spouse (if married filing jointly)	X Married filing jointly							
	X Resident Part-year Nonresident ▶▶ resident Indicate state	Spouse's SSN Married filing separately							
9	Ohio Nonresident Statement – See instructions for required criteria  Primary meets the five criteria for irrebuttable presumption as nonresident.	Check here if you filed the federal extension form 4868.							
	Spouse meets the five criteria for irrebuttable presumption as nonresident.	Check here if someone else is able to claim you (or your spouse if joint return) as a dependent.							
paper clip.	<ol> <li>Federal adjusted gross income (federal 1040 and 1040-SR, line 11). Included from the second of your federal return if the amount is zero or negative. Place a "-" in the box if the amount is less than zero</li></ol>	at the right							
o 2	2a. Additions – Ohio Schedule A, line 10 (INCLUDE SCHEDULE)	2a. 0 0							
staple	2b. Deductions – Ohio Schedule A, line 39 (INCLUDE SCHEDULE)	2b. 0 0							
Do not	3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the right if the amount is less than zero								
	4. Exemption amount (INCLUDE SCHEDULE J if claiming dependents)  Number of exemptions including you and your spouse/dependents, if applicable								
	5. Ohio income tax base (line 3 minus line 4; if less than zero, enter zero)	5. 72984 00							
	6. Taxable business income – Ohio Schedule IT BUS, line 13 (INCLUDE SCHE	<b>EDULE</b> )6. 00							





72984 00

0033

### 2020 Ohio IT 1040

#### **Individual Income Tax Return**



SSN 736 02 2280

ividual income Tax Return |||||||||||||

7a. Amount from line 7 on page 1	7a.	72984	00		
8a. Nonbusiness income tax liability	/ on line 7a (see instruction	s for tax tables)	8a.	1901	00
8b. Business income tax liability – C	Ohio Schedule IT BUS, line	14 (INCLUDE SCHEDULE)	8b.		00
8c. Income tax liability before credit	ts (line 8a plus line 8b)		8c.	1901	00
9. Ohio nonrefundable credits – O	hio Schedule of Credits, lin	e 34 (INCLUDE SCHEDULE)	)9.	0	00
10. Tax liability after nonrefundable	credits (line 8c minus line 9	9; if less than zero, enter zero	)10.	1901	00
11. Interest penalty on underpayme	ent of estimated tax (includ	e Ohio IT/SD 2210)	11.		00
12. Use tax due on internet, mail or	der or other out-of-state pu	rchases (see instructions)	12.		00
13. Total Ohio tax liability before v	withholding or estimated pa	syments (add lines 10, 11 and	12)13.	1901	00
14. Ohio income tax withheld – Sch	0.		,	2801	00
15. Estimated and extension payme from last year's return	•	,			00
16. Refundable credits – Ohio Sche	edule of Credits, line 40 (IN	CLUDE SCHEDULE)	16.		00
17. <u>Amended return only</u> – amour	nt previously paid with origi	nal and/or amended return	17.		00
18. Total Ohio tax payments (add	18.	2801	00		
19. Amended return only – overpa	ayment previously requeste	ed on original and/or amended	l return19.		00
20. Line 18 minus line 19. Place a "-"	in the box at the right if the ar	mount is less than zero	20.	2801	00
If line 20 is MORE THA 21. Tax liability (line 13 minus line 2	-	OTHERWISE, continue to line	•		0.0
21. Tax liability (lifte 13 fillitus lifte 2	.o). If fille 20 is flegative, igi	nore the - and add line 20 to	Tille 1321.		00
22. Interest due on late payment of	tax (see instructions)		22.		00
23. TOTAL AMOUNT DUE (line 2 (if amended return) and make					00
24. Overpayment (line 20 minus line	e 13)		24.	900	00
25. <u>Original return only</u> – amount 26. <u>Original return only</u> – amount a. Ohio History Fund		vard next year's income tax liat	oility25.		00
00	00	00			
d. Wishes for Sick Children	e. Wildlife species	f. Military injury relief	Total 26g.		00
00	00	00			
27. <b>REFUND</b> (line 24 minus lines 2				900	00
Sign Here (required): I have read	d this return. Under penalties of	f perjury, I declare that, to the best	of my knowledge If your refund is	\$1.00 or less, no refund will be	e issued.

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

Primary signature Phone number (469)999-3041
Spouse's signature Date (MM/DD/YY)

Check here to authorize your preparer to discuss this return with the Department.

Preparer's printed name RVSSMANIKUMARAPPANA Phone number (646)727-7157

Preparer's TIN (PTIN) P02090332

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

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

Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057



# 2020 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.



Sequence No. 11

Primary taxpayer's SSN

736 02 2280

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

#### Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 1040 ......1.

2801 00

Part B -			
1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	202544559	90340 00	13951 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	527913719	90340 00	2801 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00



# 2020 Schedule of Ohio Withholding Primary taxpayer's SSN

736 02 2280



20350298

Sequence No. 12

Part C -	1099-Rs	730 02 2200	Sequence No. 1
1. P/S		Box 1 - Gross distribution 0 0	Total Box 7 - distribution Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld
		00	00
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total Box 7 - distribution Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld
		00	00
3. P/S	Payer's TIN	Box 1 - Gross distribution 0 0	Total Box 7 - distribution Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld 0 0	Box 14 - Ohio tax withheld
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total Box 7 - distribution Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld 0 0	Box 14 - Ohio tax withheld
Part D -	W-2Gs		
1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld 0 0
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld 00
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld 0 0
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld 00
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld 0 0
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld 0 0
Part E -	1099-NECs		
1. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal income tax withheld
		00	00
	Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Ohio tax withheld
		00	00
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal income tax withheld
		00	00
	Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Ohio tax withheld
		00	00

## 2020 Ohio SD 100

#### School District Income Tax Return



02 16 21

Use only black ink/UPPERCASE letters.

File a separate Ohio SD 100 for each taxing school district in which you lived during the tax year.

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

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

Primary taxpayer's SSN (required)

▶ If deceased

School district # for this return (see instructions).

736 02 2280

Spouse's SSN (if filing jointly) 971 92 9890

check box

check box

M.I. Last name

**SD#** ▶▶ 2101

First name

RITHVI REDDY

SATHAPUR

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

MARCEL

M.I. Last name

CLARIDGE

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

1 MIRADA DRIVE N

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

**APT 112** 

Do not staple or paper clip.

City

State

ZIP code

Ohio county (first four letters)

LEWIS CENTER

43035 OH

DELA

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

Foreign postal code

Residence	cy Status – Check only one for	or primary	Check only one for spouse (if married filing jointly)							
X Reside	nt Part-year resident	Nonresident	×	Resident	Part-year resident	Nonresident				
Dates of nonresidence	ey to			tes of nresidency	to					
Filing Sta	atus - Check one (as reported	on the Ohio IT 1040)	Ta	ı <b>x Type</b> – Che	eck one (see instructions)					
Single	e, head of household or qualifying	g widow(er)	×	Traditional tax	<b>x base.</b> Start with line 19 o	f this return.				
× <sub>Marrie</sub>	ed filing jointly	Spouse's SSN	Earned income tax base. Start with line 24 of this return.							
Marrie	ed filing separately									
1. School dis	trict taxable income: Traditional t Earned inco	ax base: Amount from line 23 me tax base: Amount from line			1.	72984 00				
2. School dis	strict income tax liability: line 1 tim	es tax rate .0075	(rates	found in the ins	tructions) 2.	547 00				
. 3. Senior cit	3. Senior citizen credit (you must be 65 or older to claim this credit; <b>limit \$50 per return</b> )									



6. Total school district income tax liability before withholding or estimated payments (line 4 plus line 5).... 6.



547 00

547 00

00

0033

## 2020 Ohio SD 100

#### **School District Income Tax Return**



SSN 736 02 2280

SD# 2101

6a. Amount from line 6 on page 1	6a	. 547	00
7. School district income tax withheld – Schedule of School District Withholding, part A, line 1 (INCLUDE SCHEDULE)	7		00
Estimated and extension payments (from Ohio SD 100ES and SD 40P), and credit carryforward from last year's return	8		00
9. <u>Amended return only</u> – amount previously paid with original and/or amended return	9		00
10. Total school district income tax payments (add lines 7, 8 and 9)	10		00
11. <u>Amended return only</u> – overpayment previously requested on original and/or amended return	11		00
12. Line 10 minus line 11. Place a "-" in the box at the right if the amount is less than zero	12		00
If line 12 is MORE THAN line 6a, go to line 16. OTHERWISE, continue to line 13.			
13. Tax liability (line 6a minus line 12). If line 12 is negative, ignore the "-" and add line 12 to line 6a	13	. 547	00
14. Interest due on late payment of tax (see instructions)	14		00
15. TOTAL AMOUNT DUE (line 13 plus line 14). Include Ohio SD 40P (if original return) or Ohio SD 40XP (if amended return) and make check payable to "School District Income Tax"AMOUNT DUE	15.	. 547	00
16. Overpayment (line 12 minus line 6a)	16		00
17. Original return only – amount of line 16 to be credited toward next year's school district income tax liability.	17		00
18. <b>REFUND</b> (line 16 minus line 17)	18		00
Traditional Tax Base School District Amounts (lines 19 to 23)			
19. Ohio IT 1040, line 3 minus Ohio IT 1040, line 4. Place a "-" in the box at the right if the amount is less than zero	19	72984	00
20. Business income deduction add-back (from Ohio Schedule A, line 11)	20		00
21. Line 19 plus line 20. Place a "-" in the box at the right if the amount is less than zero	21	. 72984	00
22. The portion of line 21 received while a nonresident of the school district entered above	22	0	00
23. School district taxable income (line 21 minus line 22; if less than zero, enter zero). Enter here and on line 1 of this return	23	. 72984	00
Earned Income Tax Base School District Amounts (lines 24 to 27)			
24. Wages and other compensation received while a resident of the school district and included in modified adjusted gross income (see instructions)	24		00
25. Net earnings from self-employment received while a resident of the school district and included in modified adjusted gross income (see instructions)	25		00
26. Federal conformity adjustments (see instructions)	26		00
27. School district taxable income (add lines 24, 25 and 26; if less than zero, enter zero). Enter here and on line 1 of this return	27		00
Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.		your refund is \$1.00 or less, no refund v If you owe \$1.00 or less, no payment is	

Phone number (469)999-3041 Primary signature \_ Spouse's signature \_ Date (MM/DD/YY).

Check here to authorize your preparer to discuss this return with the Department.

Preparer's printed name RVSSMANIKUMARAPPANA Phone num \_\_ Phone number (646)727-7157

Preparer's TIN (PTIN) P02090332

NO Payment Included – Mail to: Ohio Department of Taxation P.O. Box 182197 Columbus, OH 43218-2197

Payment Included – Mail to: Ohio Department of Taxation P.O. Box 182389 Columbus, OH 43218-2389

€TD_25	City of Columbus, Income Tax Division City Income Tax Return For Individ
:1K-23	City Income Tax Return For Individ

2020

		·		·	Prir	mary Social	Security Nu	mber	Check	the appro	priate	box if:
RITHVI REDDY	<u></u>	SATHAP	UR		730	6 02 2	280		RE	FUND	Line 6	mount must be placed in B for this return to be
First name and middle in	nitial	Last name			Spo	use's Socia	al Security No	umber				dered a valid refund request)
MARCEL N	1-61	CLARID	GE		97:	1 92 9	890	L		IENDEI	<b>)</b> Tax	year
If a joint return, spouse initial	e's first name and	Last name				g status:		S	hould v	our account h	ne inacti	vated? YES NO
1 MIRADA DRI	IVE N 112					Single						
CURRENT home address	s (number and stree	et)					iling Jointl		YES, e	xpiain		
LEWIS CENTER	3	OH		43035			iling Sepa	rotoly -				
City		State		Zip code			ice Use	D D	id you fi	le a City retu	irn in 20	19? YES NO
					FOI	Tax OII	ice use					
Taxpayer phone numbe	r											
If you are a first time fil for the amount due. The				or money order								
Residence change	in 2020 (If applic	able)										
Did you change residenc	e during 2020?		YES	NO	Oc	cupation or r	nature of busir	ness				
If YES, enter date of mov	/e:				ŀ	ade name /D						
						ies of emplo		LUMBU	S			_
Previous Address (number	r and street)							_01.20				
City, State, Zip Code					Cit	y of residence	e <u>LE</u>	WIS C	ENTE	IR .		
Part A T	AXABLE V	VAGES_	Attach V	/-2s and /or W-	-2 G.							
Employer(s) an	d address where wo	rk was PHYSIC	ALLY performed.	If you worked from	m home, sta	ite percenta	ge of time wo	orked from	home.		TA	XABLE WAGES
SIRI INFO SO	DLUTIONS I	NC,3 ET	HEL RD S'	ГЕ 302						(-	+)	90,340.
										(-	+)	•
										(-	+)	
If you have more than three	employers, please a	ttach a statemen	t listing all employe	ers.			NET WAGES	(enter in (	Column	B below) (:	=)	90,340.
Part B TAX	CALCULA	ATION (	Complete Form	n IR-21 for 202	1 if 2020 i	net tax du	ie is more	than \$200	0.			
COLUMN A	COLUI	MN B	COLUMN	с со	LUMN D		COLU	MN E	(	OLUMN	F	COLUMN G
CITY	INCOME FRO SALARIES, COI ETC (from Net Wag	MMISSIONS, C. (	INCOME FROM PROFITS, RENTS OTHER TAXABLE II (from Part C)	, AND TO NCOME TAXA	OTAL NET BLE INCOME	TAX RATE	TAXI	DUE	PAID PAID WH	TAX WITHHELI BY A PARTNE DIRECTLY TO ERE EARNED AIGN CONTRIE	RSHP, CITY , OR	NET TAX DUE
			(							CREDIT		
COLUMBUS	90	,340.		9	0,340	. 2.5%	2	,259.		2,2	59.	0.
2. LESS CREDITS FOR	R ESTIMATED TAX	X PAYMENTS	AND <u>OVERPA</u>	YMENT FROM F	PRIOR YEA	AR RETUR	N ONLY		2			
3. BALANCE DUE (COI	LUMN G LESS LIN	NE 2). If Line 2	is greater than C	olumn G, enter ar	nount (in bra	ackets) here	<b></b>				3	0.
<b>4.</b> PENALTY: 15% \$	+ 11	NTEREST \$									4	
(see	+ If	(s	ee instructions)								$\vdash$	
5. TOTAL AMOUNT DU	JE (ADD LINES 3	AND 4). NOTE	E: NO PAYMEN	IT IS DUE IF AN	MOUNT IS	\$10.00 or	less				5	
6. OVERPAYMENT CL	AIMED (IF LINE 2	EXCEEDS C	OLUMN G)					6				
A. Enter the amount	from Line 6 you w	ant <b>CREDITE</b>	to your next y	ear tax estimate	6A							
B. Enter the amount	from Line 6 you w	ant <b>REFUNDE</b>	D (must be gre	ater than \$10.00	)) ———			6B				
Thind -									_			_
Third Do you Party	want to allow and	other person t	o discuss this i	matter with the	•	•	see instructi	ons) [	YES	Complete	the foll	owing X NO
Designee	Designee	's Name:			Phone	#:			SS	N:		
SIGNATURE				companying sched used are the same				turn es and	MAIL	ING II	NFO	RMATION
Sign Your				d to the tax adminis						yment E		
Here Signatu					Date				M		umbus Box 18	Income Tax Division 32437
f a joint return, Spouse both must sign Signatu					Date			[_	) o	Col	umbus	, Ohio 43218-2437
Paid					PTIN	30-1	017196		-	ent Enclo		REASURER
Preparer's Signatu Use Only	ire			oate 02/16/2021	Phone		5)727-7		ine pa	Mail to: C	Columb	ous Income Tax Divisi
USE CHIV			(	/ -0/ -0 -1	-	(070	, , , 4 / - /	± J /			O Box	( 182158

Rev. 1/08/2021 REV 02/09/21 PRO

PO Box 182158 Columbus, Ohio 43218-2158

E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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

one box.    Person is a child but not your dependent	Filing Status Check only				ed filing separately	•	_		·	. –	_		. ,	
Your first name and middle initial   Last name   XATHAPUR   736 - 02 - 2280					our spouse. If you	cnec	kea the HC	JH or Q	v box, ente	er the d	chilars	name it t	ne qua	litying
RITHVI REDDY  SATHAPUR    floint return, spouse's first name and middle initial   Last name   Spouse's social security number   Apt. no.   1.0	Your first name			1	me					Y	our so	cial secur	ity num	ber
MARCEL N    CLARIDGE   971-92-9890   Presidential Election Campaign and street). If you have a P.O. box, see instructions.   Apt. no.   112   Check here if you, or your spouse.   State   ZiP code   143035   LEWIS CENTER   OH   43035   To your spouse if filling jointly, want \$33   EWIS CENTER   Foreign province/state/county   Foreign province/state/county   Foreign postal code   You   Spouse if filling jointly, want \$3   box below will not change your tax or refund.   You   Spouse   To you   Sp	RITHVI REDDY				APUR									
Home address (number and street). If you have a P.O. box, see instructions.  I MIRADA DRIVE N  City, town, or pot office. If you have a foreign address, also complete spaces below.  I Depoing country name    Foreign province/state/country   Foreign province/state/country	If joint return, s	pouse's	s first name and middle initial	Last nar	me					S				
MIRADA DRIVE N	MARCEL	N		CLAR	IDGE					9	971-92-9890			
City, town, or post office. If you have a foreign address, also complete spaces below.    LEWIS CENTER	Home address	(numbe	er and street). If you have a P.O. box, se	e instruction	ons.				Apt. no.	Р	reside	ntial Elect	ion Can	npaign
LBWIS CENTER   OH   43035   Dob below will not change your tax or refund.   You   Spouse   Standard Deduction   Spouse   Items   Spouse   It	1 MIRAD	A DR	IVE N						112	- 1		•		
LEWIS CENTER	City, town, or p	ost offi	ce. If you have a foreign address, also c	omplete sp	paces below.	Sta	ate	ZIF	code			0,		
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  \ Yes  \ No  Standard Deduction  Someone can claim:  \ You as a dependent  \	LEWIS C	ENTE	R		ОН			4						
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Deduction  Someone can claim: You as a dependent Your spouse as a dependent  Someone can claim: You as a dependent Your spouse as a dependent  Someone can claim: You as a dependent Your spouse as a dependent  Someone can claim: You as a dependent Your spouse as a dependent  Someone can claim: You as a dependent Your spouse as a dependent  Someone can claim: You as a dependent Your spouse as a dependent  Someone can claim: You as a dependent Your spouse as a dependent  Someone can claim: You as a dependent Your spouse as a dependent  Someone can claim: You as a dependent Your spouse as a dependent  Someone can claim: You as a dependent  Someone can claim: You as a dependent  Someone can claim: You as a dependent  Your spouse as a dependent  Someone can claim: You as a dependent  Someone can claim: You as a dependent  Your spouse as a dependent  Someone can claim: You of some instructions  Conditions;  (3) Relationship  (4) ** if qualifies for (see instructions):  (3) Relationship  (4) ** if qualifies for (see instructions):  (3) Relationship  (4) ** if qualifies for (see instructions):  (3) Relationship  (4) ** if qualifies for (see instructions):  (4) ** if qualifies for (see instructions):  (5) Social security pendents  (6) ** Taxable amount	Foreign countr	y name		F	Foreign province/state/county			Fo	Foreign postal code		your tax or refund.			
Standard Deduction Someone can claim:												You	s	pouse
Age/Blindness You:	At any time du	ıring 20	020, did you receive, sell, send, exc	change, o	r otherwise acquire	e any	financial in	nterest i	n any virtua	l curre	ency?	Yes	X	10
Age/Blindness You: Were born before January 2, 1956				•				ent						
Dependents (see instructions):  (1) First name  Last name  Last name  Last name  (2) Social security number  (3) Relationship to you  Child tax credit  Credit for other dependents cheependents, see instructions and check here ▶   1 Wages, salaries, tips, etc. Attach Form(s) W-2  Tax-exempt interest  2a Tax-exempt interest  2a Tax-exempt interest  2a Tax-exempt interest  3a Qualified dividends  3a Unalified dividends  3a Unalified dividends  3a Deduction for Married filing separately, \$12,400  Married filing jointly or Qualifying widow(ef), \$24,800  Network filing jointly or Qualifying widow(ef), \$24,800  Network filing separately, \$12,400  Network filing jointly or Qualifying widow(ef), \$24,800  Network filing separately and the separately of the substant to income:  a From Schedule 1, line 22  b Charitable contributions if you take the standard deduction. See instructions  13 Qualified doucled on the required deduction of temical deductio					_	s alle								
If more than four dependents, see instructions and check here ▶	Age/Blindnes	s You:	Were born before January 2,	1956	Are blind Sp	ouse	e: U Was	s born b	efore Janua	ary 2,	1956	Is b	lind	
If more than four dependents, see instructions and check here ▶ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Dependent	•	· ·								- 1			
dependents, see instructions and check here		(1) F	irst name Last name		number		to you				lit	Credit for o	ther depe	endents
see instructions and check here      Tax-exempt interest   Day										$\longrightarrow$		ㅡ		
Attach   2a   Tax-exempt interest   2a   b   Taxable interest   2b   Sch. B if required.   4a   B   Daxable amount   4b   Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total adjustments to income   10a   Add lines 12 and 13   Add		s							L	<u> </u>			ㅡ	
Attach Sch. B if required.  Attach Sch. B if D Taxable amount  Attach Sch. B if Tax									L	<del>_</del>			屵	
Attach Sch. B if required.  2a Tax-exempt interest . 2a b Taxable interest . 2b  3a Qualified dividends . 3a b Ordinary dividends . 3b  4a IRA distributions . 4a b Taxable amount . 4b  5a Pensions and annuities . 5a b Taxable amount . 5b  Standard Deduction for Schiedule of Bigging or (loss). Attach Schedule D if required. If not required, check here . 5ca b Taxable amount . 6cb b Taxabl	nere 🕨 🔝												<u> </u>	
Sch. B if required.  3a Qualified dividends 3a b Ordinary dividends	Attach		1	1` ′	N-2						_		90,3	<u>40.</u>
required.  4a IRA distributions											_			
Standard Deduction for— Single or Married filing separately, \$12,400  • Married filing jointly or Qualifying widow(er), \$24,800  • Head of household, \$18,650  • If you checked any box under Standard Deductions. See instructions  • Standard Deduction, see instructions.  5a Pensions and annuities . 5a b Taxable amount							•							
Standard Deduction for— Single or Married filing separately, \$12,400  • Married filing jointly or Qualifying widow(er), \$24,800  • Head of household, \$18,650  • If you checked any box under Standard Deduction, see instructions  • Standard Deduction, see instructions.  6a														
To Capital gain or (loss). Attach Schedule D if required. If not required, check here  Single or Married filing separately, \$12,400  Married filing jointly or Qualifying widow(er), \$24,800  Head of household, \$18,650  Head of household, \$18,650  It Subtract line 10c from line 9. This is your adjusted gross income  If you checked any box under Standard Deduction, see instructions.  Capital gain or (loss). Attach Schedule D if required. If not required, check here  7  8 Other income from Schedule 1, line 9														
Single or Married filing separately, \$12,400  Married filing jointly or Qualifying widow(er), \$24,800  Head of household, \$18,650  If you checked any box under Standard Deduction, see instructions.  Single or Married filing separately, \$24,800  M			,		un audien al. 16 m c. l							+		
separately, \$12,400  Married filing jointly or Qualifying widow(er), \$24,800  Head of household, \$18,650  If you checked any box under Standard Deduction, see instructions.  Separately, \$12,400  Adjustments to income:  India   10a   10a   10a   10b   10c   1	Single or		1 0 ( )		•	•	i, cneck ne	ere .			_	+	12 0	
Married filing jointly or Qualifying widow(er), \$24,800  Head of household, \$18,650  If you checked any box under Standard Deduction, see instructions.  Add lines 10 and 10 b. These are your total adjustments to income  Subtract line 10c from line 9. This is your adjusted gross income  12 Standard deduction or itemized deductions (from Schedule A)  Qualified business income deduction. Attach Form 8995 or Form 8995-A  Add lines 12 and 13 .  10   10a   10b   10c   10b   10c   10c   11c   10c   11c   10c   11c   10c   11c   1			,							_	+			
jointly or Qualifying widow(er), \$24,800  Head of household, \$18,650  If you checked any box under Standard Deduction, see instructions.  Add lines 10 and 10 b. These are your total adjustments to income  Subtract line 10c from line 9. This is your adjusted gross income  In the see instructions if you take the standard deduction. See instructions in the standard deduction in the		~		, and 8. I	nis is your <b>total in</b>	come					9	-	11,2	04.
widow(er), \$24,800  • Head of household, \$18,650  • If you checked any box under Standard Deduction, see instructions.  Deduction, see instructions.  b Charitable contributions if you take the standard deduction. See instructions.  c Add lines 10a and 10b. These are your total adjustments to income.  11 Subtract line 10c from line 9. This is your adjusted gross income.  12 Standard deduction or itemized deductions (from Schedule A).  13 Qualified business income deduction. Attach Form 8995 or Form 8995-A.  14 Add lines 12 and 13	jointly or		•					100						
\$24,800  Head of household, \$18,650  If you checked any box under Standard Deduction, see instructions.  Add lines 10a and 10b. These are your total adjustments to income  Subtract line 10c from line 9. This is your adjusted gross income  It Standard deduction or itemized deductions (from Schedule A)  Qualified business income deduction. Attach Form 8995 or Form 8995-A  Add lines 12 and 13											-			
household, \$18,650  I1 Subtract line 10c from line 9. This is your adjusted gross income  If you checked any box under Standard Deduction, see instructions.  Add lines 12 and 13	\$24,800													
of ly our checked any box under Standard Deduction, see instructions.  12 Standard deduction or itemized deductions (from Schedule A)	household,			•	•							_	77 2	84
any box under Standard Standard Deduction, see instructions.  13 Qualified business income deduction. Attach Form 8995 or Form 8995-A			, , , , , , , , , , , , , , , , , , , ,											
Deduction, see instructions.         14         Add lines 12 and 13         1.	any box under		· · · · · · · · · · · · · · · · · · ·										47,0	<del> </del>
see instructions.	Deduction,											_	24 8	0.0
	see instructions.	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0								15			

Form 1040 (2020	))									Page <b>2</b>		
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌			. 16	5,902.		
	17	Amount from Schedule 2, lir	ne 3						. 17			
	18	Add lines 16 and 17							. 18	5,902.		
	19	Child tax credit or credit for	other dependent	ts					. 19			
	20	Amount from Schedule 3, lir	ne 7						. 20			
	21	Add lines 19 and 20							. 21			
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0					. 22	5,902.		
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 10 .				. 23	0.		
	24	Add lines 22 and 23. This is	your total tax						▶ 24	5,902.		
	25	Federal income tax withheld	l from:							, , , , , , , , , , , , , , , , , , , ,		
	а	Form(s) W-2				25a	13	,95	1.			
	b	Form(s) 1099				25b						
	С	Other forms (see instruction				25c						
	d	Add lines 25a through 25c	•						. 25d	13,951.		
	26	2020 estimated tax paymen										
<ul> <li>If you have a L qualifying child,</li> </ul>	27	Earned income credit (EIC)				27		•				
attach Sch. EIC.	28	Additional child tax credit. A				28						
If you have nontaxable	29	American opportunity credit				29						
combat pay, see instructions.	30	Recovery rebate credit. See		•		30	1	,20	<u> </u>			
3cc mandenona.	31	Amount from Schedule 3. lir				31		, 20	<del>-</del>			
	32	Add lines 27 through 31. The					adite		▶ 32	1,200.		
	33	Add lines 25d, 26, and 32. T	•							15,151.		
	34	If line 33 is more than line 24						•	. 34	9,249.		
Refund	35a					-	-	▶ [		9,249.		
Direct deposit?	> b							_	9,249.			
See instructions.	►d								ys			
	36	Amount of line 34 you want				36	i					
Amount	37								> 37			
You Owe	0,	Subtract line 33 from line 24. This is the <b>amount you owe now</b>										
For details on		<b>Note:</b> 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.							OI			
how to pay, see instructions.	38	Estimated tax penalty (see in	•			38						
Third Party		you want to allow another										
Designee		structions	•				Yes. C	omple	te below.	X No		
Ü	De	signee's		Phone			Pers	onal id	entification			
-	nar	me 🕨		no. 🕨			num	ber (PII	N) <b>&gt;</b>			
Sign		der penalties of perjury, I declare tief, they are true, correct, and com										
Here			ipiete. Declaration (			aseu on a	ali iriioririati			,		
	YO	ur signature	Date	Your occupation					nt you an Identity IN, enter it here			
Joint return?					IEER		see inst.)					
See instructions.	Sp	ouse's signature. If a joint return,	Date	Spouse's occupat		li li	f the IRS se	nt your spouse an				
Keep a copy for your records.	,			· '					ection PIN, enter it here			
your records.				HOMEMAKER				see inst.) <b>&gt;</b>				
-		one no.		Email address						1		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	Date PTIN			Check if:		
Preparer	RV	SSMANIKUMARAPPANA	RVSSMANIK	NIKUMARAPPANA 02				P02	090332	Self-employed		
Use Only		m's name ► GLOBAL TA						F	Phone no.	no. (646)727-7157		
	Fir	m's address ► 2530 Pebb	le Creek L	n Cumming	g GA 30041			F	irm's EIN	30-1017196		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV	02/07/21 PR	)		Form <b>1040</b> (2020)		

# SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

2020
Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

RITHVI REDDY SATHAPUR & MARCEL N CLARIDGE

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

Attachment Sequence No. 01 Your social security number

736-02-2280

Par	t 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	-13,056.
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,		12.056
Par	t II Adjustments to Income	9	-13,056.
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		
С	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

### **SCHEDULE E**

(Form 1040)

### **Supplemental Income and Loss**

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

Attachment

Department of the Treasury Internal Revenue Service (99)

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Sequence No. 13

Name(s) shown on return Your social security number RITHVI REDDY SATHAPUR & MARCEL N CLARIDGE 736-02-2280 Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I 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 . . . . . Physical address of each property (street, city, state, ZIP code) Α MIYAPUR HYDERABAD TELANGANA IN 500049 В C 1b Fair Rental **Personal Use** Type of Property For each rental real estate property listed QJV above, report the number of fair rental and (from list below) **Days Days** personal use days. Check the **QJV** box only if you meet the requirements to file as a 365 0 Α Α qualified joint venture. See instructions. В В С С Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 3 550. 4 Royalties received . . . . . . 4 Expenses: Advertising . . . . . . 5 5 6 Auto and travel (see instructions) . . . 6 250. 7 Cleaning and maintenance . . . 7 2,750. 8 350. 8 Commissions. . . . . . 9 9 Insurance . . . . . . . . . . 10 Legal and other professional fees . . . 10 11 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 Other interest. . . . . . . . . 4,750. 14 Repairs. . . . . . . . 14 15 2,933. 15 Supplies . Taxes . . . . . . 16 16 17 17 2,573. 18 Depreciation expense or depletion . . 18 19 19 Total expenses. Add lines 5 through 19 . . . . . 20 20 13,606. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . . . . . . . . . . . . . . 21 -13,056. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . -13,056.) 550 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b c Total of all amounts reported on line 12 for all properties 23c d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 13,606. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 13,056. 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 26 -13,056.