E 104(artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		⁽⁹⁹⁾ 20	20	OMB No. 1545	5-0074	IRS Use Onl	y—Do not v	vrite or staple	in this space.		
Filing Statu Check only one box.	lf yc	Single Married filing jointly Sou checked the MFS box, enter the n son is a child but not your dependent	ame of	ed filing separate your spouse. If yo									
Your first name	e and m	iddle initial	Last na	me					Your so	cial securit	ty number		
BHARATH			VENK	ATESH REDI	ΟY				842-	842-37-9517			
If joint return, s	spouse's	s first name and middle initial	Last na	me					Spouse's social security numbe				
Home address 8618 VA		er and street). If you have a P.O. box, see RANCH PARKWAY W	instructio	ons.				Apt. no. L046	Check	here if you,	,		
City, town, or	post offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP co	ode			tly, want \$3		
IRVING					Т	Х	750	63	- U	ow will not	Checking a change		
Foreign countr	ry name		F	Foreign province/st	ate/cour	nty	Foreig	n postal code		k or refund.	•		
										You	Spouse		
At any time du	uring 20	020, did you receive, sell, send, excl	nange, c	or otherwise acqu	iire any	financial intere	est in a	iny virtual c	urrency?	Ves	🗙 No		
Standard Deduction		eone can claim:		· ·		a dependent							
Age/Blindnes	s You	: 🗌 Were born before January 2, 1	956	Are blind	Spouse	e: 🗌 Was bo	rn befo	ore January	2, 1956	🗌 Is bl	ind		
Dependent	s (see	instructions):		(2) Social sec	urity	(3) Relations	nip	(4) 🖌 if c	qualifies fo	r (see instru	ctions):		
If more		irst name Last name		number	-	to you		Child tax of			her dependents		
than four										[
dependents, see instructior										[
and check	15									[
here 🕨 🗌										[
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2					. 1	4	41,328.		
Attach	2a	Tax-exempt interest	2a		b 1	raxable interes	t.		. 2b				
Sch. B if required.	3a	Qualified dividends	3a		b(Ordinary divide	nds .		. 3b)			
required.) 4a	IRA distributions	4a		b 1	Taxable amour	ıt		. 4b				
	5a	Pensions and annuities	5a		b 1	Faxable amour	ıt		. 5b				
Standard	6a	Social security benefits	6a		b 1	Faxable amour	ıt		. 6b				
Deduction for -	7	Capital gain or (loss). Attach Schee	dule D if	f required. If not r	equired	l, check here		🕨	7				
 Single or Married filing 	8	Other income from Schedule 1, lin	e9.						. 8				
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total	income	•			▶ 9	4	41,328.		
Married filing	10	Adjustments to income:											
jointly or Qualifying	a	From Schedule 1, line 22				10	a						
widow(er),	b	Charitable contributions if you take	the star	dard deduction.	See inst	tructions 10	b						
\$24,800 • Head of	c	Add lines 10a and 10b. These are	your tot	al adjustments	to inco	me			▶ 10	c			
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjusted gross i	ncome				▶ 11	4	41,328.		
 If you checked 	12	Standard deduction or itemized							. 12	1	12,400.		
any box under Standard	13	Qualified business income deducti		,	,								
Deduction,	14	Add lines 12 and 13								-	12,400.		
see instructions.	15	Taxable income. Subtract line 14									28,928.		
											1040 (000)		

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2020)

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3			16	3,274.
	17	Amount from Schedule 2, lin	e3						17	
	18	Add lines 16 and 17							18	3,274.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	e7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	3,274.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is	your total tax					. 🕨	24	3,274.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	5,	623.		
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	6)			25c				
	d	Add lines 25a through 25c							25d	5,623.
• If you have a	26	2020 estimated tax payment							26	
qualifying child,	27	Earned income credit (EIC)			. _. No	27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule 8	8812		28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	3, line 8		29				
see instructions.	30	Recovery rebate credit. See	instructions .			30				
	31	Amount from Schedule 3, lin	e13			31				
	32	Add lines 27 through 31. The	ese are your tota	al other paym	ents and refund	able cre	edits	. 🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 🕨	33	5,623.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	unt you d	overpaid		34	2,349.
neruna	35a									2,349.
Direct deposit?	►b	Routing number 0 1 1								
See instructions.	►d	Account number 3 8 8	0 0 4 9	6 2 5 0) 7					
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax 🕨	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now			. 🕨	37	
You Owe		Note: Schedule H and Sch								
For details on		2020. See Schedule 3, line 1								
how to pay, see instructions.	38	Estimated tax penalty (see ir	structions) .		🕨	38				
Third Party	Do	you want to allow another								•
Designee	ins	structions				. 🕨	Yes. Cor	nplete k	oelow.	X No
		signee's		Phone				al identi		
		me 🕨		no. 🕨				er (PIN) 🖡		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		ur signature		Date	1,,,				• •	nt you an Identity
	. 10	ur signature		Date						IN, enter it here
Joint return?					SOFTWARE	ENGIN	IEER		inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupa	tion				nt your spouse an
Keep a copy for your records.	,									ection PIN, enter it here
<i>you rooolao</i>						inst.) 🕨				
		one no. (786)631-814		Email address	BHARATHVENK					Ob a she ife
Paid		eparer's name	Preparer's signat			Date		PTIN		Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	1 08/2	25/2021 1	20208		Self-employed
Use Only		m's name 🕨 GLOBAL TAX	Phor	Phone no. (678)965-9522						
	Firi	m's address ► 2530 Pebb	le Creek L	n Cummin	g GA 30041			Firm	's EIN ▶	> 30-1017196
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV	07/28/21 PRO			Form 1040 (2020)

R-8453 (1/21) LA 8453 1002

Louisiana 2020 Individual Income Tax Declaration for Electronic Filing

LOUISIANA DEPARTMENT of REVENUE

Your first name and initial		Last name	Your Social	1		<u> </u>						-	
BHARATH VENKATESH	ערתים ו	Last hame	Security	1	8	4	2 3	7 9		5	1 7	,	
Spouse's first name and initial		Last name	Spouse's	1	0		2 3			-	± /	-	
			Social Security Number	2									
Present home address (number and s	treet including apartment number or	rural route)	Daytime		-	┝─┼╴		┼╌┼	T	Ť			2020
8618 VALLEY RANCH	I PARKWAY #1046		Telephone Number	7	8	6	6 3	1 8	3	1	4 3		
City, town, or post office			State				ZIP	-	-			1	
IRVING			TX				75	5063					
Part A		Tax Return I	nformation										
Balance Due], [], [00	Refund [Due],[Т		5	8	4 00
Part B	Direct Deposit of	Refund (Optiona	I) 🛛 or Direct	Debi	t (C	ptior	nal) 🗌]					
Routing Number The first 2 on number must be 01 through 1					Dire	ct Del	oit Pav	ment					
	0 5						T		Т		Г	T	00
0 1 1 4 0 0 4	9 5						,				, L	-	
Account Number				}	Vith	drawa	al Date	e				_	
3 8 8 0 0 4 9	6 2 5 0 7				M				Ĺ				
Type of Account: 🔀 Checki	ing 🗌 Savings						nent	_ ₽a			aym	ent	
(Check one.)						-					-		credit card.
PART C		Declaration of	f Taxpaver										EV 04/06/21 PRO
-	nd be directly deposited			lare t	hat	the in	forma	ation s	sho	wn i	n Pa	art B	s is correct. If
-	Irn, this is an irrevocable	-											
-			-			-							
	eposit of my refund, am a ct deposited I will receive			r am	not	recei	ving a	a refur	nd.	l ur	ders	stan	d that by not
(direct debit) entry to authorize the financial	ana Department of Rever the financial institution a l institutions involved in p es and resolve issues re	ccount indicated i	n Part B for pa ctronic paymer	aymei	nt o	fmy	state	taxes	٥v	ved	on t	his ı	return. I also
	nave filed a balance due bility, I will remain liable									t rec	eive	full	and timely
	xamined my state income dge and belief, it is true a		red for electron	ic tra	nsm	nissio	n to th	ne Sta	te	of L	ouisi	ana	and, to
Please sign here.										_	_		
	Your signature	Date	Spo	use's	sigr	nature	(if join	t retur	n)				Date
Part D Dec	laration and Signature	of Electronic Ref	turn Originato	r (EF	RO)	and	Paid	Prepa	ire	r			
I declare that I have review the best of my knowledge I requirements of the Louisia	based on the information	submitted/furnishe	ed by the taxpa	yer. I	als	o dec	lare t	hat I h					
Please sign here.													
-	arer's signature	Social Security Nurr	ber or ID Number	_		Dat	e				Те	lepho	one
Mark box		20	1017106		00	/ 2 -	/21			2_0	65	051	
└── if also ERO Electronic Retur	n Originator's signature	Social Security Nur	-1017196 her or ID Number		00	/ 2.5 / Dat			, / 6	פ-כ	<u>65-</u> Те	952 lepho	
		Secial Coounty Null				Dui	-					5010	

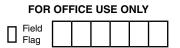
This form is to be maintained by ERO.

	IT-540-2D (Page 1 of 4)					DEV	ID]	1002
Name Change	2020 LOUISIA	NA RE	SIDENT	r - 2D				
Decedent Filing	BHARATH VENKATESH H	REDDY			Your SSN	8	42379	9517
Spouse Decedent					Spouse's SS	N		
Address Change	8618 VALLEY RANCH	PARKWAY	APT	1046				
Amended Return	IRVING	ТΣ	75063		Telephone	78	66318	3143
NOL Carryback								
		012419 Your Date of		Spouse	s's Date of Birth			
	LING STATUS: Enter the appropriate number in the ng status box. It must agree with your federal return	6	EXEMPTIONS:					
	Enter a "1" in box if single.	6A	X Yourself	65 or older	Blind	Qualifying Widow(er)	Total of	
	Enter a "2" in box if married filing jointl	, 60	Crows	65 or	Blind		6A & 6B	1
1	Enter a "3" in box if married filing separ	rately.	Spouse	older	Bina			
_	Enter a "4" in box if head of household. If the qualifying person is not your dependent, enter						-	
	Enter a "5" in box if qualifying widow(e If the qualifying person is not your dependent, enter	,						
	NDENTS – Enter dependent information below. ed information. Enter the number of dependent					with the	6C	0

required information. Enter the number of dependents claimed on your Federal Form 1040 or 1040-SR here. 6C

First Name			De latione bie to uno	Dist. Data (1144)
First Name	Last Name	Social Security Number	Relationship to you	Birth Date (mm/dd/yyyy)
IMPO	DRTANT!			
All four (4) pages of th in together along with schedules. Please pa	your W-2s and comple	ted	AL EXEMPTIONS – Total of 6A, 6	6B, and 6C 6D 1
REV 04/06/21 PRO				
•				
-				





If you are not required to file a federal return, indicate wages here.

Mark this box and enter zero "0" on Lines 2.

7	FEDERAL ADJUSTED GF Gross Income is less than			– If yo	our Fede	eral Adju	isted	S	rom Louisiana chedule E, ttached	7	41328
8A	FEDERAL ITEMIZED DED	UCTIC	NS							8A	0
8B	FEDERAL STANDARD DE	DUCT	ION							8B	0
8C	EXCESS FEDERAL ITEM	IZED [DEDUCTI	ONS –	Subtrac	t Line 8E	3 from L	ine 8A.		8C	0
9	FEDERAL INCOME TAX - federal disaster credit allow	- If you wed by	ur federal / the IRS,	income see Se	e tax ha chedule	s been d H.	lecrease	ed by a		9	3274
10	YOUR LOUISIANA TAX T enter "0". Use this figure t						nd 9 fror	n Line 7	. If less than zero	o, 10	38054
11	YOUR LOUISIANA INCOM status.	IE TAX	—Enter tł	ne amo	unt from	the tax t	table tha	t corresp	onds with your fil	ling 11	1185
12	NONREFUNDABLE PRIO	RITY	1 CREDIT	⁻S – Fr	om Sch	edule C,	Line 6			12	0
13	TAX LIABILITY AFTER NO from Line 11. If the result "0".									zero 13	1185
14	2020 LOUISIANA REFUNI must be EQUAL TO OR I and the Refundable Child	LESS	THAN \$2	5,000 t	o claim						0
14A	Enter the qualified expense	e amoi	unt from t	he Refi	undable	Child Ca	are Cred	lit Works	heet, Line 3.	14A	0
14B	Enter the amount from the	Refun	dable Chi	ild Care	e Credit	Workshe	eet, Line	6.		14B	0
15	2020 LOUISIANA REFUNI Income must be EQUAL instructions the Refundable	TO OF	R LESS T	HAN \$	25,000 1	to claim	the cre				0
		5	0	4	0	3	0	2	0		0
16	EARNED INCOME CRED	IT – Se	ee Louisia	ana Ear	rned Inc	ome Cre	edit (LA	EIC) wo	rksheet, Line 3.	16	0
17	OTHER REFUNDABLE PI	RIORI	TY 2 CRE	DITS -	- From S	Schedule	e F, Line	9		17	0
18	TOTAL REFUNDABLE PR amounts on Lines 14A and		Y 2 CREI	DITS -	Add line	es 14, ar	nd 15 thr	rough 17	. Do not include	18	0
19	TAX LIABILITY AFTER RE	EFUND	DABLE PF	RIORIT	Y 2 CRI	EDITS				19	1185
20	OVERPAYMENT AFTER	REFUI	NDABLE	PRIOR	ITY 2 C	REDITS	;			20	0
21	NONREFUNDABLE PRIO	IRTY :	3 CREDIT	⁻S – Fr	om Sch	edule J,	Line 16		_	21	0

REV 04/06/21 PRO



2020 IT-540-2D (Page 3 of 4)

22	ADJUSTE	D LOUISIAN	A INCON	IE TAX- Subtract Line 21	from Line 19).		22			1185
23	CONSUM	ER USE TAX	. – You n	nust mark one of these box	ies. X	No use	tax due.	23			0
							t from the Consumer I orksheet.	Jse			
24	TOTAL IN	COME TAX	AND COI	NSUMER USE TAX – Add	Lines 22 and	d 23.		24			1185
25	OVERPAY	MENT OF F	REFUNDA	ABLE PRIORITY 2 CREDIT	ΓS – Enter th	e amount f	rom Line 20.	25			0
26	REFUNDA	BLE PRIOR	ITY 4 CR	EDITS – From Schedule I,	, Line 6			26			0
PAYM	ENTS										
27	AMOUNT	OF LOUISIA	ΝΑ ΤΑΧ	WITHHELD FOR 2020 -	Attach Form	ns W-2 and	1099.	27			1769
28	AMOUNT	OF CREDIT	CARRIE	D FORWARD FROM 2019)			28			0
29	AMOUNT	OF ESTIMA	TED PAY	MENTS MADE FOR 2020	1			29			0
30	AMOUNT	PAID WITH	EXTENS	ION REQUEST				30			0
											0
31	TOTAL RE	FUNDABLE	TAX CRI	EDITS AND PAYMENTS -	Add Lines 2	5 through 3	0	31			1769
32	OVERPAY be reduce	MENT – If L d by the Un	ine 31 is derpaym	greater than Line 24, subtra ent of Estimated Tax Pen	act Line 24 fr Ialty. Otherw	om Line 31 ise, go to L	. Your overpayme ine 39.	nt may 32			584
33		AYMENT PE		See the instructions for Ur	nderpaymen	t Penalty ar	nd Form R-210R.	33			0
34	ADJUSTE on Line 34 39.	D OVERPA I. If Line 33	YMENT – is greater	If Line 32 is greater than I than Line 32, subtract Lin	Line 33, subt e 32 from Lir	ract Line 33	3 from Line 32, and enter the balance o	enter n Line 34			584
35		ONATIONS -	- From So	chedule D, Line 19				35			0
REFU	ND DUE										
36		- Subtract	Line 35 fr	rom Line 34. This amount o	of overpayme	ent is availa	ble for credit or refu	und. 36			584
37	AMOUNT	OF LINE 36	TO BE CI	REDITED TO 2021 INCOM	IE TAX		CREDIT	37			0
				Outstand Line 07 from Line	00. K		_				
38	Address 2 o	n the next pag	ge.	Subtract Line 37 from Line eive your refund by paper che		to LDR, us		38			584
	Enter a "3" i below. If infe	n box if you w ormation is ur	ant to rec readable,	eive your refund by direct de you are filing for the first tim	posit. Comple			3			
	refund selec	tion, you will r	eceive you	ur refund by paper check.	-						
	-			-	Will	this refund	be forwarded to a f	inancial	X		
	Туре:	Checking	×	Savings	inst	itution locat	ed outside the Unite		Yes	No	×
	Routing Number	0114	0049	5		mber 3	88004962	507			



VENK

AMOUNTS DUE LOUISIANA

39	AMOUNT YOU OWE - If Line 24 is greater that	n Line 31, subtract Line 31 from Li	ne 24.	39	(C
40	ADDITIONAL DONATION TO THE MILITARY	FAMILY ASSISTANCE FUND		40	(C
41	ADDITIONAL DONATION TO THE COASTAL	PROTECTION AND RESTORATI	ON FUND	41	(C
42	ADDITIONAL DONATION TO LOUISIANA FO	OD BANK ASSOCIATION		42	(C
43	INTEREST - From the Interest Calculation Wor	ksheet, Line 5.	•	43	(C
44	DELINQUENT FILING PENALTY – From the D	elinquent Filing Penalty Calculatior	n Worksheet, Line 7.	44	(C
45	DELINQUENT PAYMENT PENALTY – From De	elinquent Payment Penalty Calcula	tion Worksheet, Line 7.	45	(C
46	UNDERPAYMENT PENALTY – See the instruct If you are a farmer, check the box.	ions from Underpayment Penalty a	nd Form R-210R.	46	(C
47	BALANCE DUE LOUISIANA – Add Lines 39 thr LDR, use address 1 below. For electronic paym see instructions.	ough 46. If mailing to ent options,	PAY THIS AMOUNT.	47	(C
	IMPORTANT!				DO NOT SEND CA	ASH.

All four (4) pages of this return MUST be mailed in together along with your W-2s and completed schedules. Please paperclip.

Do not staple.

Status 010

Contribution and Donation 0000

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. If I made a contribution to the START Savings Program, I consent that my Social Security Number may be given to the Louisiana Office of Student Financial Assistance to properly identify the START Savings Program account holder. If married filing jointly, both Social Security Numbers may be submitted. I understand that by submitting this form I authorize the disbursement of individual income tax refunds through the method as described on Line 38.

Your Signature			Date (m	m/dd/yyyy,) Spou	se's Si	ignature (If I	filing join	tly, both must sign.)	Date (mm/dd/yyyy)		
PAID	Print/Type Preparer SYAM PRIYA			GUP		r's Signatu PRIYA		SAGAR	GUP	Date (<i>mm/dd/yyyy</i>) 08/25/2021	Check	a 🗌 if Self-employed
PREPARER	Firm's Name 🕨	GLOB	AL TAX	KES LI	LC					Firm's FEIN ►	30-	1017196
USE ONLY	Firm's Address 🕨	2530	PEBBI	LE CR	CUMMII	NG	GA :	30041		Telephone 🕨	678	-965-9522

Name	Individual Income Tax Return Calendar year return due 5/15/2021		P02082703
VENK	Mail to: Department of Revenue PO BOX 3440 BATON ROUGE, LA 70821-344	For Office Use Only.	PTIN, FEIN, or LDR Account Number of Paid Preparer
	REV 04/06/21 PRO		62153

ATTACH THIS WORKSHEET TO YOUR RETURN IF COMPLETED.

You	r Name Social Security Number				
	ARATH VENKATESH REDDY 842-37-9517				
	2020 Louisiana Nonrefundable Child Care Credit Worksheet (For use	with Er	orm IT	540)	
1	Enter Federal Child Care Credit from Federal Form 1040 or 1040-SR, Schedule 3, Line 2. NOTE : F copies of canceled checks, receipts and other documentation in order to support the amount of qualifying expenses.			540)	.00
	Enter the applicable percentage from the chart shown below.				
	Federal Adjusted Gross Income Percentage				
1A	\$25,001 - \$35,000 30% (.30) \$35,001 - \$60,000 10% (.10) over \$60,000 10% (.10)	14	X	X <u>.10</u>	_
2	Multiply your Federal Child Care Credit shown on Line 1 by the percentage shown on Line 1A. If your Fe Adjusted Gross Income is less than or equal to \$60,000 , this is your available Nonrefundable Child Credit for 2020. Proceed to Line 3.				.00
2A	Important! If your Federal Adjusted Gross Income is greater than \$60,000 , the amount on Line 2 is li to the LESSER of \$25.00, or 10 percent of the federal credit. If Line 2 is greater than \$25.00, enter \$25 This is your available Nonrefundable Child Care Credit for 2020.		\		.00
3	Enter the amount of Louisiana income tax from Form IT-540, Line 19.	3		1,18	35 .00
4	If Line 3 is equal to zero, your entire Child Care Credit for 2020 (Line 2 or 2A above) will be carried fo to 2021. Also, any available carryforward from 2015 through 2019 will be carried forward to 2021. If Lin equal to zero, enter zero "0" on Form IT-540, Schedule J, Lines 2 and 3. Stop here; you are finished wi worksheet.	e 3 is 🔒			
	Use Lines 5 through 8 to determine the amount of Nonrefundable Chil Carryforward from 2015 through 2019 utilized for 2020.	d Care (Credit		
5	If Line 3 above is greater than zero, enter the amount from Line 3.	5		1,18	35 .00
6	Enter the amount of any Child Care Credit Carryforward from 2015 through 2019.	6		, ,	.00
7	Subtract Line 6 from Line 5.	7		1,18	35 .00
8	If Line 7 is less than or equal to zero, the amount of Child Care Credit Carryforward used for 2020 is eq Line 5 above. Enter the amount from Line 5 above on Form IT-540, Schedule J, Line 3. If Line 7 is less zero, subtract Line 5 from Line 6 and enter the result here. This amount is your unused Child Care Carryforward from 2015 through 2019 that can be carried forward to 2021. Also, your entire Child Care for 2020 (Line 2 or 2A above) will be carried forward to 2021. Stop here; you are finished with the works	s than Credit 8 Credit			.00
	Use Lines 9 through 13 to determine the amount of Child Care Credit utilized from 2015 through 2019 plus any amount of your 2020 Child				
9	If Line 7 above is greater than zero, enter the amount of carryforward shown on Line 6 above on Form IT Schedule J, Line 3.	^{540,} 9			
10	If Line 7 above is greater than zero, enter the amount from Line 7.	10)	1,18	35 .00
11	Enter the amount of your 2020 Child Care Credit (Line 2 or Line 2A above).	11			.00
12	Subtract Line 11 from Line 10.	12	2	1,18	35 .00
13	If Line 12 is greater than or equal to zero, your entire Child Care Credit for 2020 (Line 2 or 2A above been utilized. Enter the amount from Line 11 above on Form IT-540, Schedule J, Line 2. Stop here; yo finished with the worksheet.	· .	3		
	Use Line 14 to determine what amount of your 2020 Child Care Credit	-	claim.		
14	If Line 12 above is less than zero, the amount on Line 10 above is the amount of your 2020 Child Care C Enter the amount from Line 10 above on Form IT-540, Schedule J, Line 2.	Credit. 14	L .		
	Use Line 15 to determine the amount of your 2020 Child Care Credit to be car	ried forv	ward to	2021.	
15	If Line 12 above is less than zero, subtract Line 10 from Line 11 to compute your Child Care Carryforw. 2021. Enter the result here and keep this amount for your records.	ard to 15	5		.00

