

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 VINAY	Last name MARRU	Your social security number 107-81-1347
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 689 KEYS VIEW CT		Apt. no.	Presidential Election Campaign 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 checked="" type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. COLUMBUS	State OH	ZIP code 43085	
Foreign country name	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
						<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. 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.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	87,696.
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	4a	IRA distributions	4a	
	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 9	8	-5,530.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	82,166.
	10	Adjustments to income:		
	a	From Schedule 1, line 22	10a	
	b	Charitable contributions if you take the standard deduction. See instructions	10b	
	c	Add lines 10a and 10b. These are your total adjustments to income ▶	10c	
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶	11	82,166.
	12	Standard deduction or itemized deductions (from Schedule A)	12	12,400.
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13		
14	Add lines 12 and 13	14	12,400.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	69,766.	

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	11,141.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	11,141.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	11,141.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	11,141.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	14,340.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	14,340.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) No	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	14,340.

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,199.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,199.
b	Routing number 044000037	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number 369257875		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the amount you owe now	37	
Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

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

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

Sign Here

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/10/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Phone no.			
GLOBAL TAXES LLC	(678) 965-9522			
Firm's address	Firm's EIN			
2530 Pebble Creek Ln Cumming GA 30041	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 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
VINAY MARRU

Your social security number
107-81-1347

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-5,530.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-5,530.

Part II Adjustments to Income

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

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name(s) shown on return

Your social security number

VINAY MARRU

107-81-1347

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**

1a	Physical address of each property (street, city, state, ZIP code)				
A	11-9-163, F.NO.103, KOTHAPET HYDERABAD TELANGANA IN 500035				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	3		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<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)

Income:		Properties:	A	B	C
3	Rents received	3	620.		
4	Royalties received	4			

Expenses:			A	B	C
5	Advertising	5			
6	Auto and travel (see instructions)	6	150.		
7	Cleaning and maintenance	7	250.		
8	Commissions.	8			
9	Insurance	9			
10	Legal and other professional fees	10			
11	Management fees	11			
12	Mortgage interest paid to banks, etc. (see instructions)	12			
13	Other interest.	13	5,500.		
14	Repairs.	14	250.		
15	Supplies	15			
16	Taxes	16			
17	Utilities	17			
18	Depreciation expense or depletion	18			
19	Other (list) ▶	19			
20	Total expenses. Add lines 5 through 19	20	6,150.		

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** -5,530.

22 Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) **22** (-5,530.)

23a	Total of all amounts reported on line 3 for all rental properties	23a	620.		
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			
e	Total of all amounts reported on line 20 for all properties	23e	6,150.		

24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses **24**

25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here **25** (5,530.)

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** -5,530.

Tax History Report

▶ Keep for your records

2020

Name(s) Shown on Return

VINAY MARRU

Five Year Tax History:					
	2016	2017	2018	2019	2020
Filing status					Single
Total income					82,166.
Adjustments to income					
Adjusted gross income					82,166.
Tax expense					2,710.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					12,400.
Exemption amount . .					0.
QBI deduction					
Taxable income					69,766.
Tax					11,141.
Alternative min tax . .					
Total credits					
Other taxes					
Payments					14,340.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax . .					
Refund					3,199.
Effective tax rate % . .					13.56
**Tax bracket %					22.0

**Tax bracket % is based on Taxable income.

IRS e-file Authentication Statement

2020

Keep for your records

Table with 2 columns: Name(s) Shown on Return (VINAY MARRU) and Social Security Number (107-81-1347)

A - Practitioner PIN Authorization

Note - PIN information is entered in Part VI of the Federal Information Worksheet. This worksheet only serves as a record of the PIN information transmitted in the electronic return.

QuickZoom to the Federal Information Worksheet to enter PIN information

Form with checkboxes for Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, ERO entered Secondary Taxpayer's PIN, and ERO entered PIN(s) on behalf of taxpayer(s). Includes a large watermark 'PROHIBITED'.

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN 587278 Self-Select PIN 61989

C - Signature of Taxpayer/Spouse

Perjury Statement:

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: (1) acknowledgment of receipt or reason for rejection of transmission; (2) refund offset; (3) reason for any delay in processing or refund; and, (4) date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, with my Self-Select PIN below.

Form with fields for Taxpayer's PIN (5 numbers) 11347, Spouse's PIN (5 numbers), and Date 01/13/2021.

D - Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund (35 character limit) and Date

Part I – Personal Information

Taxpayer:
 Last name MARRU
 First name VINAY
 Middle initial Suffix
 Social security no. 107-81-1347
 Occupation SOFTWARE ENGINEER
 Date of birth 08/19/1994 (mm/dd/yyyy)
 Age as of 1-1-2021 26
 Date of death
 Legally blind
 E-mail address MARRU.VINAY@GMAIL.COM
 Work phone (816) 204-7452 Ext
 Cell phone (816) 204-7452
 Home phone (816) 204-7452
 Fax number

Spouse:
 Last name (if different)
 First name
 Middle initial Suffix
 Social security no.
 Occupation
 Date of birth (mm/dd/yyyy)
 Age as of 1-1-2021
 Date of death
 Legally blind
 E-mail address
 Work phone Ext
 Cell phone
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer work phone (816) 204-7452
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work
 Print Form 1040-SR instead of Form 1040 Yes No

US Address:
 Address 689 KEYS VIEW CT Apt no.
 City COLUMBUS State OH ZIP code 43085
Foreign Address: Check this box to use foreign address . .
 Address Apt no.
 City
 Foreign code Foreign country
 Foreign province/country Foreign postal code
 Foreign phone
 APO/FPO/DPO address . . APO FPO DPO

Part II – Federal Filing Status

1 Single
 2 Married filing jointly
 3 Married filing separately
 Taxpayer did **not** live with spouse at any time during year
 Taxpayer eligible to claim spouse's exemption (state use), blind, or over age 65 (see Help)
 4 Head of household
 If qualifying person is child but not dependent:
 Child's First name MI Last Name Suff
 Child's social security number
 5 Qualifying widow(er)
 Year spouse died 2018 2019
 Enter the qualifying person's name:
 Child's First name MI Last Name Suff
 Child's social security number

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

First name Last name	MI Suff	Social security number *Relationship	Date of birth (mm/dd/yyyy) Date of death (mm/dd/yyyy)**	A G E E I C	Dependent Identity Protection PIN (see tax help)		Qualified child/dep care exps incurred and paid 2020 Code	Not qual credit other dep Not qual for child tax credit Or non U.S.***
					Lived with taxpyr in U.S.	Educ Tuition and Fees		

* **Caution:** If claiming child other than taxpayer's see **Relationship** in Help
 ** The health care shared responsibility payment calculation does not include individuals after date of death
 *** **Caution:** If this person is NOT a U.S. citizen, U.S. national, or a U.S. resident check this box

Identity Verification Worksheet

2020

▶ See tax help for more information on identity verification

Name(s) Shown on Return
VINAY MARRU

Social Security Number
107-81-1347

Driver's License or State Id Information

Required for electronic filing, either complete the driver's license or state id detail information below or select the appropriate box for taxpayer and spouse to indicate why driver's license or state id information is not present.

Note: Providing identification numbers helps the IRS and states verify taxpayer identity which can prevent unnecessary delays in tax return processing.

All identity verification information should be entered here and will automatically flow to the state return.

Taxpayer/Spouse does not have a driver's license or state id

Taxpayer
 Spouse

Note: Alabama does not allow this option

Taxpayer/Spouse did not provide driver's license or state id information

Taxpayer
 Spouse

Note: Alabama, New York and Ohio do not allow this option

Check to confirm transferred driver's license or state id information (which appears in green) is correct

Note: Transfer not available for returns with Alabama, Iowa, or New York state taxes. See tax help for more information.

Driver's License Detail

Taxpayer:

Issuing state OH
License number VF882711
Issue date 10/22/2020
Expiration date 09/10/2022
Does not expire
NY Document number (first 3 chars)*

Spouse:

Issuing state
License number
Issue date
Expiration date
Does not expire
NY Document number (first 3 chars)*

State Identification Card Detail

Taxpayer:

Issuing state
Identification number
Issue date
Expiration date
Does not expire
NY Document number (first 3 chars)*

Spouse:

Issuing state
Identification number
Issue date
Expiration date
Does not expire
NY Document number (first 3 chars)*

* Enter the first 3 characters of the NY document number, which is the 8 or 10 number/letter combination found at the bottom of the NY license (or NY state ID) or on the back if it was issued after January 28, 2014.

Additional Verification Information

Use these fields to record the client status and method used to verify the taxpayer and spouse identity.

Identity Verification Method (select one):

- In person
- Remote via email, phone, or fax
- Both in person and remote
- Identity not verified

Documents Used to Verify Primary Taxpayer Identity:

- Driver's license (complete detail above)
- State issued identification card (complete detail above)
- Passport
- Account statement from financial institution
- Utility billing statement
- Credit card billing statement

Documents Used to Verify Spouse Identity (If you file joint return):

- Driver's license (complete detail above)
- State issued identification card (complete detail above)

DO NOT MAIL

Electronic Filing Information Worksheet

▶ Keep for your records

2020

Name(s) Shown on Return
VINAY MARRU

Social Security Number
107-81-1347

Payment by Check (Form 1040-V) – Federal Balance Due

Date Form 1040-V was given to client ▶ _____

Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the Federal Information Worksheet.

Calculates to the EFIN for the ERO that is responsible for filing this return based on the preparer code. For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) can be changed but is required. ▶ 587278
 For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return ▶ _____

ERO Name <u>GLOBAL TAXES LLC</u>	ERO Electronic Filers Identification Number (EFIN) <u>587278</u>
ERO Address <u>2530 Pebble Creek Ln</u>	ERO Employer Identification Number <u>30-1017196</u>
City <u>Cumming</u>	ERO Social Security Number or PTIN
State <u>GA</u>	
ZIP Code <u>30041</u>	
Country _____	

Paid Preparer Information

Firm Name <u>GLOBAL TAXES LLC</u>	Social Security Number or PTIN <u>P02082703</u>
Name <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>	Employer Identification Number <u>30-1017196</u>
Address <u>2530 Pebble Creek Ln</u>	Phone Number <u>(678) 965-9522</u>
City <u>Cumming</u>	Fax Number _____
State <u>GA</u>	
ZIP Code <u>30041</u>	
Country _____	E-mail Address <u>SYAM@GTAXFILE.COM</u>

Non Paid Preparer Information

If the return was prepared or reviewed through an IRS tax assistance program, self-prepared by the taxpayer, or was prepared by another person who was not paid to prepare the return, check one of the following boxes that applies to this return.

IRS-reviewed ▶
 IRS-prepared ▶
 Prepared by taxpayer or other non-paid preparer ▶

Amended Returns

- Check this box to file another **federal** amended return electronically
- File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
- Check this box to file another **state and/or city** amended return electronically

* Select the state and/or city amended return(s) to file electronically.

State/City *	
<input type="checkbox"/>	Georgia
<input type="checkbox"/>	Michigan
<input type="checkbox"/>	New York
<input type="checkbox"/>	Vermont
<input type="checkbox"/>	Wisconsin

Miscellaneous Electronic Filing Items

If the return was rejected for dependent name and SSN mismatch (business rule R0000-504-01) or Schedule EIC qualifying child name and SSN mismatch (business rule SEIC-F1040-501-01), check this box to retransmit this return as an imperfect return. >

Enter an 'in care of addressee' if applicable > _____

Name of personal representative for deceased returns > _____

If married filing joint and one spouse is deceased, is the surviving spouse also the personal representative? > Yes No

Check this box if your client is in the U.S. Armed Forces with a stateside address >

Select the appropriate combat zone from the picklist if the taxpayer (or spouse) last served in an area designated as a combat zone or qualified hazardous duty area. > _____

Other combat zone deployment date > _____

Option of Transmitting the Forms as PDF with the Electronic Submission or Mailing the Forms with Form 8453: U.S. Individual Income Tax Transmittal for an IRS e-file Return.

Note: To Attach and Send a PDF file with this return, click on the "E-File" drop down menu, and then select "Attach PDF Files".

Check the applicable box(es) on forms to be attached and mail with form 8453	Transmit PDF	Print & Mail with 8453
Form 2848, Power of Attorney and Declaration of Representative >	<input type="checkbox"/>	<input type="checkbox"/>
Form 3468, Historic Structure Certificate >	<input type="checkbox"/>	<input type="checkbox"/>
Form 4136, Credit for Federal Tax Paid on Fuels >	<input type="checkbox"/>	<input type="checkbox"/>
Form 8283, Noncash Charitable Contributions (Declaration of Appraiser). >	<input type="checkbox"/>	<input type="checkbox"/>
Form 1098-C, Contributions of Motor Vehicles, Boats and Airplanes >	<input type="checkbox"/>	<input type="checkbox"/>
Form 8332, Release of Claim to Exemption for Child by Custodial Parent or Other Doc. >	<input type="checkbox"/>	<input type="checkbox"/>
Form 8885, Health Coverage Tax Credit >	<input type="checkbox"/>	<input type="checkbox"/>
Form 8949, Sales and Other Disp of Capital Assets.(or a stmt w/the same information) >	<input type="checkbox"/>	<input type="checkbox"/>
Form 3115, Change in Accounting Method. >	<input type="checkbox"/>	<input type="checkbox"/>

These forms are not supported in ProSeries. You may print a completed form to mail with your Form 8453, please check the applicable box(es) .	Transmit PDF	Print & Mail with 8453
Form 5713, International Boycott Report >	N/A	<input type="checkbox"/>
Form 8858, Foreign Disregarded Entities. >	N/A	<input type="checkbox"/>
Form 8864, attach the Certificate for Biodiesel >	N/A	<input type="checkbox"/>

► Keep for your records

Name(s) Shown on Return
VINAY MARRU

Social Security Number
107-81-1347

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
CLOUD EPA LLC		87,696.	14,340.	87,696.	2,710.
Totals		87,696.	14,340.	87,696.	2,710.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	87,696.		87,696.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	14,340.		14,340.
3 & 7	Total social security wages/tips	87,696.		87,696.
4	Total social security tax withheld	5,437.		5,437.
5	Total Medicare wages and tips	87,696.		87,696.
6	Total Medicare tax withheld	1,272.		1,272.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12			
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans . .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan . .			
g	Income 409A nonqual deferred comp plan . . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12			
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	Total state deductible employee expenses . . .			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
k	Total sick leave subject to \$511 limit			
l	Total sick leave subject to \$200 limit			
m	Total emergency family leave wages			
16	Total state wages and tips	87,696.		87,696.
17	Total state tax withheld	2,710.		2,710.
19	Total local tax withheld.			

► Keep for your records

Name as shown on return VINAY MARRU	Social Security Number 107-81-1347
--	---------------------------------------

Employer EIN 27-2820318
 Employer Name CLOUD EPA LLC
 Name (continued)
 Street Address or P. O. Box 1800 BYBERRY ROAD STE 909
 City HUNTINGDON VALLEY State PA ZIP 19006
 Foreign Province/County
 Foreign Postal Code
 Foreign Country

Spouse's W-2 Do not transfer this W-2 to next year
 Automatically calculate lines 3 through 6 and line 16.
Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1 Wages, tips, other comp	87,696.	2 Federal income tax withheld	14,340.
3 Social security wages	87,696.	4 Social sec tax withheld	5,437.
5 Medicare wages and tips	87,696.	6 Medicare tax withheld	1,272.
7 Social security tips		8 Allocated tips	

13 b Retirement plan
 Foreign source income eligible for exclusion on Form 2555
 Active duty military pay

Box 12 Code	Box 12 Amount	If Box 12 code is:
—	—	A: Enter amount attributable to RRTA Tier 2 tax
—	—	M: Enter amount attributable to RRTA Tier 2 tax
—	—	P: Double-click to link to Form 3903, line 4
—	—	R: Enter MSA contribution for Taxpayer
—	—	Spouse
—	—	W: Enter HSA contribution for Taxpayer
—	—	Spouse
—	—	G: <input type="checkbox"/> Employer is not a state or local government

State	Box 15 Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
OH	53-045719 7	87,696.	2,710.
—	—	—	—
—	—	—	—

I confirm that the state withholding identification number(s) are accurate

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
—	—	—	—
—	—	—	—
—	—	—	—

9	Dependent care benefits (Check if employer furnished care at work) <input type="checkbox"/>	9	
10	Dependent care benefits — Amount forfeited from flexible spending account	10	
11	Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)	11	

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
—	—	—
—	—	—
—	—	—

Keep for your records

VINAY MARRU

107-81-1347 Page 2

Employer Name CLOUD EPA LLC

Part I - Statutory employees

A [] Box 13a. Statutory employee
B [] Deducting expenses in connection with this income
C [] If deducting expenses, double-click to link to Schedule C C

Part II - Clergy, church employees, members of recognized religious sects

Clergy only:

D Enter your designated housing or parsonage allowance D
E Enter the smallest of (a) your designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value E
F If no FICA was withheld, check the applicable box below
1 [] Pay self-employment tax on housing or parsonage allowance only
2 [] Pay self-employment tax on W-2 income only
3 [] Pay self-employment tax on W-2 income and housing allowance
4 [] Exempt from SE tax and have an approved exemption Form 4361

Non-Clergy:

G If no FICA was withheld, check the applicable box below
1 [] Pay self-employment tax on this W-2 income
2 [] Exempt from self-employment tax and have an approved Form 4029

Part III - Unreported Tip Income

H 1 [] Tips \$20 or more in a month which were not reported to employer H1
2 [] Tips less than \$20 in a month which were not required to be reported H2
3 [] Value of non-cash tips, such as tickets or passes, not reported to employer H3
4 [] Actual amount of allocated tips if different than the amount in box 8 H4
5 [] Tips paid out through a tip-sharing arrangement H5
6 [] Employer is a federal, state, or local government and tips are only subject to Medicare tax

Part IV - Substitute Form W-2

a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852
b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"
c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"
d QuickZoom to completed Form 4852 for reference

Part V - Inmate in a Penal Institution

J a Pay from work performed while an inmate in a penal institution []

Part VI - Additional Information for Electronic Filing and Certain States (See Help)

13 c [] Third-party sick pay
[] Non-standard W-2 (handwritten, typewritten, or altered in any way)
[] Corrected W-2
[] Income from Paid Family Leave
Control number (optional)

Employee information: Correct to match employee information on W-2

Employee's SSN. 107-81-1347
First name M.I. Last name Suff.
VINAY MARRU
Address City St ZIP code
689 KEYS VIEW CT COLUMBUS OH 43085
Foreign Province/County Foreign Postal Code
Foreign Country

Tax Payments Worksheet

2020

▶ Keep for your records

Name(s) Shown on Return VINAY MARRU	Social Security Number 107-81-1347
--	---------------------------------------

Estimated Tax Payments for 2020 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	07/15/20		07/15/20			07/15/20		
2	07/15/20		07/15/20			07/15/20		
3	09/15/20		09/15/20			09/15/20		
4	01/15/21		01/15/21			01/15/21		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2020					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7					
9	2020 extensions					

Taxes Withheld From:				Federal	State	Local
10	Forms W-2			14,340.	2,710.	
11	Forms W-2G					
12	Forms 1099-R					
13	Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G					
14	Schedules K-1					
15	Forms 1099-INT, DIV and OID					
16	Social Security and Railroad Benefits					
17	Form 1099-B	St	Loc			
18 a	Other withholding	St	Loc			
b	Other withholding	St	Loc			
c	Other withholding	St	Loc			
d	Additional Medicare Tax.					
19	Total Withholding Lines 10 through 18d			14,340.	2,710.	
20	Total Tax Payments for 2020			14,340.	2,710.	

Prior Year Taxes Paid In 2020 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2019 extensions				
22	2019 estimated tax paid after 12/31/2019				
23	Balance due paid with 2019 return				
24	Other (amended returns, installment payments, etc)				

Earned Income Worksheet

2020

▶ Keep for your records

Name(s) Shown on Return VINAY MARRU	Social Security Number 107-81-1347
--	---------------------------------------

Part I – Earned Income Credit Worksheet Computation

	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income			
b Optional Method and Church Employee income			
c Add lines 1a and 1b			
d One-half of self-employment tax			
e Subtract line 1d from line 1c			
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C as a statutory employee, enter the amount from line 1 of that Schedule C			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5			

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	87,696.		87,696.
7 a Taxable employer-provided adoption benefits			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 18 and 19	87,696.		87,696.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	87,696.		87,696.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	87,696.		87,696.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	87,696.		87,696.
17 Net self-employment loss			
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, In 2.	87,696.		87,696.

Part IV – Schedule 8812 and Child Tax Credit Line 14 Worksheet Computations

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	87,696.		87,696.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2.	87,696.		87,696.

Keep for your records

Name(s) shown on return
VINAY MARRU

Social Security No.
107-81-1347

General Information:

Property description 11-9-163, FLATNO:103, SAI DATTA HOMES, ROAD NO:2A, LAXMI NAGAR COLONY
Property type . . . 3 Vacation/Short-term If type is other, enter a description . . .
Location (street address) 11-9-163, F.NO.103, KOTHAPET
City HYDERABAD State ZIP code
If a foreign address: Foreign province or state . . . TELANGANA
Foreign postal code 500035 Foreign country India

Complete For All Properties:

Did you make any payments that would require you to file Form(s) 1099? Yes [] No [X]
If yes, did you or will you file all required Form(s) 1099? Yes [] No []

Complete For All Rental Properties:

Days rented at fair rental value 365 Days of personal use 0

Check All That Apply:

- A Owned by spouse [] B Owned jointly []
C Active participation [X] D Material participation []
E Qualified joint venture [] F Some investment is not at risk []
G Other passive exceptions [] H Complete taxable disposition — See Help []
I Treat all MACRS assets for this activity as qualified Indian reservation property? . . . Yes [] No [X]
J Treat all assets acquired after August 27, 2005 as qualified GO Zone property? . . . Regular [] Extension [] No [X]
K Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? . . . Yes [] No [X]
L Was this activity located in a Qualified Disaster Area? Yes [] No [X]
M Check this box if filing this Schedule E as an LLC in CA or TX []

Ownership Percentage:

- N Check to allocate income and expenses using ownership percentage []
O Enter ownership percentage %

Owner-Occupied Rentals:

- P Check to allocate personal use items to Schedule A []
Q Percentage of rental use %

Vacation Home or Property with Personal Use Days:

- R Check to allocate interest and taxes using the Tax Court Method []
S Number of days property owned if less than the entire year

Property Location

11-9-163, F.NO.103, KOTHAPET, HYDERABAD, TELANGANA, 500035, India

Income		% if Different	Total
3 Enter rental income (not reported elsewhere).	620.		
Rental income from Form 1099-MISC			
Rental income from Form 1099-K			
Rental Income from Cancellation of Debt Wks			
Total rents received	620.	100.000000	620.
4 Enter royalties received (not reported elsewhere) . .			
Royalty income from Form 1099-MISC			
Royalty income from Form 1099-K			
Royalty Income from Cancellation of Debt Wks			
Royalty Income from Schedule K-1			
Total royalties received			

Expenses	(a) Total	(b) Enter % if not 100.00	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
5 Advertising					
6 a Auto					
b Travel	150.		150.		
7 Cleaning and maint	250.		250.		
8 Commissions					
9 a Mort insur qualified					
From Form 1098 import					
Total mort insur qual					
b Other Insurance					
10 Legal & other prof fees					
11 Management fees					
12 a Mortgage int qualified					
From Form 1098 import					
Total mort int qualified					
b Mort int other					
From Form 1098 import					
Total mort int other					
13 Other interest	5,500.		5,500.		
14 Repairs	250.		250.		
15 Supplies					
16 a Real estate taxes					
From Form 1098 import					
Total real estate taxes					
b Other taxes					
17 Utilities					
18 a Depreciation					
b Depletion					
c Depreciation carryover					
19 Other expenses					
a					
b					
c					
d					
e Indirect operating exp					
f Operating exp carryover					
g Vehicle rental					
h Amortization					
20 Add lines 5 through 19	6,150.		6,150.		
21 Income or (loss)			-5,530.		
22 Deductible rental real estate loss			-5,530.		

Federal Carryover Worksheet

2020

▶ Keep for your records

Name(s) Shown on Return VINAY MARRU	Social Security Number 107-81-1347
--	---------------------------------------

2019 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . .						

2019 State Extension Information

(a) State	(b) Paid With Extension

2019 Locality Extension Information

(a) Locality	(b) Paid With Extension

2019 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2019 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2019 State Taxes Due Information

(a) State	(e) Paid With Return

2019 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2019 State Refund Applied Information

(a) State	(g) Applied Amount

2019 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2019 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment

2019 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Other Tax and Income Information		2019	2020
1	Filing status		1 Single
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		2,710.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		82,166.
6	Tax liability for Form 2210 or Form 2210-F		11,141.
7	Alternative minimum tax		
8	Federal overpayment applied to next year estimated tax		

QuickZoom to the IRA Information Worksheet for IRA information ▶

Excess Contributions		2019	2020
9 a	Taxpayer's excess Archer MSA contributions as of 12/31		
b	Spouse's excess Archer MSA contributions as of 12/31		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31		
b	Spouse's excess Coverdell ESA contributions as of 12/31		
11 a	Taxpayer's excess HSA contributions as of 12/31		
b	Spouse's excess HSA contributions as of 12/31		

Loss and Expense Carryovers		2019	2020
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss		
b	AMT Short-term capital loss		
13 a	Long-term capital loss		
b	AMT Long-term capital loss		
14 a	Net operating loss available to carry forward		
b	AMT Net operating loss available to carry forward		
15 a	Investment interest expense disallowed		
b	AMT Investment interest expense disallowed		
16	Nonrecaptured net Section 1231 losses from:	a	2020
		b	2019
		c	2018
		d	2017
		e	2016
		f	2015
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2020
		b	2019
		c	2018
		d	2017
		e	2016
		f	2015

Tax Summary Report

2020

Name(s) Shown on Return

VINAY MARRU

Filing status Single

Number of exemptions 1

Gross Income

Wages and salaries	87,696.
Interest and dividend income	_____
Business income (loss)	_____
Capital gains (losses)	_____
Pensions and annuities	_____
Rents, royalties, partnerships, etc	-5,530.
Farm income (loss)	_____
Social security benefits	_____
Other income	_____
Total Gross Income	82,166.

Adjustments to Income

Adjusted Gross Income (Last year's AGI) 82,166.

Itemized/Standard Deductions

Medical and dental	_____
Taxes	2,710.
Interest	_____
Contributions	_____
Casualty or theft loss(es)	_____
Miscellaneous	_____
Total Itemized Deductions	2,710.
Standard deduction	12,400.

Taxable Income 69,766.

Income tax	11,141.
Alternative minimum tax	_____
Total Taxes before Credits	11,141.
Nonbusiness credits	_____
Business credits	_____
Total Credits	_____
Self-employment tax	_____
Other taxes	_____

Total Tax 11,141.

Withholding	14,340.
Estimated tax payments	_____
Other payments	_____
Total Payments	14,340.
Estimated tax penalty	_____
Refund applied to next year's estimated tax	_____

Amount Overpaid 3,199.

Refund 3,199.

Amount Applied to Estimate _____

Amount Due 0.

Tax bracket	22.0 %
Effective tax rate	13.56 %

Smart Worksheets from your 2020 Federal Tax Return

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 2

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 3

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 4

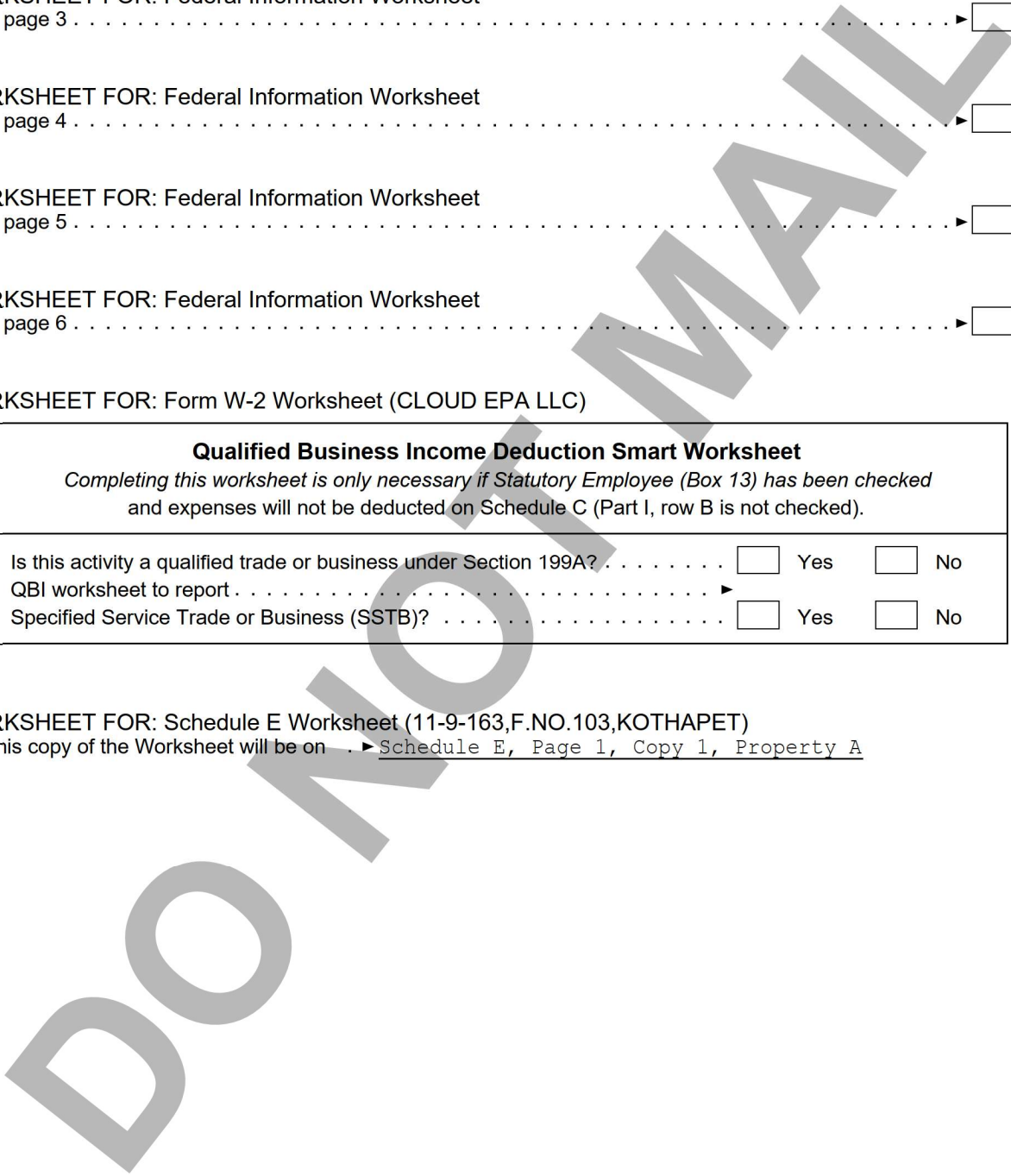
SMART WORKSHEET FOR: Federal Information Worksheet
Print page 5

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 6

SMART WORKSHEET FOR: Form W-2 Worksheet (CLOUD EPA LLC)

Qualified Business Income Deduction Smart Worksheet		
<i>Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C (Part I, row B is not checked).</i>		
A	Is this activity a qualified trade or business under Section 199A?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B	QBI worksheet to report	<input type="checkbox"/>
C	Specified Service Trade or Business (SSTB)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SMART WORKSHEET FOR: Schedule E Worksheet (11-9-163,F.NO.103,KOTHAPET)
This copy of the Worksheet will be on . ▶ Schedule E, Page 1, Copy 1, Property A



SMART WORKSHEET FOR: Schedule E Worksheet (11-9-163,F.NO.103,KOTHAPET)

Qualified Business Income Deduction Smart Worksheet

Completing this worksheet past line A is generally only necessary if Form 8995A must be filed (i.e. taxable income is above threshold amounts or qualified coop payments are present).

A 1 Is this activity a qualified trade or business? [] Yes [X] No
a This rental qualifies as a business under the safe harbor requirements of Notice 2019-07 []
b This rental is part of a Rental Real Estate Enterprise described in Rev Proc 2019-38 If part of a Rev Proc 2019-38 enterprise, select group # (see help) []
2 QBI worksheet to report if qualified business (double click to link)
B Trade or Business Name
C Trade or Business ID Number
D 1 Is this a Specified Service Trade or Business (SSTB)? [] Yes [] No
2 If No, is income attributable to a SSTB? (see help) [] Yes [] No
3 QBI worksheet for SSTB income (this will auto-populate if Yes)
4 Percentage of qualified income attributable to SSTB %
E 1 Tentative Schedule E profit (loss) from this business
2 Adjustments to qualified business income
3 Schedule E qualified business income
4 a Calculated QBI allowed after passive/at-risk limits
b Adjustments to allowed QBI
c Allowable QBI after loss limits
5 Additional deductions related to this business reported on separate schedules
6 Net profit (loss) after adjustments, limitations, and deductions
7 Allowable Schedule E profit (loss) allocated to SSTB
8 Allowable Schedule E profit (loss) from this business
F 1 Ordinary gain (loss) from business assets
2 Ordinary gain (loss) adjustments
3 Qualified ordinary gain (loss)
4 a Calculated QBI allowed after passive/at-risk limits
b Adjustments to allowed QBI
c Allowable short term qualified gain (loss) after passive/at-risk limits
5 Allowable ordinary gain (loss) allocated to SSTB
6 Allowable ordinary gain (loss)/recapture from this business
G 1 Section 1231 gain (loss) from business assets
2 Section 1231 gain (loss) adjustments
3 Section 1231 gain (loss) from qualified business
4 a Calculated QBI allowed after passive/at-risk limits
b Adjustments to allowed QBI
c Allowable ordinary 1231 qualified gain (loss)
5 Allowable ordinary 1231 gain (loss) allocated to SSTB
6 Allowable ordinary 1231 gain (loss) from this business

SMART WORKSHEET FOR: Schedule E Worksheet (11-9-163,F.NO.103,KOTHAPET)

Activity Summary Smart Worksheet Supporting information provided by program. NO ENTRIES ARE NEEDED.			
	Regular Tax	QBI	Alternative Minimum Tax
A Ownership	Taxpayer		
B At risk status	All		
C Passive status	Active RE		
Schedule E			
D Tentative profit (loss)	-5,530.		-5,530.
E Other adjustments			
F At risk disallowed loss			
G Passive carryover loss			
H Passive disallowed loss			
I Net profit (loss) allowed	-5,530.		-5,530.
Related Dispositions			
J Tentative profit (loss)			
K At risk disallowed loss			
L Passive carryover loss			
M Passive disallowed loss			
N Net profit (loss) allowed			

DONOT