

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name PRASHANTH NAMA	Social security number 784-49-5914
Spouse's name PAVANI RALLAPALLI	Spouse's social security number 961-98-9461

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

Enter whole dollars only on lines 1 through 5.

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

1 Adjusted gross income . . . . .	1	84,274.
2 Total tax . . . . .	2	4,742.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	6,211.
4 Amount you want refunded to you . . . . .	4	4,369.
5 Amount you owe . . . . .	5	

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

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

### Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

9	5	9	1	4
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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

8	9	4	6	1
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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

  
Don't enter all zeros

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

**Filing Status**  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 PRASHANTH	Last name NAMA	<b>Your social security number</b> 784-49-5914	
If joint return, spouse's first name and middle initial PAVANI	Last name RALLAPALLI	<b>Spouse's social security number</b> 961-98-9461	
Home address (number and street). If you have a P.O. box, see instructions. 2718 CANTERBURY BLVD		Apt. no. 6	<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. FORT WAYNE		State IN	
Foreign country name		ZIP code 46835	
Foreign province/state/county		Foreign postal code	

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  
 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

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
	AISHITHA	NAMA	154-67-3319	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.  <b>Standard Deduction for—</b> • 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 <i>Standard Deduction</i> , see instructions.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b>	90,024.	
	<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	<b>2b</b>		
	<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	<b>b</b> Taxable interest . . . . .	<b>3b</b>	
	<b>4a</b>	IRA distributions . . . . .	<b>4a</b>	<b>b</b> Ordinary dividends . . . . .	<b>4b</b>	
	<b>5a</b>	Pensions and annuities . . . . .	<b>5a</b>	<b>b</b> Taxable amount . . . . .	<b>5b</b>	
	<b>6a</b>	Social security benefits . . . . .	<b>6a</b>	<b>b</b> Taxable amount . . . . .	<b>6b</b>	
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>			<b>7</b>	
	<b>8</b>	Other income from Schedule 1, line 9 . . . . .			<b>8</b>	-5,500.
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶			<b>9</b>	84,524.
	<b>10</b>	Adjustments to income:				
	<b>a</b>	From Schedule 1, line 22 . . . . .	<b>10a</b>			
	<b>b</b>	Charitable contributions if you take the standard deduction. See instructions . . . . .	<b>10b</b>	250.		
	<b>c</b>	Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶			<b>10c</b>	250.
	<b>11</b>	Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶			<b>11</b>	84,274.
	<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .			<b>12</b>	24,800.
<b>13</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .			<b>13</b>		
<b>14</b>	Add lines 12 and 13 . . . . .			<b>14</b>	24,800.	
<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .			<b>15</b>	59,474.	

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	6,742.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	6,742.
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>	2,000.
<b>20</b>	Amount from Schedule 3, line 7	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	2,000.
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	4,742.
<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>	4,742.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	6,211.
<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>	6,211.
<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>	2,900.
<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>	2,900.
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	9,111.

• 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>	4,369.
<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>	4,369.
<b>b</b>	Routing number 075911988	<b>c</b>	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number 9061074465		
<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 EMPLOYER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation HOMEMAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

**Paid Preparer Use Only**

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

**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  
PRASHANTH NAMA & PAVANI RALLAPALLI

**Your social security number**  
784-49-5914

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	0.
<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>	-5,500.
<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>	-5,500.

**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**

OMB No. 1545-0074

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

**2020**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, 1040-NR, or 1041.**

Attachment  
Sequence No. **13**

▶ **Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.**

Name(s) shown on return

Your social security number

PRASHANTH NAMA & PAVANI RALLAPALLI

784-49-5914

**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>	SANTHA PADHI FUNCTION HALL KHAMMAM TELANGANA IN 507001				
<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>		500.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>		80.		
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>		270.		
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		150.		
<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>				
<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>		5,500.		
<b>14</b>	Repairs. . . . .	<b>14</b>				
<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>		6,000.		
<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>		-5,500.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	(	-5,500.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		500.		
<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>		6,000.		
<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>	(	5,500.)		
<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>		-5,500.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

# Health Savings Accounts (HSAs)

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.**

**2020**  
Attachment  
Sequence No. **52**

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

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **784-49-5914**

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

<b>1</b>	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions . . . . . ▶	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family
<b>2</b>	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .	<b>2</b>	0 .
<b>3</b>	If you were under age 55 at the end of 2020 and, on the first day of <b>every</b> month during 2020, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,550 (\$7,100 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	<b>3</b>	
<b>4</b>	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs . . . . .	<b>4</b>	
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	
<b>6</b>	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter . . . . .	<b>6</b>	
<b>7</b>	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions . . . . .	<b>7</b>	0 .
<b>8</b>	Add lines 6 and 7 . . . . .	<b>8</b>	0 .
<b>9</b>	Employer contributions made to your HSAs for 2020 . . . . .	<b>9</b>	
<b>10</b>	Qualified HSA funding distributions . . . . .	<b>10</b>	
<b>11</b>	Add lines 9 and 10 . . . . .	<b>11</b>	
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b>	0 .
<b>13</b>	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	<b>13</b>	0 .

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

<b>14a</b>	Total distributions you received in 2020 from all HSAs (see instructions) . . . . .	<b>14a</b>	
<b>b</b>	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . .	<b>14b</b>	
<b>c</b>	Subtract line 14b from line 14a . . . . .	<b>14c</b>	
<b>15</b>	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	<b>15</b>	
<b>16</b>	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line . . . . .	<b>16</b>	
<b>17a</b>	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box . . . . .	<b>17b</b>	

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

<b>18</b>	Last-month rule . . . . .	<b>18</b>	0 .
<b>19</b>	Qualified HSA funding distribution . . . . .	<b>19</b>	
<b>20</b>	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line . . . . .	<b>20</b>	0 .
<b>21</b>	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box . . . . .	<b>21</b>	

**Paid Preparer's Due Diligence Checklist**

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*

**2020**

Department of the Treasury  
Internal Revenue Service

▶ **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**  
▶ **Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

Attachment  
Sequence No. **70**

Taxpayer name(s) shown on return <b>PRASHANTH NAMA &amp; PAVANI RALLAPALLI</b>	Taxpayer identification number <b>784-49-5914</b>
Enter preparer's name and PTIN <b>SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703</b>	

**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).  EIC  CTC/ACTC/ODC  AOTC  HOH

	Yes	No	N/A
<b>1</b> Did you complete the return based on information for tax year 2020 provided by the taxpayer or reasonably obtained by you? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>2</b> If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>4</b> Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5</b> Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) . . . . . List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>6</b> Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . . <b>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b> Did you complete the required recertification Form 8862? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
<b>9a</b> Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
<b>10</b> Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>11</b> Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

	Yes	No
<b>13</b> Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
<b>14</b> Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part VI Eligibility Certification**

- ▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
  - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
  - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
  - C. Submit Form 8867 in the manner required; **and**
  - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
    1. A copy of this Form 8867.
    2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
    3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
    4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
    5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

▶ **If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

<b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? . . . . .	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Cut on line before mailing

Tax year ending: 12 31 2021  
Taxpayer Name: PRASHANTH NAMA  
Taxpayer Name: PAVANI RALLAPAL

IT-40ES 0812

REV 02/21/21 PRO

INDIVIDUAL ESTIMATED INCOME TAX

Voucher Number

Due Date

E

State Income Tax 1.

259.00

1

04 15 2021

Your County

02

County Tax 2.

118.00

Your Taxpayer ID Number

Spouse's Taxpayer ID Number

Spouse's County

County Tax 3.

.00

784 49 5914

961 98 9461

Total Estimated Payment

377.00

INDIANA DEPARTMENT OF REVENUE  
P.O. BOX 7225  
INDIANAPOLIS, IN 46207-7225

087844959140000020100000110301231202110

Cut on line before mailing

Tax year ending: 12 31 2021  
Taxpayer Name: PRASHANTH NAMA  
Taxpayer Name: PAVANI RALLAPAL

IT-40ES 0812

REV 02/21/21 PRO

INDIVIDUAL ESTIMATED INCOME TAX

Voucher Number

Due Date

E

State Income Tax 1.

259.00

2

06 15 2021

Your County

02

County Tax 2.

118.00

Your Taxpayer ID Number

Spouse's Taxpayer ID Number

Spouse's County

County Tax 3.

.00

784 49 5914

961 98 9461

Total Estimated Payment

377.00

INDIANA DEPARTMENT OF REVENUE  
P.O. BOX 7225  
INDIANAPOLIS, IN 46207-7225

087844959140000020100000210301231202106

Cut on line before mailing

Tax year ending: 12 31 2021  
Taxpayer Name: PRASHANTH NAMA  
Taxpayer Name: PAVANI RALLAPAL

IT-40ES 0812

REV 02/21/21 PRO

INDIVIDUAL ESTIMATED INCOME TAX

Voucher Number

Due Date

E

State Income Tax 1.

259.00

3

09 15 2021

Your County

02

County Tax 2.

118.00

Your Taxpayer ID Number

Spouse's Taxpayer ID Number

Spouse's County

County Tax 3.

.00

784 49 5914

961 98 9461

Total Estimated Payment

377.00

INDIANA DEPARTMENT OF REVENUE  
P.O. BOX 7225  
INDIANAPOLIS, IN 46207-7225

087844959140000020100000310301231202102

Cut on line before mailing

Tax year ending: 12 31 2021  
Taxpayer Name: PRASHANTH NAMA  
Taxpayer Name: PAVANI RALLAPAL

IT-40ES 0812

REV 02/21/21 PRO

INDIVIDUAL ESTIMATED INCOME TAX

Voucher Number

Due Date

E

State Income Tax 1.

259.00

4

01 18 2022

Your County

02

County Tax 2.

118.00

Your Taxpayer ID Number

Spouse's Taxpayer ID Number

Spouse's County

County Tax 3.

.00

784 49 5914

961 98 9461

Total Estimated Payment

377.00

INDIANA DEPARTMENT OF REVENUE  
P.O. BOX 7225  
INDIANAPOLIS, IN 46207-7225

087844959140000020100000410301231202109

# 2020 Individual PFC Letter

Dear Taxpayer:

Your 2020 Indiana Individual Income Tax return indicates a total tax amount of \$ 1507.00 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 02/21/21 PRO

POST FILING COUPON

PFC 0912

1030

"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."

\*SSN 1 784 49 5914  
\*SSN 2 961 98 9461  
Period End Date 12 31 2020  
Date Due 04 15 2021  
Tax Type IND

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

PRASHANTH NAMA  
PAVANI RALLAPALLI  
2718 CANTERBURY BLVD 6

Amount Due: 1507.00

FORT WAYNE IN 46835

06000078449591402000020111231202006

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  784  49  5914

Spouse's Social Security Number  961  98  9461

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name  PRASHANTH  Initial  Last name  NAMA  Suffix

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

Present address (number and street or rural route)

2718 CANTERBURY BLVD 6  Place "X" in box if you are married filing separately.

City  FORT WAYNE State  IN Zip/Postal code  46835

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  02 County where you worked  02 County where spouse lived  02 County where spouse worked  02

**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"/> 84274 <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"/> 250 <input type="text"/> .00   |
| 3. Add line 1 and line 2 _____                                                                                                               | <input type="text"/> 3 <input type="text"/> 84524 <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"/> 5 <input type="text"/> 84524 <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"/> 4500 <input type="text"/> .00  |
| 7. Subtract line 6 from line 5 _____ <b>Indiana Adjusted Gross Income</b>                                                                    | <input type="text"/> 7 <input type="text"/> 80024 <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"/> 2585 <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"/> 1184 <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"/> 3769 <input type="text"/> .00 |



12. Enter credits from Schedule 5, line 10 (enclose schedule)

13. Enter offset credits from Schedule 6, line 8 (enclose schedule)

14. Add lines 12 and 13 \_\_\_\_\_ **Indiana Credits**

15. Enter amount from line 11 \_\_\_\_\_ **Indiana Taxes**

16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)

17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16

18. Subtract line 17 from line 16 \_\_\_\_\_ **Overpayment**

19. Amount from line 18 to be applied to your 2021 estimated tax account (see instructions).  
 Enter your county code  county tax to be applied \_ \$     
 Spouse's county code  county tax to be applied \_ \$     
 Indiana adjusted gross income tax to be applied \_\_\_\_\_ \$     
 Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) \_\_\_\_\_

20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A \_\_\_\_\_

21. **Refund:** Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 \_\_\_ **Your Refund**

22. **Direct Deposit** (see instructions)  
 a. Routing Number   
 b. Account Number   
 c. Type:  Checking  Savings  Hoosier Works MC  
 d. Place an "X" in the box if refund will go to an account outside the United States

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) \_\_\_\_\_

24. Penalty if filed after due date (see instructions) \_\_\_\_\_

25. Interest if filed after due date (see instructions) \_\_\_\_\_

26. **Amount Due:** Add lines 23, 24 and 25 \_\_\_\_\_ **Amount You Owe**     
 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.



Name(s) shown on Form IT-40

Your Social Security Number

PRASHANTH NAMA & PAVANI RALLAPALLI

784 49 5914

**Round all entries**

1. Tax add back: certain taxes deducted from federal Schedules C, C-EZ, E and/or F _____	1		.00
2. Net operating loss carryforward from federal Form 1040, "Other income" line _____	2		.00
3. OOS municipal obligation interest add-back _____	3		.00
4. Bonus depreciation add-back _____	4		.00
5. Section 179 expense excess add-back _____	5		.00
6. Other Add-Backs: See instructions.			
a. Enter add-back name <u>CURRENT YEAR CONFORMITY</u> code no. <u>120</u>	6a	<u>250</u>	.00
b. Enter add-back name _____ code no. _____	6b		.00
c. Enter add-back name _____ code no. _____	6c		.00
d. Enter add-back name _____ code no. _____	6d		.00
e. Enter add-back name _____ code no. _____	6e		.00
f. Enter add-back name _____ code no. _____	6f		.00
g. Enter add-back name _____ code no. _____	6g		.00
h. Enter add-back name _____ code no. _____	6h		.00
i. Enter add-back name _____ code no. _____	6i		.00
j. Enter add-back name _____ code no. _____	6j		.00
k. Enter add-back name _____ code no. _____	6k		.00
l. Enter add-back name _____ code no. _____	6l		.00
m. Enter add-back name _____ code no. _____	6m		.00
n. Enter add-back name _____ code no. _____	6n		.00
o. Enter add-back name _____ code no. _____	6o		.00
7. Add lines 1 through 6 Enter total here and on Form IT-40, line 2 <b>Total Indiana Add-Backs</b>	7	<u>250</u>	.00



22820111030



Name(s) shown on Form IT-40

PRASHANTH NAMA & PAVANI RALLAPALLI

Your Social Security Number

784 49 5914

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  2000  .00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 6  1 x \$1000  2  1000  .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.  1 x \$1500  3  1500  .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  4500  .00



Name(s) shown on Form IT-40

Your Social Security Number

PRASHANTH NAMA & PAVANI RALLAPALLI

784 49 5914

**Round all entries**

1. Indiana state tax withheld: enclose W-2s, 1099s showing state tax withholding amounts _____	1	2262	.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 _____	3		.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	2262	.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.		1c		.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

PRASHANTH NAMA & PAVANI RALLAPALLI

784 49 5914

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 \$  .

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  6086955036 Your email address  NAMA.PRASHANTH@GMAIL.C

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

PRASHANTH NAMA & PAVANI RALLAPALLI

784 49 5914

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	80024.00	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, 2020 \_\_\_\_\_

2A	.0148000	2B	.
----	----------	----	---

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

3A	1184.00	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	1184.00
---	---------

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	1184.00
---	---------



Enclose with Form IT-40 or Form IT-40PNR

Name(s) shown on Form IT-40/IT-40PNR  
PRASHANTH NAMA & PAVANI RALLAPALLI

Your Social Security Number 784 49 5914

**Section A - Farmers and Fishermen Only - See Instructions**

	Annual Gross Income from All Sources		Two-Thirds of Gross Income		Gross Income from Farming and Fishing
2019	00	X 66.7% =	00		00
2020	00	X 66.7% =	00		00

**Section B: Early Filers**

Check box if you filed your 2020 tax return and paid the total tax due by Feb. 1, 2021

**Section C - Required Annual Payment**

- 2020 tax \_\_\_\_\_
- 2020 credits (not including withholding credits or estimated tax payments) \_\_\_\_\_
- Subtract line 2 from line 1 \_\_\_\_\_
- Multiply line 3 by 90% (.90) (farmers/fishermen multiply by .667, see instructions) \_\_\_\_\_
- 2020 withholding tax credit \_\_\_\_\_
- Subtract line 5 from line 3 - **If less than \$1,000, STOP HERE! You do not owe a penalty** \_\_\_\_\_
- Prior year's tax (see instructions) \_\_\_\_\_
- Minimum required annual payment - Enter the lesser of line 4 or line 7 - **If less than or equal to the amount on line 5, STOP HERE! You do not owe a penalty** \_\_\_\_\_

Round all entries

1	3769	00
2		00
3	3769	00
4	3392	00
5	2262	00
6	1507	00
7	0	00
8	0	00

**Section D - Short Method - Read the instructions to determine if you can use the short method**

- Enter the withholding tax credit amount from line 5 above \_\_\_\_\_
- Enter the total amount, if any, of estimated tax payments you made for tax year 2020 \_\_\_\_\_
- Add lines 9 and 10 \_\_\_\_\_
- Total Underpayment. Subtract line 11 from line 8. If zero or less, **STOP HERE!** You do not owe a penalty. Attach this schedule to your tax return \_\_\_\_\_
- Multiply line 12 by 10% (.10). Enter this amount on line 20 on Form IT-40 or Form IT-40PNR \_\_\_\_\_

9		00
10		00
11		00
12		00
13		00

**Section E - Regular Method**

**Installment Period Due Dates**

	A 1st Installment April 15, 2020		B 2nd Installment June 15, 2020		C 3rd Installment September 15, 2020		D 4th Installment January 15, 2021	
14. Minimum required installment payment: divide amount on line 8 by 4	14	00		00		00	14	00
15. 2020 withholding-Divide line 5 by 4	15	00		00		00	15	00

**STOP! Complete lines 16 through 19 for each column before going to the next one.**

16. 2020 estimated taxes paid per period	16	00		00		00	16	00
17. Total installment payments (add lines 15 and 16)	17	00		00		00	17	00
18. Installment period overpayment	18	00		00		00	18	00
19. Installment period underpayment	19	00		00		00	19	00
20. Total underpayment - Add line 19, Columns A + B + C + D and enter total here	20						20	00
21. Underpayment penalty - Multiply line 20 by 10%. Enter this amount on line 20 on Form IT-40 or IT-40PNR	21						21	00



Schedule IN-DEP: Dependent Information and Additional  
Dependent Child Information

Name(s) shown on Form IT-40/IT-40PNR

Your Social Security Number

PRASHANTH NAMA & PAVANI RALLAPALLI

784 49 5914

1A.  1B.   
1C.    1D.     
1E. Place "X" in box if claiming dependent as an additional dependent child exemption \_\_\_\_\_ 1E

2A.  2B.   
2C.    2D.     
2E. Place "X" in box if claiming dependent as an additional dependent child exemption \_\_\_\_\_ 2E

3A.  3B.   
3C.    3D.     
3E. Place "X" in box if claiming dependent as an additional dependent child exemption \_\_\_\_\_ 3E

4A.  4B.   
4C.    4D.     
4E. Place "X" in box if claiming dependent as an additional dependent child exemption \_\_\_\_\_ 4E

5A.  5B.   
5C.    5D.     
5E. Place "X" in box if claiming dependent as an additional dependent child exemption \_\_\_\_\_ 5E

6. **Dependent Exemptions.** Add the number of dependents listed above (see instructions). Enter the total here and in the box on line 2 of Schedule 3 (if filing Form IT-40) or Schedule D (if filing Form IT-40PNR) ..... **Box 6**

7. **Additional Dependent Exemptions.** Add the total number of boxes with Xs from lines 1E, 2E, 3E, 4E, and 5E, if applicable. Enter the total here and in the box on line 3 of Schedule 3 (if filing Form IT-40) or Schedule D (if filing Form IT-40PNR) ..... **Box 7**



Indiana Individual Income Tax DECLARATION OF ELECTRONIC FILING Income Tax for the Tax Year January 1 - December 31, 2020

Do Not Mail This Form To DOR

Submission ID [ ] [ ] [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]

Table with columns: First Name and Middle Initial, Last Name, Your Social Security Number, Spouse's Social Security Number, Spouse's First Name and Middle Initial, Spouse's Last Name, Street Address, City, State, Zip Code, Daytime Telephone Number

Part I Tax Return Information (See Instructions on Next Page)

Table with 8 rows of tax return information: 1. Federal Adjusted Gross Income, 2. Indiana Adjusted Gross Income, 3. Total Indiana Tax, 4. Total State Tax Withheld, 5. Total County Tax Withheld, 6. Total Indiana Tax Credits, 7. Refund, 8. Amount You Owe

Part II Direct Deposit

9. Routing number [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Note: The first two digits of the routing number must be 01 - 12 or 21 - 32. 10. Account number [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] 11. Type of account: [ ] Checking [ ] Savings [ ] Hoosier Works MC 12. Place an "X" in the box if refund will go to an account outside the United States. [ ]

Do Not Mail This Form To DOR

Attach W-2 Forms Here

Part III Declaration of Taxpayer

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my income tax return. To the best of my knowledge and belief, my 2020 return is true, correct and complete.

Taxpayer's PIN: check one box only [X] I authorize GLOBAL TAXES LLC to enter my PIN [9][5][9][1][4] as my signature on my tax year 2020 electronically filed income tax return. [ ] I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's PIN: check one box only [X] I authorize GLOBAL TAXES LLC to enter my PIN [8][9][4][6][1] as my signature on my tax year 2020 electronically filed income tax return. [ ] I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Part IV Practitioner Certification and Authentication - Practitioner PIN Method ONLY

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self selected PIN. [5][8][7][2][7][8][6][1][9][8][9] do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the tax year 2020 electronically filed income tax return for the taxpayer(s) indicated above. ERO's Signature Date

INDIANA

Nonresident & part-year resident Wisconsin income tax

For the year Jan. 1-Dec. 31, 2020, or other tax year beginning \_\_\_\_\_, 2020 ending \_\_\_\_\_, 20\_\_.

Check here if this is an amended return [ ] Complete form using BLACK INK

NOTE

DO NOT STAPLE

PAPER CLIP withholding statements here

Form fields for personal information: Your legal last name (NAMA), Legal first name (PRASHANTH), M.I., Your social security number (784495914), Spouse's legal last name (RALLAPALLI), Spouse's legal first name (PAVANI), M.I., Spouse's social security number (961989461), Home address (2718 CANTERBURY BLVD), Apt. no. (6), City or post office (FORT WAYNE), State (IN), Zip code (46835), Foreign Country, Foreign province/state/country, Foreign postal code, Filing status (Married filing joint return checked), School district number, Special conditions.

Resident status Check the status that applies

- You Spouse
[ ] [ ] Full-year resident of Wisconsin
[X] [X] Nonresident of Wisconsin; state of residence IN (2-letter state abbreviation)
[ ] [ ] Part-year resident of Wisconsin from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Note: Complete residence questionnaire, page 61.



PAPER CLIP check or money order here

I-0501 (R. 01-21)

Table with 4 columns: Income, Print numbers like this (0123456789), NO COMMAS NO CENTS, A. Federal column, B. Wisconsin column. Rows include Wages, salaries, tips, etc. (90024.00), Taxable interest (.00), Ordinary dividends (.00), Taxable refunds, credits, or offsets of state and local income taxes (.00), Alimony received (.00), Business income or (loss) (.00), Capital gain or (loss) (.00), Other gains or (losses) (.00), IRA distributions (.00), Pensions and annuities (.00), Rental real estate, royalties, partnerships, S corporations, trusts, etc. (-5500.00), Farm income or (loss) (.00), Unemployment compensation (.00), Social security benefits (.00), Other income (.00), Combine lines 1 through 15 (84524.00).



Adjustments to Income		A. Federal column	B. Wisconsin column
17	Educator expenses (see page 25)	.00	.00
18	Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 25)	.00	.00
19	Health savings account deduction (see page 26)	.00	.00
20	Moving expenses for members of the Armed Forces (see page 26)	.00	.00
21	Deductible part of self-employment tax (see page 26)	.00	.00
22	Self-employed SEP, SIMPLE, and qualified plans (see page 26)	.00	.00
23	Self-employed health insurance deduction (see page 27)	.00	.00
24	Penalty on early withdrawal of savings (see page 28)	.00	0.00
25	Alimony paid (see page 28)	.00	.00
26	IRA deduction (see page 29)	.00	.00
27	Student loan interest deduction (see page 29)	.00	.00
28	Tuition and fees (see page 29)	Not deductible for Wisconsin	
29	Other adjustments (see page 29). Enclose Schedule M if line 29b has an amount See Statement	250.00	250.00
30	Total adjustments to income. Add lines 17 through 29	250.00	250.00
<b>Adjusted Gross Income</b>			
31	Wisconsin income. Subtract line 30, column B from line 16, column B		14754.00
32	Federal income. Subtract line 30, column A from line 16, column A	84274.00	
33	Divide line 31 by line 32. Carry the decimal to four places. If amount on line 31 is more than amount on line 32, fill in 1.0000. (See page 30)		.1751

**Tax Computation**

34	Fill in the <b>larger</b> of Wisconsin income from line 31, column B or federal income from line 32, column A. <b>But</b> , if Wisconsin income from line 31 is zero or less, fill in 0 (zero)	34	84274.00
35a	If you (or your spouse) can be claimed as a dependent on anyone else's return, check here and see the "Exception" in the instructions for line 35c on page 31	35a	<input type="checkbox"/>
35b	Aliens (see page 31 to determine if you must check line 35b)	35b	<input type="checkbox"/>
35c	Find the standard deduction for amount on line 32 using table on page 50	35c	8356.00
36	Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zero)	36	75918.00
37	Exemptions ( <b>Caution: see page 31</b> )		
a	Fill in exemptions allowed <u>3</u> x \$700	37a	2100.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <u>      </u> x \$250	37b	.00
c	Add lines 37a and 37b	37c	2100.00
38	Subtract line 37c from line 36. If line 37c is more than line 36, fill in 0 (zero)	38	73818.00
39	Tax (see table on page 52)	39	3936.00
40	Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)	40	0.00
41	School property tax credits (part-year and full-year residents only)		
a	Rent paid in 2020—heat included <u>.00</u> } Find credit from table page 35	41a	.00
	Rent paid in 2020—heat not included <u>.00</u> }		
b	Property taxes paid on home in 2020 <u>.00</u> } Find credit from table page 36	41b	.00
42	Add credits on lines 40, 41a, and 41b	42	0.00
43	Subtract line 42 from line 39. If line 42 is more than line 39, fill in 0 (zero)	43	3936.00
44	Fill in ratio from line 33	44	.1751
45	Multiply line 43 by ratio on line 44	45	689.00



Name(s) shown on Form 1NPR <b>PRASHANTH NAMA &amp; PAVANI RALLAPALLI</b>		Your social security number <b>784495914</b>
<b>46</b>	Fill in amount from line 45	<b>46</b> <u>689.00</u>
<b>47</b>	Armed forces member credit. (Full-year Wisconsin residents only)	<b>47</b> <u>.00</u>
<b>48</b>	Working families tax credit. (Full-year Wisconsin residents only)	<b>48</b> <u>.00</u>
<b>49</b>	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	<b>49</b> <u>0.00</u>
<b>50</b>	Nonrefundable credits from Schedule CR, line 34. Enclose Schedule CR	<b>50</b> <u>.00</u>
<b>51</b>	Net income tax paid to another state. Enclose Schedule OS	<b>51</b> <u>.00</u>
<b>52</b>	Add lines 47 through 51	<b>52</b> <u>0.00</u>
<b>53</b>	Subtract line 52 from line 46. If line 52 is more than line 46, fill in 0 (zero). This is your net tax	<b>53</b> <u>689.00</u>
<b>54</b>	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 39) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	<b>54</b> <u>.00</u>
<b>55</b>	Donations (decreases refund or increases amount owed)	
<b>a</b>	Endangered resources <u>.00</u>	<b>e</b> Military family relief <u>.00</u>
<b>b</b>	Cancer research <u>.00</u>	<b>f</b> Second Harvest/Feeding Amer. <u>.00</u>
<b>c</b>	Veterans trust fund <u>.00</u>	<b>g</b> Red Cross WI Disaster Relief <u>.00</u>
<b>d</b>	Multiple sclerosis <u>.00</u>	<b>h</b> Special Olympics Wisconsin <u>.00</u>
	Total (add lines a through h)	<b>55i</b> <u>.00</u>
<b>56</b>	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 41)	<b>56</b> <u>.00</u> x .33 = <u>.00</u>
<b>57</b>	Other penalties (see page 41)	<b>57</b> <u>.00</u>
<b>58</b>	Add lines 53 through 57	<b>58</b> <u>689.00</u>

**Payments and Credits**

<b>59</b>	Wisconsin income tax withheld. Enclose readable withholding statements	<b>59</b> <u>872.00</u>
<b>60</b>	2020 Wisconsin estimated tax paid and amount applied from 2019 return	<b>60</b> <u>.00</u>
<b>61</b>	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children <input type="text"/> Federal credit <u>.00</u> x <input type="text"/> % =	<b>61</b> <u>.00</u>
<b>62</b>	Farmland preservation credit. <b>a.</b> Schedule FC, line 17	<b>62a</b> <u>.00</u>
	<b>b.</b> Schedule FC-A, line 13	<b>62b</b> <u>.00</u>
<b>63</b>	Repayment credit	<b>63</b> <u>.00</u>
<b>64</b>	Homestead credit. (Full-year Wisconsin residents only)	<b>64</b> <u>.00</u>
<b>65</b>	Eligible veterans and surviving spouses property tax credit	<b>65</b> <u>.00</u>
<b>66</b>	Refundable credits from Schedule CR, line 40	<b>66</b> <u>.00</u>
<b>67</b>	AMENDED RETURN ONLY – amount previously paid (see page 47)	<b>67</b> <u>.00</u>
<b>68</b>	Add lines 59 through 67	<b>68</b> <u>872.00</u>
<b>69</b>	AMENDED RETURN ONLY – amount previously refunded (see page 47)	<b>69</b> <u>.00</u>
<b>70</b>	Subtract line 69 from line 68	<b>70</b> <u>872.00</u>

**NOTE:** You must use your 2020 earned income (see page 43).



Refund or Amount You Owe

Table with 2 columns: Line number and Amount. Rows include: 71 Amount overpaid 183.00, 72 Refunded to you 183.00, 73 Applied to tax 0.00, 74 Amount you owe .00, 75 Underpayment interest .00.

Third Party Designee section. Includes fields for name, phone number, and personal identification number (PIN).

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Sign here section. Includes lines for 'Your signature' and 'Spouse's signature (if filing jointly, BOTH must sign)' with a 'Date' field.

Mail your return to: Wisconsin Department of Revenue. (if tax is due) PO Box 268, Madison WI 53790-0001. (if refund or no tax due) PO Box 59, Madison WI 53785-0001.

Schedule 1 - Wisconsin Itemized Deduction Credit (see line 40 instructions)

Table for Schedule 1 with 2 columns: Line number and Amount. Rows include: 1 Medical and dental expenses .00, 2 Interest paid .00, 3 Gifts to charity 0.00, 4 Casualty losses .00, 5 Add lines 1 through 4 0.00, 6 Wisconsin standard deduction 8356.00, 7 Subtract line 6 from line 5 0.00, 8 Rate of credit is .05 (5%) x .05, 9 Multiply line 7 by line 8 0.00.

Schedule 2 - Married Couple Credit May be claimed only when both spouses have earned income taxable by Wisconsin.

Table for Schedule 2 with 3 columns: Line number, (A) YOURSELF, and (B) YOUR SPOUSE. Rows include: 1 Wages, salaries, tips, etc. 15004.00 and .00, 2 Net profit or (loss) from self-employment .00 and .00, 3 Combine lines 1 and 2 15004.00 and .00, 4 Add amounts on Form 1NPR 0.00 and .00, 5 Subtract line 4 from line 3 15004.00 and 0.00, 6 Compare the amount in columns (A) and (B) 0.00, 7 Rate of credit is .03 (3%) x .03, 8 Multiply line 6 by line 7 0.00.



Name PRASHANTH NAMA & PAVANI RALLAPALLI	Social security number 784495914
--------------------------------------------	-------------------------------------

**Part I - Additions to Income**

<u>1</u> Other income (see instructions). List type and amount _____	<u>1</u>	<u>.00</u>
<u>2</u> Farmland preservation credit . . . . .	<u>2</u>	<u>.00</u>
<u>3</u> Enterprise zone jobs credit . . . . .	<u>3</u>	<u>.00</u>
<u>4</u> Development zones credit . . . . .	<u>4</u>	<u>.00</u>
<u>5</u> Capital investment credit . . . . .	<u>5</u>	<u>.00</u>
<u>6</u> Manufacturing investment credit . . . . .	<u>6</u>	<u>.00</u>
<u>7</u> Economic development tax credit . . . . .	<u>7</u>	<u>.00</u>
<u>8</u> Jobs tax credit . . . . .	<u>8</u>	<u>.00</u>
<u>9</u> Community rehabilitation program credit . . . . .	<u>9</u>	<u>.00</u>
<u>10</u> Research expense credit . . . . .	<u>10</u>	<u>.00</u>
<u>11</u> Manufacturing/Agriculture credit . . . . .	<u>11</u>	<u>.00</u>
<u>12</u> Business development credit . . . . .	<u>12</u>	<u>.00</u>
<u>13</u> Electronics and information technology manufacturing zone credit . . . . .	<u>13</u>	<u>.00</u>
<u>14</u> Employee college savings account contribution credit . . . . .	<u>14</u>	<u>.00</u>
<u>15</u> Federal net operating loss deduction (only if included in line 1 above) . . . . .	<u>15</u>	<u>.00</u>
<u>16</u> Excess distribution from a passive foreign investment company . . . . .	<u>16</u>	<u>.00</u>
<u>17</u> Expenses paid to or incurred with related entities . . . . .	<u>17</u>	<u>.00</u>
<u>18</u> Nonqualified distributions from Edvest and Tomorrow's Scholar college savings account . . . . .	<u>18</u>	<u>.00</u>
<u>19</u> Nonqualified distributions from ABLE accounts . . . . .	<u>19</u>	<u>.00</u>
<u>20</u> Expenses for moving business outside Wisconsin or the United States (see instructions) . . . . .	<u>20</u>	<u>.00</u>
<u>21</u> Add lines 1 through 20. Enter this amount on Form 1NPR, line 15, column B . . . . .	<u>21</u>	<u>.00</u>

Now go to page 2 →



Name	Social security number
PRASHANTH NAMA & PAVANI RALLAPALLI	784495914

**Part II - Subtractions from Income**

<b>22</b> Other adjustments (see instructions). List type and amount <u>SEE FORM 1NPR,</u>	<b>22</b>	<u>250 .00</u>
<b>23</b> Farm loss carryover	<b>23</b>	<u>.00</u>
<b>24</b> Recoveries of federal itemized deductions (only if included on line 1 of this schedule)	<b>24</b>	<u>.00</u>
<b>25</b> Wisconsin net operating loss deduction	<b>25</b>	<u>.00</u>
<b>26</b> Medical care insurance	<b>26</b>	<u>.00</u>
<b>27</b> Long-term care insurance	<b>27</b>	<u>.00</u>
<b>28</b> Retirement income exclusion	<b>28</b>	<u>.00</u>
<b>29</b> Amounts not taxable by Wisconsin (only if included in column B of Form 1NPR or line 1 of this schedule) List type and amount	<b>29</b>	<u>.00</u>
<b>30</b> Adoption expenses	<b>30</b>	<u>.00</u>
<b>31</b> Tuition and fee expenses	<b>31</b>	<u>.00</u>
<b>32</b> Contributions to a Wisconsin state-sponsored college savings program	<b>32</b>	<u>.00</u>
<b>33</b> Child and dependent care expenses	<b>33</b>	<u>.00</u>
<b>34</b> Sale of business assets or assets used in farming to a related person	<b>34</b>	<u>.00</u>
<b>35</b> Repayment of income previously taxed	<b>35</b>	<u>.00</u>
<b>36</b> Human organ donation	<b>36</b>	<u>.00</u>
<b>37</b> Contributions to ABLE accounts	<b>37</b>	<u>.00</u>
<b>38</b> U.S. Olympic subtraction (see instructions, page 10)	<b>38</b>	<u>.00</u>
<b>39</b> Expenses paid to related entities	<b>39</b>	<u>.00</u>
<b>40</b> Income from a related entity	<b>40</b>	<u>.00</u>
<b>41</b> Sales of certain insurance policies (only if included in column B of Form 1NPR or line 1 of this schedule)	<b>41</b>	<u>.00</u>
<b>42</b> Combat zone related death	<b>42</b>	<u>.00</u>
<b>43</b> Private school tuition	<b>43</b>	<u>.00</u>
<b>44</b> Physician or psychiatrist grant (only if included in column B of Form 1NPR or line 1 of this schedule)	<b>44</b>	<u>.00</u>
<b>45</b> Distributions of certain earnings from Wisconsin state-sponsored college tuition programs	<b>45</b>	<u>.00</u>
<b>46</b> Add lines 22 through 45. Enter this amount on Form 1NPR, line 29, column B	<b>46</b>	<u>250 .00</u>



### Additional information from your 2020 Wisconsin Tax Return

Form 1NPR

Explanation of Other Adjustments, Line 29

Continuation Statement

Other Income Description	Federal Income	Wisconsin Income
ABOVE-THE-LINE CHARITABLE CONTRIBUTIONS	250	250