

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name HARI BABU KONDABOLU	Social security number 894-29-8573
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2020 (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	64,928.
2 Total tax	2	7,346.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	9,979.
4 Amount you want refunded to you	4	2,633.
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	8	5	7	3
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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 _____ to enter or generate my PIN

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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 [X] 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: HARI BABU
Last name: KONDABOLU
Your social security number: 894-29-8573
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. 11868 PASEO LUCIDO
Apt. no. 2051
Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.
City, town, or post office. If you have a foreign address, also complete spaces below. SAN DIEGO
State: CA
ZIP code: 92128
Foreign country name:
Foreign province/state/county:
Foreign postal code:
[] You [] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [] Yes [X] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'If more than four dependents, see instructions and check here'.

Main tax calculation table with columns for line numbers and amounts. Includes sections for 'Attach Sch. B if required' and 'Standard Deduction for-' with bullet points for filing status options.

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

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	7,346.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	7,346.
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	7,346.
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	7,346.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	9,979.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	9,979.
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	9,979.

• 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	2,633.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,633.
b	Routing number 021000021		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 635291250		
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 SOFTWARE EMPLOYEE	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.)

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 08/12/2021	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 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
HARI BABU KONDABOLU

Your social security number
894-29-8573

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	-5,890.
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	-5,890.

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

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 for instructions and the latest information.

Name(s) shown on return

Your social security number

HARI BABU KONDABOLU

894-29-8573

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	20-6-5/4, SATYANARAYANAPURA VIJAYAWADA ANDHRA PRADESH IN 520003				
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		A 320	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			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		530.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7		540.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11		900.		
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13				
14	Repairs.	14		1,550.		
15	Supplies	15		1,800.		
16	Taxes	16				
17	Utilities.	17		1,630.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		6,420.		
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		-5,890.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-5,890.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		530.		
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		6,420.		
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	(5,890.)		
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		-5,890.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020



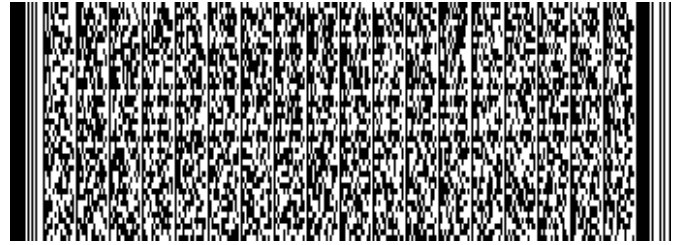
Illinois Department of Revenue
2020 Form IL-1040

Individual Income Tax Return or for fiscal year ending ___/___/___

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

1991
 894-29-8573
 HARI BABU KONDABOLU
 11868 PASEO LUCIDO 2051
 SAN DIEGO CA 92128



- B** Filing status: Single Married filing jointly Married filing separately Widowed Head of household
C Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Spouse
D Check the box if this applies to you during 2020: Nonresident - Attach Sch. NR Part-year resident - Attach Sch. NR

Step 2: Income

(Whole dollars only)

1 Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1 64,928.00
2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2 .00
3 Other additions. Attach Schedule M.	3 .00
4 Total income. Add Lines 1 through 3.	4 64,928.00

Step 3: Base Income

5 Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5 .00
6 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	6 .00
7 Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	7 .00
8 Add Lines 5, 6, and 7. This is the total of your subtractions.	8 .00
9 Illinois base income. Subtract Line 8 from Line 4.	9 64,928.00

Step 4: Exemptions

10 a Enter the exemption amount for yourself and your spouse. See instructions.	a 2,325.00
b Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	b .00
c Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	c .00
d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	d 0.00
Exemption allowance. Add Lines a through d.	10 2,325.00

Step 5: Net Income and Tax

11 Residents: Net income. Subtract Line 10 from Line 9.	
Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR.	11 2,043.00
12 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	
Nonresidents and part-year residents: Enter the tax from Schedule NR.	12 101.00
13 Recapture of investment tax credits. Attach Schedule 4255.	13 .00
14 Income tax. Add Lines 12 and 13. Cannot be less than zero.	14 101.00

Step 6: Tax After Nonrefundable Credits

15 Income tax paid to another state while an Illinois resident. Attach Schedule CR.	15 .00
16 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	16 .00
17 Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	17 .00
18 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18 0.00
19 Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19 101.00

Step 7: Other Taxes

20 Household employment tax. See instructions.	20 .00
21 Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	21 0.00
22 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22 .00
23 Total Tax. Add Lines 19, 20, 21, and 22.	23 101.00

IL-1040 2D Front (R-12/20)

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



Staple W-2 and 1099 forms here

Staple your check and IL-1040-V



24 Total tax from Page 1, Line 23. 24 101.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 105.00
26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27 .00
28 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 28 .00
29 Total payments and refundable credit. Add Lines 25 through 28. 29 105.00

Step 9: Total

30 If Line 29 is greater than Line 24, subtract Line 24 from Line 29. 30 4.00
31 If Line 24 is greater than Line 29, subtract Line 29 from Line 24. 31 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.

32 Late-payment penalty for underpayment of estimated tax. 32 .00
a Check if at least two-thirds of your federal gross income is from farming.
b Check if you or your spouse are 65 or older and permanently living in a nursing home.
c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.
d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
33 Voluntary charitable donations. Attach Schedule G. 33 .00
34 Total penalty and donations. Add Lines 32 and 33. 34 .00

Step 11: Refund

35 If you have an amount on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30. This is your overpayment. 35 4.00
36 Amount from Line 35 you want refunded to you. Check one box on Line 37. See instructions. 36 4.00
37 I choose to receive my refund by
a direct deposit - Complete the information below if you check this box.
Routing number 0 2 1 0 0 0 0 2 1 X Checking or Savings
Account number 6 3 5 2 9 1 2 5 0
b Illinois Individual Income Tax refund debit card. I acknowledge I have reviewed the card information found at http://tax.illinois.gov/DebitCard prior to making this election.
c paper check.
38 Amount to be credited forward. Subtract Line 36 from Line 35. See instructions. 38 .00

Step 12: Amount You Owe

39 If you have an amount on Line 31, add Lines 31 and 34. - or -
If you have an amount on Line 30 and this amount is less than Line 34, subtract Line 30 from Line 34. This is the amount you owe. See instructions. 39 .00

Step 13: If this is a joint return, both you and your spouse must sign below.
Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign Here, Paid Preparer Use Only, Third Party Designee table with fields for signatures, dates, phone numbers, and firm information.

Refer to the 2020 IL-1040 Instructions for the address to mail your return.



Illinois Department of Revenue
2020 Schedule NR
 Attach to your Form IL-1040

Nonresident and Part-Year Resident
Computation of Illinois Tax

IL Attachment No. 2

HARI BABU KONDABOLU

Your name as shown on your Form IL-1040

8 9 4 - 2 9 - 8 5 7 3
 Your Social Security number

Step 1: Provide the following information

- 1 Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?
 Yes No If you answered "Yes," you cannot use this form (see instructions).
- 2 If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2020.
 - a I lived in **Illinois** from ___/___/20 to ___/___/20 I lived in _____ from ___/___/20 to ___/___/20
 Month Day Year Month Day Year State Month Day Year Month Day Year
 - b My spouse lived in **Illinois** from ___/___/20 to ___/___/20, and _____ from ___/___/20 to ___/___/20
 Month Day Year Month Day Year State Month Day Year Month Day Year
- 3 If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate box.
 Iowa Kentucky Michigan Wisconsin Military Spouse
- 4 List any state other than Illinois or any states already indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 2020. Enter the two-letter abbreviation of that state.

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. **Attach Schedule NR to your Form IL-1040.**

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

	Column A Federal Total	Column B Illinois Portion
5 Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1)	5 70,818.00	2,120.00
6 Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6 .00	.00
7 Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7 .00	.00
8 Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8 .00	.00
9 Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	9 .00	.00
10 Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	10 .00	.00
11 Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11 .00	.00
12 Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	12 .00	.00
13 Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 .00	.00
14 Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14 .00	.00
15 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15 -5,890.00	0.00
16 Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	16 .00	.00
17 Unemployment compensation and Alaska Permanent Fund dividends (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17 .00	.00
18 Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	18 .00	.00
19 Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 8) Include winnings from the Illinois State Lottery as Illinois income in Column B.	19 .00	.00
20 Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	20	2,120.00

Continue with Step 3 on Page 2 →



Step 3: Continued

		Column A Federal Total	Column B Illinois Portion
Adjustments to Income	21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.	21	2,120.00
	22 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 10)	22	.00
	23 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	23	.00
	24 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	24	.00
	25 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	25	.00
	26 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	26	.00
	27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	27	.00
	28 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 16)	28	.00
	29 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 17)	29	.00
	30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 18a)	30	.00
	31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 19)	31	.00
	32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	32	.00
	33 Tuition and fees (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	33	.00
	34 RESERVED	34	.00
	35 Other adjustments (see instructions)	35	.00
	36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.	36	.00
	37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37	64,928.00
	38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	38	2,120.00

Step 4: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

		Column A Form IL-1040 Total	Column B Illinois Portion
Illinois Adjustments	39 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39	.00
	40 Other additions (Form IL-1040, Line 3)	40	.00
	41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	41	2,120.00
	42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	.00
	43 Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	43	.00
	44 Other subtractions (Form IL-1040, Line 7)	44	.00
	45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	45	.00

Step 5: Figure your Illinois income and tax

Tax Calculations	46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.	46	2,120.00
	47 Enter the base income from Form IL-1040, Line 9.	47	64,928.00
	48 Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	48	0.033
	49 Enter your exemption allowance from your Form IL-1040, Line 10.	49	2,325.00
	50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	50	77.00
	51 Subtract Line 50 from Line 46. This is your Illinois net income . Enter the amount here and on your Form IL-1040, Line 11. →	51	2,043.00
	52 Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 12. →	52	101.00



Illinois Department of Revenue

2020 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. **IL Attachment No. 31**

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	B
1099-MISC	M	1099-K	K
1099-OID	O	1099-NEC	N

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

HARI BABU KONDABOLU

Your name as shown on Form IL-1040

8 9 4 - 2 9 - 8 5 7 3
Your Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1 W	82-1164008	\$ 13,991.00	\$ 2,120.00	\$ 105.00
2		\$.00	\$.00	\$.00
3		\$.00	\$.00	\$.00
4		\$.00	\$.00	\$.00
5		\$.00	\$.00	\$.00

Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Your spouse's name as shown on Form IL-1040

Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6		\$.00	\$.00	\$.00
7		\$.00	\$.00	\$.00
8		\$.00	\$.00	\$.00
9		\$.00	\$.00	\$.00
10		\$.00	\$.00	\$.00

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040, Line 25.

11 \$ 105.00

➔ Attach all Schedules IL-WIT to your IL-1040. ➔



Illinois Department of Revenue

Submission ID boxes

2020 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

Form fields for Step 1: HARI BABU, KONDABOLU, Social Security number 894-29-8573, Mailing address 11868 PASEO LUCIDO 2051, SAN DIEGO, CA 92128, Spouse's Social Security number (978) 493-1240, Daytime phone number.

Step 2: Complete information from tax return

Form fields for Step 2: 1 Net income from Form IL-1040, Line 11 (2,043.00), 2 Tax from Form IL-1040, Line 14 (101.00), 3 Illinois Income Tax withheld from Form IL-1040, Line 25 only (105.00), 4 Overpayment from Form IL-1040, Line 35 (4.00), 5 Total amount due from Form IL-1040, Line 39 (1.00), 6 Filing status: X Single.

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

Form fields for Step 3: 7 Routing no. (RN): 021000021, 8 Account no. (AN): 635291250, 9 Type of account: X Checking, 10 Date the payment is to be electronically withdrawn: __/__/__, 11 Electronic funds withdrawal amount: 1.00, 12 Name on account: _____

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- Consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2020 Illinois Individual Income Tax return.
I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here: Your signature, Date, Spouse's signature (if joint return, both must sign), Date

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

Form fields for Step 5: ERO's signature, Date 08/12/2021, Firm's name GLOBAL TAXES LLC, Mailing address 2530 Pebble Creek Ln, Cumming, GA 30041, Check if paid preparer: X (See instructions.), Your PTIN P 02082703, Federal employer identification number (FEIN) 30-1017196, Daytime phone number (678) 965-9522.

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

Do not mail Form IL-8453 and these documents unless requested for review.



Your first name, middle initial, and last name HARI BABU KONDABOLU Spouse's first name, middle initial, and last name _____
 Your Social Security number 894-29-8573 Spouse's Social Security number _____
 Home address, City, State, ZIP 11868 PASEO LUCIDO, 2051 SAN DIEGO CA 92128

Part I Tax Return Information	B. Spouse (filing status 3)	A. You or Joint
1. Iowa Net Income (IA 1040, line 26 A & B)	1B _____ .00	1A <u>64,928</u> .00
2. Total Tax (IA 1040, line 42 A & B)	2B _____ .00	2A <u>2,596</u> .00
3. Iowa Income Tax Withheld (IA 1040, line 63 A & B)	3B _____ .00	3A <u>554</u> .00
4. Amount to be Refunded (IA 1040, line 68)	4. _____	<u>86</u> .00
5. Total Amount Due (IA 1040, line 73)	5. _____	_____ .00

Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return.)

6. I do not want direct deposit or direct debit.
 7. I consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

I authorize the Iowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated below for payment of my individual Iowa taxes owed on this return, and the financial institution to debit the entry to this account on _____ (the payment/settlement date). I also authorize the financial institution 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. This authorization is to remain in full force and effect until I notify IDR to terminate the authorization. To revoke (cancel) a payment, I must contact IDR at (515) 281-3114 or idreft@iowa.gov. Payment cancellation requests must be received no later than five business days prior to the payment/settlement date. Note: This electronic withdrawal from your bank account will be identified with the ACH Company ID 4426004574. If you currently have a debit block on this account, contact your financial institution to request that they allow a withdrawal from your bank account by this ACH Company ID.

Name of financial institution: CHASE BANK

Routing Number

0	2	1	0	0	0	0	2	1
---	---	---	---	---	---	---	---	---

 The first two digits must be 01 through 12 or 21 through 32.

Account Number

6	3	5	2	9	1	2	5	0						
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

Type of Account: Savings Checking

Will this refund go to (or payment come from) an account outside the United States? Yes No

Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and statements for tax year ending December 31, 2020 and certify 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 shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedules, attachments, and statements be sent to the Iowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originator (ERO). In addition, by using software to prepare and transmit my return electronically, I consent to the disclosure to IDR of all information pertaining to the transmission of my tax return electronically. I authorize IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize IDR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if IDR does not receive full and timely payment of my tax liability I will remain liable for the tax liability and all applicable penalties and interest. I consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my return, refund, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. I understand that this declaration with required attachments must be forwarded upon request to IDR.

Your Signature _____ Date _____ Spouse Signature. If a joint return, both must sign. _____ Date _____

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with IDR and have followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form IA 8453-IND should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whichever is later, to which the IA 8453-IND relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I have based this declaration on all information available to me.

ERO Signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO PTIN
Firm's name (or yours if self-employed) <u>GLOBAL TAXES LLC</u>				FEIN <u>30-1017196</u>
Address, City, State, ZIP <u>2530 PEBBLE CREEK LN CUMMING GA 30041</u>				Phone Number <u>(678)965-9522</u>
Paid Preparer Signature <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>	Date <u>08/12/2021</u>	Check if self-employed <input type="checkbox"/>		Preparer PTIN <u>P02082703</u>
Firm's name (or yours if self-employed) <u>GLOBAL TAXES LLC</u>				FEIN <u>30-1017196</u>
Address, City, State, ZIP <u>2530 PEBBLE CREEK LN CUMMING GA 30041</u>				Phone Number <u>(678)965-9522</u>

2020 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning _____ and ending _____

Step 1: Fill in all spaces. You must fill in your Social Security number (SSN).

Your last name: KONDABOLU Your first name/middle initial: HARI BABU

Spouse's last name: _____ Spouse's first name/middle initial: _____



Current mailing address (number and street, apartment, lot, or suite number) or PO Box:
11868 PASEO LUCIDO, 2051

City, State, ZIP:
SAN DIEGO CA 92128

Spouse SSN: _____ Your SSN: 894-29-8573

Step 2 Filing Status: Mark one box only

1	<input checked="" type="checkbox"/> Single: Were you claimed as a dependent on another person's Iowa return? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Email Address: _____
2	<input type="checkbox"/> Married filing a joint return. (Two-income families may benefit by using status 3 or 4.)	Check this box if you or your spouse were 65 or older as of 12/31/20. <input type="checkbox"/>
3	<input type="checkbox"/> Married filing separately on this combined return. Spouse use column B.	Residence on 12/31/20: County No. <u>00</u> School District No. <u>0000</u>
4	<input type="checkbox"/> Married filing separate returns. Spouse's name: _____ ▲ SSN: _____ Net Income: \$ _____	
5	<input type="checkbox"/> Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below.	
6	<input type="checkbox"/> Qualifying widow(er) with dependent child. Name: _____ SSN: _____	

Step 3 Exemptions

	B. Spouse (Filing Status 3 ONLY)	A. You or Joint
a. Personal Credit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3.....	▲ _____ X \$ 40 = \$ _____	▲ <u>1</u> X \$ 40 = \$ <u>40</u>
b. Enter 1 for each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind.....	▲ _____ X \$ 20 = \$ _____	▲ _____ X \$ 20 = \$ _____
c. Dependents: Enter 1 for each dependent.....	▲ _____ X \$ 40 = \$ _____	▲ _____ X \$ 40 = \$ _____
d. Enter first names of dependents here.....	e. Total \$ _____	e. Total \$ <u>40</u>

Step 4 Reportable Social Security benefits as calculated on line 13 of Iowa Social Security Worksheet

B. Spouse/Status 3 ▲ _____ A. You or Joint ▲ _____

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
1. Wages, salaries, tips, etc.....	_____	<u>70,818.00</u>		
2. Taxable interest income. If more than \$1,500, complete Sch. B.....	_____	_____		
3. Ordinary dividend income. If more than \$1,500, complete Sch. B.....	_____	_____		
4. Taxable alimony received.....	_____	_____		
5. Business income/(loss). See instructions.....	_____	_____		
6. Capital gain/(loss). See instructions.....	_____	_____		
7. Other gains/(losses). See instructions.....	_____	_____		
8. Taxable IRA distributions.....	_____	_____		
9. Taxable pensions and annuities.....	_____	_____		
10. Rents, royalties, partnerships, estates, etc. See instructions.....	_____	<u>-5,890.00</u>		
11. Farm income/(loss). See instructions.....	_____	_____		
12. Unemployment compensation. See instructions.....	_____	_____		
13. Gambling winnings.....	_____	_____		
14. Other income, bonus depreciation, and section 179 adjustment.....	_____	_____		
15. Gross Income. Add lines 1-14.....	_____	_____	_____	<u>64,928.00</u>

NOTE: Use only blue or black ink, no pencils or red ink.

Step 6 Adjustments to Income

16. Payments to an IRA, Keogh, or SEP.....	_____	_____		
17. Deductible part of self-employment tax.....	_____	_____		
18. Health insurance premium.....	_____	<u>0.00</u>		
19. Penalty on early withdrawal of savings.....	_____	_____		
20. Alimony paid.....	_____	_____		
21. Pension/retirement income exclusion.....	_____	_____	▲	_____
22. Moving expense deduction from federal form 3903.....	_____	_____		
23. Iowa capital gain deduction; Include corresponding IA 100 schedule.....	_____	_____	▲	_____
24. Other adjustments.....	_____	_____		
25. Total adjustments. Add lines 16-24.....	_____	_____	▲	<u>0.00</u>
26. Net Income. Subtract line 25 from line 15.....	_____	_____	▲	<u>64,928.00</u>

Step 7 Federal Taxes and Qualified Deductions

27. Federal income tax refund/overpayment received in 2020.....	_____	_____	▲	_____
28. Self-employment/household employment/other federal taxes.....	_____	_____	▲	_____
29. Addition for federal taxes. Add lines 27 and 28.....	_____	_____		<u>0.00</u>
30. Total. Add lines 26 and 29.....	_____	_____		<u>64,928.00</u>
31. Federal tax withheld in 2020, federal estimated tax payments made in 2020, and federal taxes paid in 2020 for 2019 and prior years.....	_____	<u>9,979.00</u>	▲	_____
32. Qualified business income deduction. 25.0% (.25) of federal amount. See instructions.....	_____	_____	▲	_____
33. DPAD 199A(g) deduction. 25.0% (.25) of federal amount.....	_____	_____	▲	_____
34. Total federal tax and other qualified deductions. Add lines 31, 32, and 33.....	_____	_____		<u>9,979.00</u>
35. Balance. Subtract line 34 from line 30. Enter here and on line 36, page 2.....	_____	_____	▲	<u>54,949.00</u>



2020 IA 1040, page 2

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
Step 8 Taxable Income				
36. BALANCE. From side 1, line 35		36.	.00	54,949.00
37. Deduction. Check one box <input checked="" type="checkbox"/> Itemized.(Include IA Schedule A) <input type="checkbox"/> Standard		37.	.00	4,187.00
38. TAXABLE INCOME. SUBTRACT line 37 from line 36		38.	.00	50,762.00
Step 9 Tax, Credits, and Check-off Contributions				
39. Tax from tables or alternate tax	.00	▲	2,596.00	
40. Iowa lump-sum tax. See instructions	.00	▲	.00	
41. Iowa alternative minimum tax. Include IA 6251	.00	▲	.00	
42. Total tax. ADD lines 39, 40, and 41		42.	.00	2,596.00
43. Total exemption credit amount(s) from Step 3, side 1	.00		40.00	
44. Tuition and textbook credit for dependents K-12	.00	▲	.00	
45. Volunteer firefighter/EMS/reserve peace officer credit	.00	▲	.00	
46. Total credits. ADD lines 43, 44, and 45		46.	.00	40.00
47. BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter zero		47.	.00	2,556.00
48. Credit for nonresident or part-year resident. Must include IA 126 and federal return		48.	.00	2,088.00
49. BALANCE. SUBTRACT line 48 from 47. If less than zero, enter zero		49.	.00	468.00
50. Out-of-state tax credit. Must include IA 130		50.	.00	.00
51. BALANCE. SUBTRACT line 50 from 49. If less than zero, enter zero		51.	.00	468.00
52. Other nonrefundable Iowa credits. Must include IA 148 Tax Credits Schedule		52.	.00	.00
53. BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter zero		53.	.00	468.00
54. School district surtax or EMS surtax. Take percentage from table; multiply by line 53		54.	.00	0.00
55. Total state and local tax. ADD lines 53 and 54		55.	.00	468.00
56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here		56.		468.00
57. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars.				
Fish/Wildlife 57a: <input type="checkbox"/> State Fair 57b: <input type="checkbox"/> Firefighters/Veterans 57c: <input type="checkbox"/> Child Abuse Prevention 57d: <input type="checkbox"/> Enter here		57.		.00
58. TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 56 and line 57 and enter here		58.	▲	468.00
Step 10 Credits				
59. Iowa fuel tax credit. Include IA 4136	.00	▲	.00	
60. Check One: Child and dependent care credit <input type="checkbox"/> OR ▲ Early childhood development credit <input type="checkbox"/>	.00	▲	.00	
61. Iowa earned income tax credit. 15.0% (.15) of federal credit	.00	▲	0.00	
62. Other refundable credits. Include IA 148 Tax Credits Schedule	.00	▲	.00	
63. Iowa income tax withheld	.00	▲	554.00	
64. Estimated and voucher payments made for tax year 2020	.00	▲	.00	
65. TOTAL. ADD lines 59 through 64 and enter here	.00	▲	554.00	
66. TOTAL CREDITS. ADD columns A and B on line 65 and enter here		66.		554.00
Step 11 Refund				
67. If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid		67.	▲	86.00
68. Amount of line 67 to be REFUNDED		68.	▲	86.00
68a. Routing number: 0 2 1 0 0 0 0 2 1		68b. Type	Checking <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>
68c. Account number: 6 3 5 2 9 1 2 5 0				
69. Amount of line 67 to be applied to your 2021 estimated tax	.00	▲	.00	
Step 12 Pay				
70. If line 66 is less than line 58, subtract line 66 from line 58. This is the AMOUNT OF TAX YOU OWE		70.	▲	.00
71. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. Check if annualized income method is used		71.	▲	.00
72. Penalty and interest ▲ 72a. Penalty .00 ▲ 72b. Interest .00 ADD. Enter total		72.		.00
73. TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here		73.	▲	.00

Step 13 I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	▲ <input type="checkbox"/>				
Your signature	Date	Check if deceased	Date of death	SYAM PRIYA RAM SAGAR GUPTA TALLAM 08/12/2021	Preparer's signature Date
SIGN HERE	▲ <input type="checkbox"/>				
Spouse's signature	Date	Check if deceased	Date of death	P02082703 30-1017196	Preparer's PTIN Firm's FEIN
		(978) 493-1240		(678) 965-9522	Daytime telephone number Daytime telephone number

This return is due April 30, 2021. Sign, enclose W-2s, and verify SSNs.
MAILING ADDRESS: Iowa Income Tax Document Processing,
PO BOX 9187, Des Moines IA 50306-9187
Make check payable to Iowa Department of Revenue



If you itemize deductions, include this schedule with your return. Use whole dollar amounts.

Name(s): HARI BABU KONDABOLU Social Security Number: 894-29-8573

Medical and Dental Expenses	1. Medical and dental expenses (Exclude health insurance premiums claimed on IA 1040, line 18).....1. _____ 2. Multiply the amount on federal form 1040, line 11, as modified for Iowa purposes, by 7.5% (.075). Enter result here. See IA 1040 expanded instructions.....2. _____ 3. Subtract line 2 from line 1. If less than zero, enter 0.3. _____																		
Taxes You Paid (Not subject to federal deduction dollar limitations)	4. State and local taxes. Check only one box. a <input checked="" type="checkbox"/> Other state and local income taxes. Do not include any general sales tax or Iowa Income Tax. Include School District Surtax and EMS Surtax from prior years paid in 2020, OR b <input type="checkbox"/> General sales tax from federal form 1040, Schedule A, line 5a.....4. <u>4,187</u> 5. Real estate taxes5. _____ 6. Personal property taxes, including annual vehicle registration.....6. _____ 7. Other taxes. List type and amount:.....7. <u>0</u> 8. Add lines 4-7. Enter total here8. <u>4,187</u>																		
Interest You Paid	9. Home mortgage interest and points. a. Interest and points reported on federal form 1098.....9a. _____ b. Interest not reported on federal form 10989b. _____ 10. Points not reported on federal form 109810. _____ 11. Mortgage insurance premiums11. _____ 12. Investment interest. Include federal form 4952 if required.....12. _____ 13. Add lines 9a-12. Enter total here13. _____																		
Gifts to Charity	14. Contributions by cash or check.....14. _____ 15. Contributions other than by cash or check. Include federal form 8283 if more than \$500.....15. _____ 16. Contributions carryover from prior year. See IA 1040 expanded instructions.16. _____ 17. Add lines 14-16. Enter total here17. _____																		
Casualty/Theft Loss	18. Casualty or theft loss(es). Include federal form 4684. See IA 1040 expanded instructions.18. _____																		
Other Itemized Deductions	19. Other expenses. List type and amount: _____ _____19. _____																		
Total Itemized Deductions	20. Other Iowa deductions. See IA 1040 expanded instructions.....20. _____ 21. Total deductions. Add lines 3, 8, 13, 17 through 20. If using filing statuses 1, 2, 5, or 6, enter the amount on Step 8, line 37 of the IA 104021. <u>4,187</u>																		
Proration of Deductions Between Spouses	Complete lines 22-26 only if you are using filing status 3 or 4. <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Spouse</td> <td style="text-align: center;">You</td> </tr> <tr> <td>22. Net income of both spouses from IA 1040, line 26.....22b.</td> <td>_____</td> <td>22a. _____</td> </tr> <tr> <td>23. Total Iowa net income, add columns 22a and 22b. Enter total here.....23.</td> <td colspan="2">_____</td> </tr> <tr> <td>24. Divide the amount on line 22a by the amount on line 23. Enter to the nearest tenth of a percent24.</td> <td colspan="2">_____ %</td> </tr> <tr> <td>25. Multiply line 21 by the percentage on line 24. Enter here and on IA 1040, line 37, column A.....(You) 25.</td> <td colspan="2">_____</td> </tr> <tr> <td>26. Subtract line 25 from line 21. Enter here and on IA 1040, line 37, column B. If you are using filing status 4, enter this amount on line 37, column A of your spouse's return.(Spouse) 26.</td> <td colspan="2">_____</td> </tr> </table>		Spouse	You	22. Net income of both spouses from IA 1040, line 26.....22b.	_____	22a. _____	23. Total Iowa net income, add columns 22a and 22b. Enter total here.....23.	_____		24. Divide the amount on line 22a by the amount on line 23. Enter to the nearest tenth of a percent24.	_____ %		25. Multiply line 21 by the percentage on line 24. Enter here and on IA 1040, line 37, column A.....(You) 25.	_____		26. Subtract line 25 from line 21. Enter here and on IA 1040, line 37, column B. If you are using filing status 4, enter this amount on line 37, column A of your spouse's return.(Spouse) 26.	_____	
	Spouse	You																	
22. Net income of both spouses from IA 1040, line 26.....22b.	_____	22a. _____																	
23. Total Iowa net income, add columns 22a and 22b. Enter total here.....23.	_____																		
24. Divide the amount on line 22a by the amount on line 23. Enter to the nearest tenth of a percent24.	_____ %																		
25. Multiply line 21 by the percentage on line 24. Enter here and on IA 1040, line 37, column A.....(You) 25.	_____																		
26. Subtract line 25 from line 21. Enter here and on IA 1040, line 37, column B. If you are using filing status 4, enter this amount on line 37, column A of your spouse's return.(Spouse) 26.	_____																		



Name(s): HARI BABU KONDABOLU Social Security number: 894-29-8573

Mark the appropriate box for you and your spouse

	B. Spouse	A. You or Joint
A nonresident of Iowa for all of 2020	<input type="checkbox"/> ▲	<input checked="" type="checkbox"/> ▲
A part-year resident of Iowa during 2020	<input type="checkbox"/> ▲	<input type="checkbox"/> ▲
Date moved into Iowa: _____		
Date moved out of Iowa: _____		
A full-year resident of Iowa during 2020	<input type="checkbox"/>	<input type="checkbox"/>

Iowa-Source Income

	B. Spouse	A. You or Joint
1. Wages, salaries, tips, etc.	1. _____ .00	11,872.00
2. Taxable interest income	2. _____ .00	_____ .00
3. Ordinary dividend income.....	3. _____ .00	_____ .00
4. Taxable alimony received.....	4. _____ .00	_____ .00
5. Business income or (loss)	5. _____ .00	_____ .00
6. Capital gain or (loss)	6. _____ .00	_____ .00
7. Other gains or (losses)	7. _____ .00	_____ .00
8. Taxable IRA distributions	8. _____ .00	_____ .00
9. Taxable pensions and annuities.....	9. _____ .00	_____ .00
10. Rents, royalties, partnerships, estates, etc.....	10. _____ .00	0.00
11. Farm income or (loss)	11. _____ .00	_____ .00
12. Unemployment compensation.....	12. _____ .00	_____ .00
13. Gambling winnings.....	13. _____ .00	_____ .00
14. Other income, bonus depreciation, and section 179 adjustment.....	14. _____ .00	_____ .00
15. Iowa gross income. Add lines 1-14	15. _____ .00	▲ 11,872.00
16. Payments to an IRA, Keogh, or SEP.....	16. _____ .00	_____ .00
17. Deductible part of self-employment tax.....	17. _____ .00	_____ .00
18. Health insurance premium	18. _____ .00	_____ .00
19. Penalty on early withdrawal of savings	19. _____ .00	_____ .00
20. Alimony paid	20. _____ .00	_____ .00
21. Pension/retirement income exclusion.....	21. _____ .00	_____ .00
22. Moving expense deduction into Iowa only.....	22. _____ .00	_____ .00
23. Iowa capital gain deduction.....	23. _____ .00	_____ .00
24. Other adjustments.....	24. _____ .00	_____ .00
25. Total adjustments. Add lines 16-24.....	25. _____ .00	▲ _____ .00
26. Iowa net income. Subtract line 25 from line 15	26. _____ .00	11,872.00
27. All-source net income from IA 1040, line 26.....	27. _____ .00	64,928.00
28. Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0%	28. _____ %	18.3 %
29. Nonresident/part-year resident credit percentage: Subtract the percentage on line 28 from 100.0%	29. _____ %	81.7 %
30. Iowa tax on total income from IA 1040, line 39	30. _____ .00	2,596.00
31. Total credits from IA 1040, line 46.....	31. _____ .00	40.00
32. Tax after credits. Subtract line 31 from line 30.....	32. _____ .00	2,556.00
33. Nonresident/part-year resident credit. Multiply line 32 by the percentage on line 29. Enter this amount on IA 1040, line 48.....	33. _____ .00	2,088.00



Name(s): HARI BABU KONDABOLU Social Security number: 894-29-8573

PART I - Iowa Adjustments and Preferences. See instructions.

If you itemized deductions on Schedule A (IA 1040), start on line 1. If you did not itemize on your IA 1040, start on line 2.

- 1. Taxes from IA 1040 Schedule A, line 8 1. 4,187.
- 2. Refunds of taxes (exclude Iowa income tax) 2. ()
- 3. Investment interest expense (difference between regular tax and AMT) 3.
- 4. Qualified small business stock 4.
- 5. Exercise of incentive stock options (excess of AMT income over regular tax income) . 5.
- 6. Estates and trusts [amount from federal Schedule K-1 (Form 1041)] 6.
- 7. Disposition of property (difference between AMT and regular tax gain or loss) 7.
- 8. Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 8.
- 9. Passive activities (difference between AMT and regular tax income or loss)..... 9.
- 10. Loss limitations (difference between AMT and regular tax income or loss) 10.
- 11. Circulation costs (difference between regular tax and AMT)..... 11.
- 12. Long-term contracts (difference between AMT and regular tax income)..... 12.
- 13. Mining costs (difference between regular tax and AMT) 13.
- 14. Research and experimental costs (difference between regular tax and AMT) 14.
- 15. Income from certain installment sales before January 1, 1987 15. ()
- 16. Other adjustments, including income-based related adjustments 16.
- 17. Total adjustments and preferences. Add lines 1 through 16 17. 4,187.

PART II - Iowa Alternative Minimum Taxable Income

- 18. Taxable income from IA 1040, line 38..... 18. 50,762.
- 19. Net operating loss deduction. Do not enter as a negative amount..... 19.
- 20. Add lines 17, 18, and 19 20. 54,949.
- 21. Iowa Alternative Minimum Tax net operating loss deduction. See instructions 21.
- 22. Iowa Alternative Minimum Taxable Income. Subtract line 21 from line 20 22. 54,949.



PART III - Iowa Exemption Amount and Iowa Alternative Minimum Tax Based on Iowa Filing Status

23. Enter the applicable amount below based on your Iowa filing status:

- If filing status 1, 5, or 6, enter \$26,000. ■
- If filing status 2, enter \$35,000.
- If filing status 3 or 4, enter \$17,500..... 23. 26,000.

24. Enter the applicable amount below based on your Iowa filing status:

- If filing status 1, 5, or 6, enter \$112,500.
- If filing status 2, enter \$150,000.
- If filing status 3 or 4, enter \$75,000..... 24. 112,500.

25. Subtract line 24 from line 22. If zero or less, enter zero..... 25. 0.

26. Multiply line 25 by 25% (.25)..... 26. 0.

27. Subtract line 26 from line 23. If zero or less, enter zero..... 27. 26,000.

28. Subtract line 27 from line 22. If zero or less, enter zero..... 28. 28,949.

29. Tentative Iowa Alternative Minimum Tax. Multiply line 28 by 6.4% (.064) 29. 1,853.

30. Regular tax less exemption credits. IA 1040 line 39, less IA 1040 line 43 30. 2,556.

31. Iowa Alternative Minimum Tax. Subtract line 30 from 29; enter here and on IA 1040, line 41. If zero or less, enter zero. See instructions for Iowa Alternative Minimum Tax Limited to Net Worth..... 31. 0.

PART IV - Nonresidents and Part-Year Residents Only – Complete Lines 32-35.

32. Enter Iowa net income plus Iowa adjustments and preferences. If zero or less, enter zero. See instructions. 32. 11,872.

33. Total net income plus total adjustments and preferences. See instructions..... 33. 69,115.

34. Divide line 32 by line 33 and enter the result to three decimal places. If greater than one, enter 1.000..... 34. .172

35. Iowa Alternative Minimum Tax. Multiply line 31 by 34. Enter here and on IA 1040, line 41. See instructions..... 35. 0.



TAXABLE YEAR

FORM

2020

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (Your name, Spouse's/RDP's name) and SSN/ITIN (Your SSN or ITIN, Spouse's/RDP's SSN or ITIN). Values: HARI BABU KONDABOLU, 894-29-8573.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Line 1: California Adjusted Gross Income (AGI) 64,928. Line 2: Amount You Owe. Line 3: Refund or No Amount Due 1,454.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider (including my name, address, and social security number or individual tax identification number) and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter my PIN 9 8 5 7 3 as my signature on my 2020 e-filed California individual income tax return. Do not enter all zeros

[] I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. 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/RDP's PIN: check one box only

[] I authorize to enter my PIN as my signature on my 2020 e-filed California individual income tax return. Do not enter all zeros

[] I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. 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/RDP'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 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return 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 FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers.

ERO's signature Date 08/12/2021

2020 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

894-29-8573 KOND
HARIBABU KONDABOLU

20

11868 PASEO LUCIDO APT 2051
SAN DIEGO CA 92128

03-08-1991

Principal Residence

Enter your county at time of filing (see instructions)

SAN DIEGO

If your address above is the same as your principal/physical residence address at the time of filing, check this box

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

City

State

ZIP code

If your California filing status is different from your federal filing status, check the box here

Filing Status

1 Single

4 Head of household (with qualifying person). See instructions.

2 Married/RDP filing jointly. See inst.

5 Qualifying widow(er). Enter year spouse/RDP died.

See instructions.

3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst

Exemptions

▶ For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 X \$124 = \$ 124

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. 8 X \$124 = \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 9 X \$124 = \$

Your name: Your SSN or ITIN:

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN. See instructions.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions ● 10 X \$383 = ● \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 ● 11 \$

12	State wages from your federal Form(s) W-2, box 16	● 12	<input type="text" value="70819"/>	<input type="text" value=".00"/>
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11	● 13	<input type="text" value="64928"/>	<input type="text" value=".00"/>
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B.	● 14	<input type="text"/>	<input type="text" value=".00"/>
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	<input type="text" value="64928"/>	<input type="text" value=".00"/>
16	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 23, column C.	● 16	<input type="text"/>	<input type="text" value=".00"/>
17	California adjusted gross income. Combine line 15 and line 16	● 17	<input type="text" value="64928"/>	<input type="text" value=".00"/>
18	Enter the larger of { Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately. \$4,601 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,202 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions	● 18	<input type="text" value="4601"/>	<input type="text" value=".00"/>
19	Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0-	● 19	<input type="text" value="60327"/>	<input type="text" value=".00"/>

31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule			
	● <input type="checkbox"/> FTB 3800 ● <input type="checkbox"/> FTB 3803	● 31	<input type="text" value="2737"/>	<input type="text" value=".00"/>
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$203,341, see instructions.	● 32	<input type="text" value="124"/>	<input type="text" value=".00"/>
33	Subtract line 32 from line 31. If less than zero, enter -0-	● 33	<input type="text" value="2613"/>	<input type="text" value=".00"/>
34	Tax. See instructions. Check the box if from: ● <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A	● 34	<input type="text"/>	<input type="text" value=".00"/>
35	Add line 33 and line 34	● 35	<input type="text" value="2613"/>	<input type="text" value=".00"/>

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions.	● 40	<input type="text"/>	<input type="text" value=".00"/>
43	Enter credit name <input type="text" value="OTHER STATE"/> code ● <input type="text" value="187"/> and amount. . .	● 43	<input type="text" value="553"/>	<input type="text" value=".00"/>
44	Enter credit name <input type="text"/> code ● <input type="text"/> and amount. . .	● 44	<input type="text"/>	<input type="text" value=".00"/>

Your name: Your SSN or ITIN:

Special Credits	45	To claim more than two credits. See instructions. Attach Schedule P (540)	<input type="radio"/>	45	<input type="text"/>	<input type="text" value="00"/>
	46	Nonrefundable Renter's Credit. See instructions	<input type="radio"/>	46	<input type="text"/>	<input type="text" value="00"/>
	47	Add line 40 through line 46. These are your total credits	<input checked="" type="radio"/>	47	<input type="text" value="553"/>	<input type="text" value="00"/>
	48	Subtract line 47 from line 35. If less than zero, enter -0-	<input checked="" type="radio"/>	48	<input type="text" value="2060"/>	<input type="text" value="00"/>

Other Taxes	61	Alternative Minimum Tax. Attach Schedule P (540)	<input type="radio"/>	61	<input type="text"/>	<input type="text" value="00"/>
	62	Mental Health Services Tax. See instructions	<input type="radio"/>	62	<input type="text"/>	<input type="text" value="00"/>
	63	Other taxes and credit recapture. See instructions	<input type="radio"/>	63	<input type="text"/>	<input type="text" value="00"/>
	64	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions.	<input type="radio"/>	64	<input type="text"/>	<input type="text" value="00"/>
	65	Add line 48, line 61, line 62, line 63, and line 64. This is your total tax	<input type="radio"/>	65	<input type="text" value="2060"/>	<input type="text" value="00"/>

Payments	71	California income tax withheld. See instructions	<input type="radio"/>	71	<input type="text" value="3514"/>	<input type="text" value="00"/>
	72	2020 CA estimated tax and other payments. See instructions	<input type="radio"/>	72	<input type="text"/>	<input type="text" value="00"/>
	73	Withholding (Form 592-B and/or 593). See instructions	<input type="radio"/>	73	<input type="text"/>	<input type="text" value="00"/>
	74	Excess SDI (or VPD) withheld. See instructions	<input type="radio"/>	74	<input type="text"/>	<input type="text" value="00"/>
	75	Earned Income Tax Credit (EITC)	<input type="radio"/>	75	<input type="text"/>	<input type="text" value="00"/>
	76	Young Child Tax Credit (YCTC). See instructions	<input type="radio"/>	76	<input type="text"/>	<input type="text" value="00"/>
	77	Net Premium Assistance Subsidy (PAS). See instructions	<input type="radio"/>	77	<input type="text"/>	<input type="text" value="00"/>
	78	Add line 71 through line 77. These are your total payments. See instructions	<input checked="" type="radio"/>	78	<input type="text" value="3514"/>	<input type="text" value="00"/>

Use Tax	91	Use Tax. Do not leave blank. See instructions.	<input type="radio"/>	91	<input type="text" value="0"/>	<input type="text" value="00"/>
	If line 91 is zero, check if: <input checked="" type="checkbox"/> No use tax is owed. <input type="checkbox"/> You paid your use tax obligation directly to CDTFA.					

ISR Penalty	92	Individual Shared Responsibility (ISR) Penalty. See instructions	<input type="radio"/>	92	<input type="text"/>	<input type="text" value="00"/>
	<input checked="" type="radio"/> Full-year health care coverage.					

Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	<input checked="" type="radio"/>	93	<input type="text" value="3514"/>	<input type="text" value="00"/>
	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	<input checked="" type="radio"/>	94	<input type="text"/>	<input type="text" value="00"/>
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93.	<input checked="" type="radio"/>	95	<input type="text" value="3514"/>	<input type="text" value="00"/>
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92.	<input checked="" type="radio"/>	96	<input type="text"/>	<input type="text" value="00"/>

Your name: Your SSN or ITIN:

Overpaid Tax/Tax Due	97 Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95. <input checked="" type="radio"/>	97	<input type="text" value="1454"/>	<input type="text" value=".00"/>
	98 Amount of line 97 you want applied to your 2021 estimated tax <input type="radio"/>	98	<input type="text" value="0"/>	<input type="text" value=".00"/>
	99 Overpaid tax available this year. Subtract line 98 from line 97 <input type="radio"/>	99	<input type="text" value="1454"/>	<input type="text" value=".00"/>
	100 Tax due. If line 95 is less than line 65, subtract line 95 from line 65 <input checked="" type="radio"/>	100	<input type="text"/>	<input type="text" value=".00"/>

Contributions		Code	Amount	
	California Seniors Special Fund. See instructions <input type="radio"/>	400	<input type="text"/>	<input type="text" value=".00"/>
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund <input type="radio"/>	401	<input type="text"/>	<input type="text" value=".00"/>
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program <input type="radio"/>	403	<input type="text"/>	<input type="text" value=".00"/>
	California Breast Cancer Research Voluntary Tax Contribution Fund. <input type="radio"/>	405	<input type="text"/>	<input type="text" value=".00"/>
	California Firefighters' Memorial Voluntary Tax Contribution Fund <input type="radio"/>	406	<input type="text"/>	<input type="text" value=".00"/>
	Emergency Food for Families Voluntary Tax Contribution Fund <input type="radio"/>	407	<input type="text"/>	<input type="text" value=".00"/>
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund. <input type="radio"/>	408	<input type="text"/>	<input type="text" value=".00"/>
	California Sea Otter Voluntary Tax Contribution Fund <input type="radio"/>	410	<input type="text"/>	<input type="text" value=".00"/>
	California Cancer Research Voluntary Tax Contribution Fund <input type="radio"/>	413	<input type="text"/>	<input type="text" value=".00"/>
	School Supplies for Homeless Children Fund <input type="radio"/>	422	<input type="text"/>	<input type="text" value=".00"/>
	State Parks Protection Fund/Parks Pass Purchase <input type="radio"/>	423	<input type="text"/>	<input type="text" value=".00"/>
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund. <input type="radio"/>	424	<input type="text"/>	<input type="text" value=".00"/>
	Keep Arts in Schools Voluntary Tax Contribution Fund <input type="radio"/>	425	<input type="text"/>	<input type="text" value=".00"/>
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund <input type="radio"/>	431	<input type="text"/>	<input type="text" value=".00"/>
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund <input type="radio"/>	438	<input type="text"/>	<input type="text" value=".00"/>
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund. <input type="radio"/>	439	<input type="text"/>	<input type="text" value=".00"/>
	Rape Kit Backlog Voluntary Tax Contribution Fund <input type="radio"/>	440	<input type="text"/>	<input type="text" value=".00"/>
	Schools Not Prisons Voluntary Tax Contribution Fund <input type="radio"/>	443	<input type="text"/>	<input type="text" value=".00"/>
	Suicide Prevention Voluntary Tax Contribution Fund <input type="radio"/>	444	<input type="text"/>	<input type="text" value=".00"/>
	110 Add code 400 through code 444. This is your total contribution <input type="radio"/>	110	<input type="text"/>	<input type="text" value=".00"/>

Your name: Your SSN or ITIN:

Amount You Owe **111 AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● **111** **.00**
Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties **112** Interest, late return penalties, and late payment penalties **112** **.00**
113 Underpayment of estimated tax.
Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** ● **113** **.00**
114 Total amount due. See instructions. Enclose, but **do not** staple, any payment **114** **.00**

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● **115** **.00**

Refund and Direct Deposit Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type Checking Savings ● Account number ● **116** Direct deposit amount **.00**

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
● Routing number ● Type Checking Savings ● Account number ● **117** Direct deposit amount **.00**

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov/forms** and search for **1131**. To request this notice by mail, call 800.852.5711.

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

Your signature Date Spouse's/RDP's signature (if a joint tax return, both must sign)

● Your email address. Enter only one email address. ● Preferred phone number

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed) ● PTIN

Firm's address ● Firm's FEIN

Joint tax return? (See instructions)

Do you want to allow another person to discuss this tax return with us? See instructions. ● Yes No

Print Third Party Designee's Name Telephone Number

2020 Other State Tax Credit

S

Attach to Form 540, Form 540NR, or Form 541.

Name(s) as shown on your California tax return H A R I B A B U K O N D A B O L U	SSN, ITIN, or FEIN 894298573
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Part I Double-Taxed Income (Read specific line instructions for Part I before completing.)

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> WAGES, SALARIES, TIPS	<input checked="" type="radio"/> 11,872.	<input checked="" type="radio"/> 11,872.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 Total double-taxed income	<input checked="" type="radio"/> 11,872.	<input checked="" type="radio"/> 11,872.

Part II Figure Your Other State Tax Credit (Read specific line instructions for Part II before completing.)

2 California tax liability. See instructions	<input checked="" type="radio"/> 2	2,613.	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> 3	11,872.	00
4 California adjusted gross income. See instructions	<input checked="" type="radio"/> 4	64,928.	00
5 Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/> 5	0.1828	
6 Multiply line 2 by line 5	<input checked="" type="radio"/> 6	478.	00
7 Income tax liability paid to other state (use state's abbreviation) <input checked="" type="radio"/> IA See instructions	<input checked="" type="radio"/> 7	468.	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> 8	11,872.	00
9 Adjusted gross income taxable by other state. See instructions	<input checked="" type="radio"/> 9	11,872.	00
10 Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/> 10	1.0000	
11 Multiply line 7 by line 10	<input checked="" type="radio"/> 11	468.	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use credit code 187 . See instructions	<input checked="" type="radio"/> 12	468.	00

2020 Other State Tax Credit

S

Attach to Form 540, Form 540NR, or Form 541.

Name(s) as shown on your California tax return H A R I B A B U K O N D A B O L U	SSN, ITIN, or FEIN 894298573
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Part I Double-Taxed Income (Read specific line instructions for Part I before completing.)

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> WAGES, SALARIES, TIPS	<input checked="" type="radio"/> 2,120.	<input checked="" type="radio"/> 2,120.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 Total double-taxed income	<input checked="" type="radio"/> 2,120.	<input checked="" type="radio"/> 2,120.

Part II Figure Your Other State Tax Credit (Read specific line instructions for Part II before completing.)

2 California tax liability. See instructions	<input checked="" type="radio"/> 2	2,613.00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> 3	2,120.00
4 California adjusted gross income. See instructions	<input checked="" type="radio"/> 4	64,928.00
5 Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/> 5	0.0327
6 Multiply line 2 by line 5.	<input checked="" type="radio"/> 6	85.00
7 Income tax liability paid to other state (use state's abbreviation) <input checked="" type="radio"/> IL See instructions	<input checked="" type="radio"/> 7	101.00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> 8	2,120.00
9 Adjusted gross income taxable by other state. See instructions	<input checked="" type="radio"/> 9	2,120.00
10 Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/> 10	1.0000
11 Multiply line 7 by line 10	<input checked="" type="radio"/> 11	101.00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use credit code 187 . See instructions	<input checked="" type="radio"/> 12	85.00