

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 MOUNIKA NAGINENI | Social security number 737-79-7374 |
| Spouse's name | Spouse's social security number |

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

Enter whole dollars only on lines 1 through 5.

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

| | | |
|--|----------|---------|
| 1 Adjusted gross income | 1 | 39,173. |
| 2 Total tax | 2 | 3,016. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 4,717. |
| 4 Amount you want refunded to you | 4 | 1,701. |
| 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 | 7 | 3 | 7 | 4 |
|---|---|---|---|---|

 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

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

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

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

| | | |
|---|-----------------------|--|
| Your first name and middle initial MOUNIKA | Last name NAGINENI | Your social security number 737-79-7374 |
| 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. 13175 FOX HUNT LANE | | Apt. no. 151 | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below. HERNDON | State VA | ZIP code 20171 | |
| Foreign country name | Foreign province/state/county | Foreign postal code | |

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1956 Are blind **Spouse:** Was born before January 2, 1956 Is blind

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

| | | | | | |
|--|--|-----|--------|-----|---------|
| | 1 Wages, salaries, tips, etc. Attach Form(s) W-2 | | | 1 | 41,923. |
| Attach Sch. B if required. | 2a Tax-exempt interest | 2a | | 2b | |
| | 3a Qualified dividends | 3a | | 3b | |
| | 4a IRA distributions | 4a | | 4b | |
| | 5a Pensions and annuities | 5a | | 5b | |
| | 6a Social security benefits | 6a | | 6b | |
| | 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here | | | 7 | |
| | 8 Other income from Schedule 1, line 9 | | | 8 | |
| | 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | 9 | 41,923. |
| Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions. | 10 Adjustments to income: | | | | |
| | a From Schedule 1, line 22 | 10a | 2,500. | | |
| | b Charitable contributions if you take the standard deduction. See instructions | 10b | 250. | | |
| | c Add lines 10a and 10b. These are your total adjustments to income | | | 10c | 2,750. |
| | 11 Subtract line 10c from line 9. This is your adjusted gross income | | | 11 | 39,173. |
| | 12 Standard deduction or itemized deductions (from Schedule A) | | | 12 | 12,400. |
| | 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A | | | 13 | |
| | 14 Add lines 12 and 13 | | | 14 | 12,400. |
| | 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | | | 15 | 26,773. |

| | | | |
|-----------|--|------------|--------|
| 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 | 3,016. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 3,016. |
| 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 | 3,016. |
| 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 | 3,016. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 4,717. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 4,717. |
| 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 | 4,717. |

Refund

| | | | |
|------------|---|------------|---|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 1,701. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 1,701. |
| b | Routing number 062000080 | c | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
| d | Account number 8549551789 | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |

Amount You Owe

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

Paid Preparer Use Only

| | | | | |
|--|---|--------------------|-----------------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 02/23/2021 | 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 |

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

**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
MOUNIKA NAGINENI

Your social security number
737-79-7374

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 | |
| 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 | |

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 | 2,500. |
| 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 | 2,500. |

**STATE OF ARKANSAS
INDIVIDUAL INCOME TAX PAYMENT VOUCHER INSTRUCTIONS**

All tax return payments should be mailed on or before the due date of the tax return.

Pay Online

Paying online is convenient, secure, and helps make sure we get your payments on time. Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov. ATAP allows taxpayers or their representatives to log on, make payments and manage their account online.

Additional ATAP features are:

- Make name and address changes
- View account letters
- Check refund status
- ATAP is available 24 hours.

E-Filed Returns

If mailing a payment for a tax return that has been electronically filed, complete the voucher (AR1000V) below. Mail the AR1000V and a check or money order to the address listed below. If this payment is for an amended return, mark "YES" on the voucher in the appropriate space.

**Arkansas State Income Tax
P.O. Box 8149
Little Rock, AR 72203-8149**

Paper Returns

If mailing a paper tax return with a payment, complete the voucher (AR1000V) below. Mail the AR1000V, a check or money order and your tax return (Form AR1000F or AR1000NR) to the address listed below. If this payment is for an amended return, mark "YES" on the voucher in the appropriate space.

**Arkansas State Income Tax
P.O. Box 2144
Little Rock, AR 72203-2144**

Note: Make your check or money order payable in U.S. Dollars to the Department of Finance and Administration. Be sure to include your Social Security Number and/or account number on your check or money order.

(R 8/16/2018)

↓ **You must cut along the dotted line or the processing of your payment will be delayed.** ↓

REV 02/16/21 PRO

AR1000V INDIVIDUAL INCOME TAX RETURN PAYMENT VOUCHER

(R 8/22/2018)

| | | | |
|--|---|---|-----------------------------------|
| Software ID <input type="text" value="PROSERIES"/> | Spouse's Social Security Number | Fiscal Year End | Tax Year |
| Primary Social Security Number | <input type="text"/> | <input type="text"/> | <input type="text" value="2020"/> |
| <input type="text" value="737-79-7374"/> | | | |
| Name <input type="text" value="MOUNIKA NAGINENI"/> | Due Date | <input type="text" value="04/15/2021"/> | Amount Paid |
| | | | <input type="text" value="40."/> |
| Address <input type="text" value="13175 FOX HUNT LANE , APT. 151"/> | Is Payment for an Amended Return? | | |
| City, State, Zip <input type="text" value="HERNDON, VA 20171"/> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Telephone # <input type="text" value="(901) 930-9014"/> | | | |

Include Cents
(ex. 1,234,567.89)

IITSSN0073779737412312020RTNPYM000000000000000000000000

2020 AR1000F



AR1

ARKANSAS INDIVIDUAL INCOME TAX RETURN Full Year Resident

CHECK BOX IF AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2020 or fiscal year ending _____, 20__

PROSERIES

| | | | | | |
|---|---|---------------------------|-------------------------|---|---|
| USE LABEL OR PRINT OR TYPE | Primary's legal first name ● MOUNIKA | MI ● | Last name ● NAGINENI | Check if ● <input type="checkbox"/> Deceased | Primary's social security number ● 737-79-7374 |
| | Spouse's legal first name ● | MI ● | Last name ● | Check if ● <input type="checkbox"/> Deceased | Spouse's social security number ● |
| Mailing address (number and street, P.O. box or rural route) ● 13175 FOX HUNT LANE, APT. 151 | | | | | <input type="checkbox"/> Check if address is outside U.S. |
| City ● HERNDON | | State or province ● VA | | ZIP ● 20171 | Foreign country name |

| | | |
|---|---|--|
| FILING STATUS Check Only One Box | 1. <input checked="" type="checkbox"/> Single (Or widowed before 2020 or divorced at end of 2020) | 4. <input type="checkbox"/> Married filing separately on the same return |
| | 2. <input type="checkbox"/> Married filing joint (Even if only one had income) | 5. <input type="checkbox"/> Married filing separately on different returns Enter spouse's name here and SSN above _____ |
| 3. <input type="checkbox"/> Head of household (See instructions) If the qualifying person was your child, but not your dependent, enter child's name here: _____ | 6. <input type="checkbox"/> Qualifying widow(er) with dependent child Year spouse died: (See instructions) _____ | |

Check here if you want a tax booklet mailed to you next year.
 Check this box if you have filed a state extension or an automatic federal extension

| | | | | | |
|--|-------------------------------------|-------------------------------------|--------------------------------|-------------------------------|--|
| 7A. <input checked="" type="checkbox"/> Yourself | <input type="checkbox"/> 65 or over | <input type="checkbox"/> 65 Special | <input type="checkbox"/> Blind | <input type="checkbox"/> Deaf | <input type="checkbox"/> Head of household/qualifying widow(er) <small>(Filing status 3 only)</small> |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> 65 or over | <input type="checkbox"/> 65 Special | <input type="checkbox"/> Blind | <input type="checkbox"/> Deaf | <input type="checkbox"/> <small>(Filing status 6 only)</small> |

Multiply number of boxes checked 7A X \$29 = 29.00

Dependents (Do not list yourself or spouse)

| First name | Last name | Dependent's social security number | Dependent's relationship to you |
|------------|-----------|------------------------------------|---------------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

7B. Multiply number of DEPENDENTS from above 7B X \$29 = 00

7C. Multiply number of qualifying individuals from AR1000RC5 (See instructions) 7C X \$500 = 00

7D. TOTAL PERSONAL TAX CREDITS: (Add lines 7A, 7B, and 7C. Enter total here and on line 34) 7D 29.00

| | | | |
|---------------------------------|----------------------|---|--|
| DL# / State ID <u>B60820228</u> | Your state <u>VA</u> | Issue date (mm/dd/yyyy) <u>11/24/2020</u> | Expiration date (mm/dd/yyyy) <u>09/29/2023</u> |
| DL# / State ID _____ | Spouse state _____ | Issue date (mm/dd/yyyy) _____ | Expiration date (mm/dd/yyyy) _____ |

Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account.

| | | |
|--|---|--|
| Routing Number 1 ● <input type="checkbox"/> | Account Number 1 ● <input type="checkbox"/> Checking or ● <input type="checkbox"/> Savings | Direct deposit 1 Amt ● 00 |
| Routing Number 2 ● <input type="checkbox"/> | Account Number 2 ● <input type="checkbox"/> Checking or ● <input type="checkbox"/> Savings | Direct deposit 2 Amt ● 00 |

PLEASE 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.

We will no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website (www.atap.arkansas.gov). Check the box if you still want us to mail you a paper Form 1099-G next year.

| | | | |
|---------------------|------|-----------------------------|---|
| Primary's signature | Date | Telephone (901) 930-9014 | May the Arkansas Revenue Agency discuss this return with the preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Spouse's signature | Date | Telephone | |

| | | | |
|---|------------------------------------|--|--|
| Paid preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | PTIN/ID number ● 301017196 | For Department Use Only A <input type="checkbox"/> <input type="checkbox"/> ● | |
| Preparer's name GLOBAL TAXES LLC | City/State/ZIP CUMMING GA 30041 | Telephone (678) 965-9522 | |
| E-mail SYAM@GTAXFILE.COM | | | |

Refund: Arkansas State Income Tax, P.O. Box 1000, Little Rock, AR 72203-1000

Tax Due/No Tax: Arkansas State Income Tax, P.O. Box 2144, Little Rock, AR 72203-2144



Primary SSN 737-79-7374

| | | ROUND ALL AMOUNTS TO WHOLE DOLLARS | | (A) Primary/Joint Income | (B) Spouse's Income Status 4 Only | |
|--|--|---|----|--------------------------|-----------------------------------|------|
| INCOME Attach W-2(s)/1099(s) here / Attach check on top of W-2(s)/1099(s) | 8. Wages, salaries, tips, etc: (Attach W-2s) | 8 | ● | 41,923.00 | ● 00 | |
| | 9. Military pay: Primary <input type="checkbox"/> Spouse <input type="checkbox"/> | | | | | |
| | 10. Interest income: (If over \$1,500, Attach AR4) | 10 | ● | 00 | ● 00 | |
| | 11. Dividend income: (If over \$1,500, Attach AR4) | 11 | ● | 00 | ● 00 | |
| | 12. Alimony and separate maintenance received: | 12 | ● | 00 | ● 00 | |
| | 13. Business or professional income: (Attach federal Schedule C) | 13 | ● | 00 | ● 00 | |
| | 14. Capital gains/(losses) from stocks, bonds, etc: (See instructions, Attach federal Schedule D) | 14 | ● | 00 | ● 00 | |
| | 15. Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable) | 15 | ● | 00 | ● 00 | |
| | 16. Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs) | 16 | ● | 00 | ● 00 | |
| | 17. Military retirement: Primary <input type="checkbox"/> Spouse <input type="checkbox"/> | | | | | |
| | 18A. Primary employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs) | 18A | ● | 00 | ● 00 | |
| | Gross distribution <input type="checkbox"/> Taxable amount <input type="checkbox"/> Less \$6,000 | | | | | |
| | 18B. Spouse employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs) | 18B | ● | 00 | ● 00 | |
| | Gross distribution <input type="checkbox"/> Taxable amount <input type="checkbox"/> Less \$6,000 | | | | | |
| | 19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E) | 19 | ● | 00 | ● 00 | |
| | 20. Farm income: (Attach federal Schedule F) | 20 | ● | 00 | ● 00 | |
| | 21. Unemployment (Attach 1099-G) | 21 | ● | 00 | ● 00 | |
| | 22. Other income/depreciation differences: (Attach Form AR-OI) | 22 | ● | 00 | ● 00 | |
| | 23. TOTAL INCOME: (Add lines 8 through 22) | 23 | ● | 41,923.00 | ● 00 | |
| | 24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ) | 24 | ● | 2,500.00 | ● 00 | |
| | 25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23) | 25 | ● | 39,423.00 | ● 00 | |
| | TAX COMPUTATION | 26. Select tax table: (Select only one) | 26 | | | |
| | | 27. ● <input type="checkbox"/> Low income table (\$0), For low income qualifications see line 26 instructions | | | | |
| | | ● <input checked="" type="checkbox"/> Standard deduction (\$2,200 or \$4,400 for filing status 2 only) | | | | |
| | | ● <input type="checkbox"/> Itemized deductions (Attach AR3) | 27 | ● | 2,200.00 | ● 00 |
| 28. NET TAXABLE INCOME: (Subtract line 27 from line 25) | | 28 | ● | 37,223.00 | ● 00 | |
| 29. TAX: (Enter tax from tax table) | | 29 | ● | 1,435.00 | ● 00 | |
| 30. Combined tax: (Add amounts from line 29, columns A and B) | | 30 | | | 1,435.00 | |
| 31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD) | | 31 | ● | | 00 | |
| 32. Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required) | 32 | ● | | 00 | | |
| 33. TOTAL TAX: (Add lines 30 through 32) | 33 | ● | | 1,435.00 | | |
| TAX CREDITS | 34. Personal tax credit(s): (Enter total from line 7D) | 34 | ● | 29.00 | ● 00 | |
| | 35. Child care credit: (20% of federal credit allowed; attach federal Form 2441) | 35 | ● | 00 | ● 00 | |
| | 36. Other credits: (Attach AR1000TC) | 36 | ● | 1,281.00 | ● 00 | |
| | 37. TOTAL CREDITS: (Add lines 34 through 36) | 37 | ● | | 1,310.00 | |
| 38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0) | 38 | ● | | 125.00 | | |
| PAYMENTS | 39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W2-G) | 39 | ● | 85.00 | ● 00 | |
| | 40. Estimated tax paid or credit brought forward from 2019: | 40 | ● | 00 | ● 00 | |
| | 41. Payment made with extension: (See instructions) | 41 | ● | 00 | ● 00 | |
| | 42. AMENDED RETURNS ONLY - Previous payments: (See instructions) | 42 | ● | 00 | ● 00 | |
| | 43. Early childhood program: Certification number: _____ (20% of federal credit; Attach federal Form 2441 and Form AR1000EC) | 43 | ● | 00 | ● 00 | |
| | 44. TOTAL PAYMENTS: (Add lines 39 through 43) | 44 | ● | | 85.00 | |
| | 45. AMENDED RETURNS ONLY - Previous refund: (See instructions) | 45 | ● | | 00 | |
| 46. Adjusted total payments: (Subtract line 45 from line 44) | 46 | ● | | 85.00 | | |
| REFUND OR TAX DUE | 47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference) | 47 | ● | | 00 | |
| | 48. Amount to be applied to 2021 estimated tax: | 48 | ● | 00 | ● 00 | |
| | 49. Amount of Check-off Contributions: (Attach Schedule AR1000-CO) | 49 | ● | 00 | ● 00 | |
| | 50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47) REFUND | 50 | ● | | 00 | |
| | 51. AMOUNT DUE: (If line 46 is less than line 38, enter difference; If over \$1,000, continue to 52A) TAX DUE | 51 | ● | | 40.00 | |
| | 52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A <input type="checkbox"/> Penalty 52B <input type="checkbox"/> | | | | | |
| 52C. Add lines 51 and 52B: (See instructions) TOTAL DUE | 52C | ● | | 40.00 | | |

PAY ONLINE: Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov. ATAP allows taxpayers or their representatives to log on, make payments and manage their account online. ATAP is available 24 hours.

PAY BY CREDIT CARD: (See instructions)

PAY BY MAIL: (See instructions)



ARKANSAS INDIVIDUAL INCOME TAX SCHEDULE OF ADJUSTMENTS

Table with 2 columns: Primary's legal name (MOUNIKA NAGINENI) and Primary's social security number (737-79-7374)

INSTRUCTIONS

Full Year Resident Filers - Complete columns (A) and (B) if using filing status 4 (married filing separately on the same return). All other filing statuses must complete column (A) only.

Part Year Resident Filers - Complete columns (A) and (B) if using filing status 4 (married filing separately on the same return). All other filing statuses must complete column (A) only. Enter only the amount of adjustments attributable to Arkansas in column (C).

Full Year Nonresident Filers - Complete columns (A) and (B) if using filing status 4 (married filing separately on the same return). All other filing statuses must complete column (A) only. If an amount is entered in column (C), attach explanation.

Enter the total of each column on line 19 of this form and on line 24 of AR1000F or AR1000NR.

See additional instructions on the reverse side of this form.

Main table with 3 columns: (A) Primary/Joint Adjustments, (B) Spouse's Adjustments Status 4 Only, (C) Arkansas Adjustments Only. Rows include items like Border city exemption, Tuition savings program, IRA payments, etc., ending with a total row for adjustments.



ARKANSAS INDIVIDUAL INCOME TAX
TAX CREDITS

| | |
|--|--|
| Primary taxpayer's name MOUNIKA NAGINENI | Primary's social security number 737-79-7374 |
|--|--|

IMPORTANT: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

| | | | |
|---|-----|--------|----|
| 1. State political contribution credit: (See instructions) | 1 ● | | 00 |
| 2. Other state tax credit: [Attach copy of other state tax return(s)] .. See OtherStatesCredit | 2 ● | 1,281. | 00 |
| 3. Credit for adoption expenses: (Attach federal Form 8839) | 3 ● | | 00 |
| 4. Phenylketonuria disorder credit: (See instructions. Attach AR1113) | 4 ● | | 00 |

If certificate is issued to an individual, leave FEIN box below blank.

Primary:

| | | | |
|----------------|--------|----------|----|
| 5A. BIC Code ● | FEIN ● | Amount ● | 00 |
| 5B. BIC Code ● | FEIN ● | Amount ● | 00 |
| 5C. BIC Code ● | FEIN ● | Amount ● | 00 |

Spouse:

| | | | |
|----------------|--------|----------|----|
| 5D. BIC Code ● | FEIN ● | Amount ● | 00 |
| 5E. BIC Code ● | FEIN ● | Amount ● | 00 |
| 5F. BIC Code ● | FEIN ● | Amount ● | 00 |

| | | | |
|--|-----|--------|----|
| 5. Business incentive tax credit(s): (Add amounts from 5A-5F above) | 5 ● | | 00 |
| A copy of the tax credit certificate(s) or appropriate documentation of the credit(s) claimed must be attached. | | | |
| 6. TOTAL CREDITS: Add lines 1 through 5. Enter total on line 36, Form AR1000F/AR1000NR | 6 ● | 1,281. | 00 |

BUSINESS INCENTIVE CREDIT TYPES

Code Credit Type

- 0001....Advantage Arkansas
- 0002....Affordable Housing
- 0003....AR Plus
- 0004....AR Plus 50% Technology-Based
- 0005....AR Plus 75% Technology-Based
- 0006....AR Plus 100% Technology-Based
- 0008....Capital Development Company
- 0009....Child Care Facility
- 0010....Coal Mining Producing and Extracting
- 0011....Delta Geotourism
- 0013....Enterprise Zone
- 0014....Equipment Donation/Sale
- 0015....Equity Investment Incentive
- 0016....Existing Workforce Training
- 0017....Family Savings Initiative Act
- 0018....Historic Rehabilitation
- 0019....Low Income Housing
- 0020....Public Roads Incentive
- 0021....Research Park Authority
- 0022....Research and Development with Universities
- 0023....In-House Research Income Tax Credit
- 0024....In-House Research by Targeted Business Income Tax Credit
- 0025....In-House Research Area of Strategic Value Income Tax Credit
- 0026....Qualified Research

Code Credit Type

- 0028....Tourism Development
- 0029....Tuition Reimbursement Program
- 0030....Targeted Business Payroll
- 0031....Venture Capital Investment
- 0034....Waste Reduction, Reuse or Recycle Equipment
- 0035....Water Impounded Outside Critical
- 0036....Water Impounded Within Critical
- 0037....Water Surface Outside Critical
- 0038....Water Surface Inside Critical
- 0039....Water Surface Inside Critical-Industrial or Commercial
- 0040....Water Land Leveling
- 0041....Wetland Riparian Zone Creation/Restoration
- 0042....Wetland Riparian Zone Conservation
- 0043....Central Business Improvement District Rehab and Dev
- 0044....Biodiesel Incentive Credit
- 0045....Recycle Equipment for Steel Manufacturer
- 0046....Recycle-Steel Manufacturer Amendment 82 Project Act 862
- 0047....Recycle-Expansion Project Act 1046
- 0048....Recycle-Steel Manufacturing Specialty Products Facility \$4M Act 1046
- 0049....Recycle-Steel Manufacturing Specialty Products Facility \$5M Act 1046
- 0050....Recycle-Steel Manufacturing Specialty Products Facility \$6.5M Act 1046
- 0051....Apprenticeship Program
- 0052....Major Historic Rehabilitation
- 0053....Delta Music Trail



ARKANSAS INDIVIDUAL INCOME TAX
DECLARATION FOR ELECTRONIC FILING

| | | | | | |
|--|-------------------------|-------------------------|---|---|--|
| Primary's Legal First Name and Middle Initial ● MOUNIKA | | Last Name ● NAGINENI | | Primary's Social Security Number ● 737-79-7374 | |
| Spouse's Legal First Name and Middle Initial | | Last Name | | Spouse's Social Security Number ● | |
| Mailing Address (Number and Street, P.O. Box or Rural Route) 13175 FOX HUNT LANE , APT. 151 | | | | Telephone ● (901)930-9014 | |
| City HERNDON | State or Province VA | ZIP 20171 | <input type="checkbox"/> Check if address is outside U.S. Foreign Country | | |

| PART I - TAX RETURN INFORMATION (Whole Dollars Only) | | | | | |
|--|---|---|---------|----|--|
| 1. | Total Income (Form AR1000F or AR1000NR, Line 23) | 1 | 41,923. | 00 | |
| 2. | Net Tax (Form AR1000F or AR1000NR, Line 38) | 2 | 125. | 00 | |
| 3. | State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39) | 3 | ● 85. | 00 | |
| 4. | Refund (Form AR1000F or AR1000NR, Line 47) | 4 | | 00 | |
| 5. | Tax Due (Form AR1000F or AR1000NR, Line 51) | 5 | 40. | 00 | |

PART II - DECLARATION OF TAXPAYER

6a. I consent that my refund be direct deposited as designated in the electronic portion of my 2020 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account(s) shown on page 1 of the Form AR1000F/AR1000NR.

6b. I do not want direct deposit of my refund or I am not receiving a refund.

6c. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT).

6d. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2020 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here _____
 Primary's Signature _____ Date _____ Spouse's Signature _____ 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 the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only
 Signature: _____ Date: 02/23/2021
 Check if paid preparer Check if self-employed
 Firm's name and address: GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041
 Your SSN or PTIN: 30-1017196
 FEIN: _____

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only
 Signature: _____ Date: 02/23/2021
 Check if self-employed
 Firm's name and address: SYAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN CUMMING GA 30041
 Preparer's SSN or PTIN: P02082703
 FEIN: 30-1017196

Additional information from your 2020 Arkansas Tax Return**Form AR1000TC: Tax Credits****OtherStatesCredit****Continuation Statement**

| Other State | Oth. State AGI | Oth. Tax Due | Allowable Tax Crd. | Withholding Amt |
|--------------------|-----------------------|---------------------|---------------------------|------------------------|
| MI | 28,529. | 1,212. | 1,100. | 1,379. |
| NC | 4,702. | 247. | 181. | 320. |

2020 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AMD)

Return is due April 15, 2021. Type or print in blue or black ink.

| | | | |
|---|------|--|--|
| 1. Filer's First Name MOUNIKA | M.I. | Last Name NAGINENI | 2. Filer's Full Social Security No. (Example: 123-45-6789) 737 — 79 — 7374 |
| If a Joint Return, Spouse's First Name | M.I. | Last Name | 3. Spouse's Full Social Security No. (Example: 123-45-6789) — — |
| Home Address (Number, Street, or P.O. Box) 13175 FOX HUNT LANE , APT. 151 | | | 4. School District Code (5 digits – see page 60) 10000 |
| City or Town HERNDON | | State VA | ZIP Code 20171 |
| 5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse | | 6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring. | |
| 7. 2020 FILING STATUS. Check one. a. <input checked="" type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* <div style="border: 1px solid black; width: 200px; height: 20px; margin-left: 100px;"></div> <small>* If you check box "c," complete line 3 and enter spouse's full name below:</small> | | 8. 2020 RESIDENCY STATUS. Check all that apply. a. <input type="checkbox"/> Resident b. <input checked="" type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident * <small>* If you check box "b" or "c," you must complete and include Schedule NR.</small> | |

9. **EXEMPTIONS. NOTE:** If someone else can claim you as a dependent, check box 9e, enter 0 on line 9a and enter \$1,500 on line 9e (see instr.).

| | | | | | | | |
|--|-----|---|---|---------|-----|------|----|
| a. Number of exemptions (see instructions)..... | 9a. | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center; vertical-align: middle;">1</div> | x | \$4,750 | 9a. | 4750 | 00 |
| b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled | 9b. | | x | \$2,800 | 9b. | | 00 |
| c. Number of qualified disabled veterans | 9c. | | x | \$400 | 9c. | | 00 |
| d. Number of Certificates of Stillbirth from MDHHS (see instructions) | 9d. | | x | \$4,750 | 9d. | | 00 |
| e. Claimed as dependent, see line 9 NOTE above | 9e. | <input type="checkbox"/> | | | 9e. | | 00 |
| f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15 | 9f. | | | | 9f. | 4750 | 00 |

| | | | |
|--|-----|-------|----|
| 10. Adjusted Gross Income from your U.S. Forms 1040 or 1040NR (see instructions)..... | 10. | 39173 | 00 |
| 11. Additions from Schedule 1, line 9. Include Schedule 1 | 11. | | 00 |
| 12. Total. Add lines 10 and 11 | 12. | 39173 | 00 |
| 13. Subtractions from Schedule 1, line 29. Include Schedule 1 | 13. | 6707 | 00 |
| 14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" | 14. | 32466 | 00 |
| 15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19..... | 15. | 3937 | 00 |
| 16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" | 16. | 28529 | 00 |
| 17. Tax. Multiply line 16 by 4.25% (0.0425) | 17. | 1212 | 00 |

NON-REFUNDABLE CREDITS

| | | AMOUNT | | CREDIT | | |
|---|------|--------|----|--------|------|----|
| 18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions)..... | 18a. | | 00 | 18b. | | 00 |
| 19. Michigan Historic Preservation Tax Credit carryforward (see instructions)..... | 19a. | | 00 | 19b. | | 00 |
| 20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0" | 20. | | | 20. | 1212 | 00 |

Filer's Full Social Security Number

737 — 79 — 7374

| | | | |
|--|-----|------|----|
| 21. Enter amount of Income Tax from line 20..... | 21. | 1212 | 00 |
| 22. Voluntary Contributions from Form 4642, line 6. Include Form 4642 | 22. | | 00 |
| 23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions)..... | 23. | 0 | 00 |
| 24. Total Tax Liability. Add lines 21, 22 and 23 | 24. | 1212 | 00 |

REFUNDABLE CREDITS AND PAYMENTS

| | | | |
|--|------|------|----|
| 25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2 | 25. | | 00 |
| 26. Farmland Preservation Tax Credit. Include MI-1040CR-5 | 26. | | 00 |
| 27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b. | 27a. | | 00 |
| | 27b. | | 00 |
| 28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581 | 28. | | 00 |
| 29. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s) | 29. | 1379 | 00 |
| 30. Estimated tax, extension payments and 2019 credit forward | 30. | | 00 |
| 31. 2020 AMENDED RETURNS ONLY. Taxpayers completing an original 2020 return should skip to line 32. Amended returns must include Schedule AMD (see instructions) . | | | |
| 31a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 31a and enter this amount as a negative number on line 31c. | | | |
| 31b. <input type="checkbox"/> If you paid with the original return, check box 31b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 31c. Do not include interest or penalty. | 31c. | | 00 |
| 32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c | 32. | 1379 | 00 |

REFUND OR TAX DUE

| | | | |
|--|----------------|-----|----|
| 33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions. | | | |
| Include interest <input type="text"/> <input type="text"/> <input type="text"/> and penalty <input type="text"/> <input type="text"/> <input type="text"/> | YOU OWE | | |
| 34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32 | 34. | 167 | 00 |
| 35. Credit Forward. Amount of line 34 to be credited to your 2021 estimated tax for your 2021 tax return ... | 35. | | 00 |
| 36. Subtract line 35 from line 34 | REFUND | 167 | 00 |

DIRECT DEPOSIT

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

| | | | |
|----------------------------------|--------------------------|---|-------------------------------------|
| a. Routing Transit Number | b. Account Number | c. Type of Account | |
| 062000080 | 8549551789 | 1. <input checked="" type="checkbox"/> Checking | 2. <input type="checkbox"/> Savings |

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2019, enter dates below. **ENTER DATE OF DEATH ONLY.** Example: 04-15-2020 (MM-DD-YYYY)

| | | | |
|-------|-----|--------|-----|
| Filer | — — | Spouse | — — |
|-------|-----|--------|-----|

Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN
P02082703

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

| | |
|--------------------|------|
| Filer's Signature | Date |
| Spouse's Signature | Date |

Preparer's Name (print or type)
SYAM PRIYA RAM SAGAR GUPTA TA

Preparer's Signature
SYAM PRIYA RAM SAGAR GUPTA TA

Preparer's Business Name, Address and Telephone Number
GLOBAL TAXES LLC
2530 PEBBLE CREEK LN
CUMMING GA 30041
678-965-9522

By checking this box, I authorize Treasury to discuss my return with my preparer.

Refund, credit, or zero returns. Mail your return to:

Michigan Department of Treasury, Lansing, MI 48956

Pay amount on line 33 (see instructions). Mail your check and return to:

Michigan Department of Treasury, Lansing, MI 48929

2020 MICHIGAN Schedule 1 Additions and Subtractions

Issued under authority of Public Act 281 of 1967, as amended.

Attachment 01

Include with Form MI-1040. Type or print in blue or black ink.

| | | | |
|--------------------------------------|------|------------------------------|---|
| Filer's First Name MOUNIKA | M.I. | Last Name NAGINENI | Filer's Full Social Security No. (Example: 123-45-6789) 737 — 79 — 7374 |
|--------------------------------------|------|------------------------------|---|

Additions to Income (all entries must be positive numbers)

| | | | |
|--|----|---|----|
| 1. Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions..... | 1. | | 00 |
| 2. Deduction for taxes on, or measured by, income including self-employment tax taken on your federal return (see instructions)..... | 2. | | 00 |
| 3. Gains from Michigan column of MI-1040D and MI-4797 | 3. | | 00 |
| 4. Losses attributable to other states (see instructions) | 4. | | 00 |
| 5. Net loss from federal column of your Michigan MI-1040D or MI-4797 | 5. | | 00 |
| 6. Oil, gas, and nonferrous metallic mineral expenses (Michigan sourced) deducted to arrive at Adjusted Gross Income (AGI)..... | 6. | | 00 |
| 7. Federal Net Operating Loss deduction included in AGI..... | 7. | | 00 |
| 8. Other (see instructions). Describe: _____ | 8. | | 00 |
| 9. Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11 | 9. | 0 | 00 |

Subtractions from Income (all entries must be positive numbers)

| | | | |
|--|-----|------|----|
| 10. Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Include U.S. <i>Schedule B</i> if over \$5,000..... | 10. | | 00 |
| 11. Amount included in MI-1040, line 10, from military retirement benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement benefits | 11. | | 00 |
| 12. Gains from federal column of Michigan MI-1040D and MI-4797 | 12. | | 00 |
| 13. Income attributable to another state. Explain type and source: <u>SCHEDULE NR</u> | 13. | 6707 | 00 |
| 14. Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10 .. | 14. | | 00 |
| 15. Income earned while a resident of a Renaissance Zone (see instructions). | 15. | | 00 |
| 16. Michigan state and local income tax refunds received in 2020 and included on MI-1040, line 10..... | 16. | | 00 |
| 17. Michigan Education Savings Program, MI 529 Advisor Plan, and Michigan Achieving a Better Life Experience Program..... | 17. | | 00 |
| 18. Michigan Education Trust | 18. | | 00 |
| 19. Oil, gas, and nonferrous metallic minerals income (Michigan sourced) included in AGI..... | 19. | | 00 |
| 20. Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to <i>Revenue Administrative Bulletin 1988-47</i> | 20. | | 00 |
| 21. Miscellaneous subtractions (see instructions). Describe: _____ | 21. | | 00 |

2020 MICHIGAN Schedule 1 Additions and Subtractions

| | | | |
|--------------------------------------|------|------------------------------|---|
| Filer's First Name MOUNIKA | M.I. | Last Name NAGINENI | Filer's Full Social Security No. (Example: 123-45-6789) 737 — 79 — 7374 |
|--------------------------------------|------|------------------------------|---|

Deduction Based on Year of Birth

Complete 22A through 22H if claiming the Michigan Standard Deduction, the retirement benefits deduction or the senior investment income deduction on lines 23, 24, 25, or 26. Check box(es) 22C and/or 22G **only** if you or your spouse received retirement benefits from employment with a governmental agency not covered by the federal Social Security Act (SSA exempt employment). **See instructions before continuing.**

| 22. FILER | | | | SPOUSE | | | |
|-------------------------------|----------------------------------|--|--|-------------------------------|----------------------------------|---|--|
| A. Year of Birth (19xx) | B. Age as of 12-31-2020 | C. Check if filer received benefits from SSA exempt employment | D. Check if retired as of 01-01-2013 and born after 1952 | E. Year of Birth (19xx) | F. Age as of 12-31-2020 | G. Check if spouse received benefits from SSA exempt employment | H. Check if retired as of 01-01-2013 and born after 1952 |
| 1993 | 27 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|-----|--|----|
| 23. Tier 2 Michigan Standard Deduction. Complete this line ONLY if the older of you or your spouse (if married) was born during the period January 1, 1946 through December 31, 1952, and reached age 67 before December 31, 2020. Do not complete lines 24, 25 or 26 | 23. | | 00 |
| 24. Tier 3 Michigan Standard Deduction. Complete this line ONLY if the older of you or your spouse (if married) was born during the period January 1, 1953 through January 1, 1954, and reached age 67 on or before December 31, 2020. Do not complete lines 23, 25 or 26. Enter amount from line 6 of Worksheet 2..... | 24. | | 00 |
| 25. Retirement benefits. Enter amount from line 16, 27, 28 or 29 of Form 4884, <i>Michigan Pension Schedule</i> . Include Form 4884 | 25. | | 00 |
| 26. Dividend/interest/capital gains deduction for taxpayers 75 years and older . Deduction is limited to \$11,983 for single or married filing separately filers and \$23,966 for joint filers, less any deduction for retirement benefits (see instructions)..... | 26. | | 00 |

Check this box if you are the unremarried surviving spouse claiming a dividend, interest or capital gains deduction for someone born before 1946 who was at least age 65 at the time of death.

| | | | |
|---|-----|-------------------|----|
| 27. Reserved. Skip to line 28..... | 27. | X X X X X X X X X | 00 |
| 28. Michigan Net Operating Loss | 28. | | 00 |
| 29. Total Subtractions. Add lines 10 through 28. Enter here and on MI-1040, line 13..... | 29. | 6707 | 00 |

2020 MICHIGAN Nonresident and Part-Year Resident Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Include with Form MI-1040. Read all instructions before completing this form.

Attachment 02

| | | | |
|---|------|------------------------------|--|
| 1. Filer's First Name MOUNIKA | M.I. | Last Name NAGINENI | 2. Filer's Full Social Security No. (Example: 123-45-6789) 737 — 79 — 7374 |
| If a Joint Return, Spouse's First Name | M.I. | Last Name | 3. Spouse's Full Social Security No. (Example: 123-45-6789) — — |

4. 2020 RESIDENCY STATUS:

Check all that apply.

a. Nonresident

b. Part-Year Resident of Michigan.
Enter dates of Michigan residency in 2020*

*Dates of Michigan residency in 2020 (Enter dates as MM-DD-YYYY, Example: 04-15-2020)

| | FILER | | SPOUSE | |
|-------|-------|--------|--------|--------|
| FROM: | — | — 2020 | — | — 2020 |
| TO: | — | — 2020 | — | — 2020 |

Income Allocation

| | A. Total Income | | B. Michigan Income | | C. Other State(s) Income | |
|--|-----------------|----|--------------------|----|--------------------------|----|
| 5. Wages, salaries, other payments (tips, etc.) | 41923 | 00 | 32466 | 00 | 9457 | 00 |
| 6. Interest and dividends | | 00 | | 00 | | 00 |
| 7. Business and farm income (include U.S. Schedules C and F)..... | | 00 | | 00 | | 00 |
| 8. Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S Form 4797..... | | 00 | | 00 | | 00 |
| 9. Income reported on U.S. Schedule E (include U.S. Schedule E and supporting statements).... | | 00 | | 00 | | 00 |
| 10. Pensions, IRA distributions, annuities and Social Security (see Form 4884)..... | | 00 | | 00 | | 00 |
| 11. Other (see instructions) | | 00 | | 00 | | 00 |
| 12. Total income. Add lines 5 through 11..... | 41923 | 00 | 32466 | 00 | 9457 | 00 |
| 13. Enter the total adjustments from U.S. 1040, Schedule 1 Describe: <u>STDNT LOAN INT, OT</u> | 2750 | 00 | 0 | 00 | 2750 | 00 |
| 14. Subtract line 13 from line 12. The amount in column A should equal MI-1040, line 10. Enter amount in column C on Schedule 1, line 13 or, if a negative amount, enter as a positive amount on Schedule 1, line 4. | 39173 | 00 | 32466 | 00 | 6707 | 00 |

Exemption Allowance (If one spouse is a full-year resident, and the other is not, see instructions.)

| | | | |
|--|-----|-------|----|
| 15. Enter amount from MI-1040, line 9f..... | 15. | 4750 | 00 |
| 16. Enter Michigan source income from line 14, column B..... | 16. | 32466 | 00 |
| 17. Enter total income from line 14, column A..... | 17. | 39173 | 00 |
| 18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%)..... | 18. | 82.88 | % |
| 19. If both spouses are part-year or nonresidents, multiply line 15 by the percentage on line 18 and enter here and on MI-1040, line 15. If one spouse is a full-year resident, complete Worksheet 6 and enter here and on MI-1040, line 15..... | 19. | 3937 | 00 |

2020 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2020, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 29). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

| | | | |
|--|------|---------------------------|---|
| 1. Filer's First Name MOUNIKA | M.I. | Last Name NAGINENI | 2. Filer's Full Social Security No. (Example: 123-45-6789) 737 — 79 — 7374 |
| If a Joint Return, Spouse's First Name | M.I. | Last Name | 3. Spouse's Full Social Security No. (Example: 123-45-6789) — — |

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

| A | | B | C | D | | E | |
|--|--|---|-------------------------|--|----|--|---------|
| Enter "X" for: Filer or Spouse | | Employer's identification number (Example: 38-1234567) | Box c — Employer's name | Box 1 — Wages, tips, other compensation | | Box 17 — Michigan income tax withheld | |
| X | | 38-3256847 | MIRACLE SOFTWARE | 35048 | 00 | 1379 | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| Enter Table 1 Subtotal from additional Schedule W forms (if applicable)..... | | | | | | | 00 |
| 4. SUBTOTAL. Enter total of Table 1, column E. | | | | | | 4. | 1379 00 |

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

| A | | B | C | D | E | | |
|---|--|--|--------------|---|---------------------------------|----|---------|
| Enter "X" for: Filer or Spouse | | Payer's federal identification number (Example: 38-1234567) | Payer's name | Taxable pension distribution, misc. income, etc. (see inst.) | Michigan income tax withheld | | |
| | | | | | 00 | 00 | |
| | | | | | 00 | 00 | |
| | | | | | 00 | 00 | |
| | | | | | 00 | 00 | |
| | | | | | 00 | 00 | |
| Enter Table 2 Subtotal from additional Schedule W forms (if applicable)..... | | | | | | | 00 |
| 5. SUBTOTAL. Enter total of Table 2, column E. | | | | | | 5. | 00 |
| 6. TOTAL. Add lines 4 and 5. Enter here and carry to MI-1040, line 29..... | | | | | | 6. | 1379 00 |

D-400 (50) 8-10-20 **2020 Individual Income Tax Return**

< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

DOR
Use
Only

| | | |
|--|--|---|
| For calendar year 2020, or fiscal year beginning <u>20</u> and ending _____ | | Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| MOUNIKA NAGINENI 13175 FOX HUNT LANE 151 Your SSN: 737797374 HERNDON VA 20171 Spouse's SSN: _____ | | Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Filing Status <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er) | | Were you granted an automatic extension to file your 2020 federal income tax return (Form 1040)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Were you a resident of N.C. for the entire year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Return for deceased taxpayer. Date of death: _____ Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input type="checkbox"/> Return for deceased spouse. Date of death: _____ | | Year spouse died: _____ |
| N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.) | | |
| <input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2021, and a U.S. citizen or resident. | | |
| <input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative. | | |

FS 1 PP Y DT N OC N TPRES N SPRES N VT N SVT N

NAGI 1317 20171 DS N EA N TD SD FDEXT N

MOUNIKA NAGINENI 737797374

VA 20171

13175 FOX HUNT LANE 151 HERNDON

06 39173 16 0 26C 0

07 250 18 Y 0 26E 0

09 0 20A 320 EU

10A 0 20B 0 27 0

10B 0 21A 0 29 0

11 S Y I N 21B 0 30 0

11 10750 21C 0 31 0

13 01640 21D 0 32 0

14 4702 26A 0 34 73

15 247 26B 0

TN 9019309014 PN 6789659522 PP P02082703



| | |
|--|---|
| Sign Return Below <input checked="" type="checkbox"/> Refund Due <u>73</u> <input type="checkbox"/> Payment Due <u>0</u> | |
| I declare and certify 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. <input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below. | |
| Your Signature _____ Date _____ | Spouse's Signature (If filing joint return, both must sign.) _____ Date _____ |
| 9019309014 Contact Phone No. (Include area code) | |
| PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge. | |
| <u>SYAM PRIYA RAM SAGAR GUPT</u> <u>02 23 21</u> <u>6789659522</u> | <u>P02082703</u> |
| Paid Preparer's Signature Date Preparer's Contact Phone Number (Include area code) | Preparer's FEIN, SSN, or PTIN |
| If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640 | |

D-400 Line-by-Line Information

| | | | |
|-----|---|------|--------|
| 6. | Federal Adjusted Gross Income | 6. | 39173 |
| 7. | Additions to Federal Adjusted Gross Income | 7. | 250 |
| 8. | Add Lines 6 and 7 | 8. | 39423 |
| 9. | Deductions From Federal Adjusted Gross Income | 9. | 0 |
| 10. | Child Deduction | | |
| | a. Enter the number of qualifying children for whom you were allowed a federal child tax credit | 10a. | 0 |
| | b. Enter the amount of the child deduction | 10b. | 0 |
| 11. | N.C. Standard Deduction | 11. | Y |
| 11. | N.C. Itemized Deduction | 11. | N |
| 11. | Deduction amount | 11. | 10750 |
| 12. | a. Add Lines 9, 10b, and 11 | 12a. | 10750 |
| | b. Subtract amount on Line 12a from Line 8 | 12b. | 28673 |
| 13. | Part-year Residents and Nonresidents Taxable Percentage | 13. | 0.1640 |
| 14. | N.C. Taxable Income | 14. | 4702 |
| 15. | N.C. Income Tax | 15. | 247 |
| 16. | Tax Credits | 16. | 0 |
| 17. | Subtract Line 16 from Line 15 | 17. | 247 |
| 18. | Consumer Use Tax | 18. | 0 |
| | You certify that no Consumer Use Tax is due | | Y |
| 19. | Add Lines 17 and 18 | 19. | 247 |

North Carolina Income Tax Withheld

| | | | |
|------|-----------------------|------|-----|
| 20a. | Your tax withheld | 20a. | 320 |
| 20b. | Spouse's tax withheld | 20b. | 0 |

Other Tax Payments

| | | | |
|------|--|------|-----------|
| 21a. | 2020 estimated tax | 21a. | 0 |
| 21b. | Paid with extension | 21b. | 0 |
| 21c. | Partnership | 21c. | 0 |
| 21d. | S Corporation | 21d. | 0 |
| 22. | Amended Returns Only - Previous payments | 22. | 0 |
| 23. | Total Payments | 23. | 320 |
| 24. | Amended Returns Only - Previous refunds | 24. | 0 |
| 25. | Subtract Line 24 from Line 23 | 25. | 320 |
| 26a. | Tax Due | 26a. | 0 |
| 26b. | Penalties | 26b. | 0 |
| 26c. | Interest | 26c. | 0 |
| 26d. | Add Lines 26b and 26c and enter the total on 26d | 26d. | 0 |
| EU | Exception to Underpayment of Estimated Tax | EU | |
| 26e. | Interest on the Underpayment of Estimated Income Tax | 26e. | 0 |
| 27. | Pay this Amount | 27. | 0 |
| 28. | Overpayment | 28. | 73 |

Amount of Refund to Apply to:

| | | | |
|-----|--|-----|-----------|
| 29. | Amount of Line 28 to be applied to 2021 Estimated Income Tax | 29. | 0 |
| 30. | N.C. Nongame and Endangered Wildlife Fund | 30. | 0 |
| 31. | N.C. Education Endowment Fund | 31. | 0 |
| 32. | N.C. Breast and Cervical Cancer Control Program | 32. | 0 |
| 33. | Add Lines 29 through 32 | 33. | 0 |
| 34. | Amount to be Refunded | 34. | 73 |

D-400 Sch S (50)

9-14-20

2020 Supplemental Schedule
North Carolina Department of RevenueDOR
Use
Only

If you are required to add certain items to Adjusted Gross Income on Form D-400, Line 7, or if you are entitled to take deductions from Adjusted Gross Income on Form D-400, Line 9, you must complete and attach this schedule to Form D-400. If you do not, the Department may be unable to process your return.

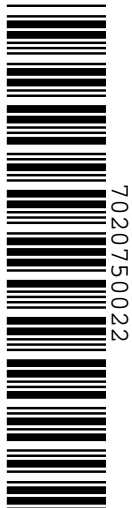
Important: Refer to the instructions before completing Parts A or B of this form.

| | |
|---|--|
| Last Name (First 10 Characters) NAGINENI | Your Social Security Number 737797374 |
|---|--|

| | | | | | | | |
|----|---|----|-----|-----|---|-----|---|
| 01 | 0 | 11 | 0 | 22 | 0 | 24E | 0 |
| 02 | 0 | 12 | 0 | 23A | 0 | 25 | 0 |
| 03 | 0 | 13 | 0 | 23B | 0 | 26 | 0 |
| 04 | 0 | 14 | 0 | 23C | 0 | 27 | 0 |
| 05 | 0 | 15 | 0 | 23D | 0 | 28 | 0 |
| 06 | 0 | 16 | 250 | 23E | 0 | 29 | 0 |
| 07 | 0 | 18 | 0 | 24A | 0 | 30 | 0 |
| 08 | 0 | 19 | 0 | 24B | 0 | 31 | 0 |
| 09 | 0 | 20 | 0 | 24C | 0 | 32 | 0 |
| 10 | 0 | 21 | 0 | 24D | 0 | 33 | 0 |

Part A. Additions to Federal Adjusted Gross Income

| | | |
|---|-----|-----|
| 1. Interest Income From Obligations of States Other Than North Carolina | 1. | 0 |
| 2. Deferred Gains Reinvested Into an Opportunity Fund Under IRC Section 1400Z-2 | 2. | 0 |
| 3. Bonus Depreciation | 3. | 0 |
| 4. IRC Section 179 Expense | 4. | 0 |
| 5. S-Corporation Shareholder Built-in Gains Tax | 5. | 0 |
| 6. Amount by Which Federal Basis Exceeds State Basis for Property Disposed of in 2020 | 6. | 0 |
| 7. Unabsorbed Net Operating Loss Deduction | 7. | 0 |
| 8. Excess Net Operating Loss Carryforward Deduction | 8. | 0 |
| 9. Withdrawal of 529 Plan Contributions not Used for Permissible Purpose | 9. | 0 |
| 10. Discharge of Qualified Principal Residence Indebtedness | 10. | 0 |
| 11. Qualified Tuition and Related Expenses | 11. | 0 |
| 12. Excess Business Loss | 12. | 0 |
| 13. Qualified Education Loan Payments by Employer | 13. | 0 |
| 14. Expenses Deducted Under a Forgiven PPP Loan | 14. | 0 |
| 15. Business Interest Limitation | 15. | 0 |
| 16. Above-the-line Qualified Charitable Contribution Deduction | 16. | 250 |
| 17. Total additions - Add Lines 1 through 16 | 17. | 250 |



Last Name (First 10 Characters) NAGINENI

Your Social Security Number 737797374

Part B. Deductions From Federal Adjusted Gross Income

| | | | | | | | | | |
|------|--|---|------|------|---|------|------|-----|------------|
| 18. | State or Local Income Tax Refund | | | | | | | 18. | 0 |
| 19. | Interest Income From Obligations of the United States or United States' Possessions | | | | | | | 19. | 0 |
| 20. | Taxable Portion of Social Security and Railroad Retirement Benefits | | | | | | | 20. | 0 |
| 21. | Bailey Settlement Retirement Benefits | | | | | | | 21. | 0 |
| 22. | Bonus Asset Basis | | | | | | | 22. | 0 |
| 23. | Bonus Depreciation | | | | | | | | |
| 23a. | 2015 | 0 | 23b. | 2016 | 0 | 23c. | 2017 | 0 | |
| 23d. | 2018 | 0 | 23e. | 2019 | 0 | | | 0 | 23f. Total |
| | | | | | | | | | 0 |
| 24. | IRC Section 179 Expense | | | | | | | | |
| 24a. | 2015 | 0 | 24b. | 2016 | 0 | 24c. | 2017 | 0 | |
| 24d. | 2018 | 0 | 24e. | 2019 | 0 | | | 0 | 24f. Total |
| | | | | | | | | | 0 |
| 25. | Recognized IRC Section 1400Z-2 Gain | | | | | | | 25. | 0 |
| 26. | Gain From the Disposition of Exempt N.C. Obligations Issued Before July 1, 1995 | | | | | | | 26. | 0 |
| 27. | Exempt Income Earned or Received by a Member of a Federally Recognized Indian Tribe | | | | | | | 27. | 0 |
| 28. | Amount by Which State Basis Exceeds Federal Basis for Property Disposed of in 2020 | | | | | | | 28. | 0 |
| 29. | Ordinary and Necessary Business Expense Reduced or not Allowed Due to Claiming a Federal Tax Credit in Lieu of a Deduction | | | | | | | 29. | 0 |
| 30. | Personal Education Savings Account Deposits | | | | | | | 30. | 0 |
| 31. | State Emergency Response and Disaster Relief Reserve Fund Payments | | | | | | | 31. | 0 |
| 32. | Certain Economic Incentives | | | | | | | 32. | 0 |
| 33. | Extra Credit Grant | | | | | | | 33. | 0 |
| 34. | Total Deductions - 18 through 22, 23f, 24f, and 25 through 33 | | | | | | | 34. | 0 |

D-400 Sch PN (50)

8-12-20

**2020 Part-Year Resident and
Nonresident Schedule**
North Carolina Department of Revenue

DOR
Use
Only

If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2020, you must attach this schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) **NAGINENI**

Your Social Security Number **737797374**

A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a **"part-year resident"** if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a **"nonresident"** if you were not a resident of N.C. at any time during the tax year.

Important: Refer to the Instructions before completing this form.

| | | | | | |
|-----|---|-----|---|----|-------|
| NRT | Y | PYT | N | 22 | 6875 |
| NRS | N | PYS | N | 23 | 41923 |

Part A. Residency Status

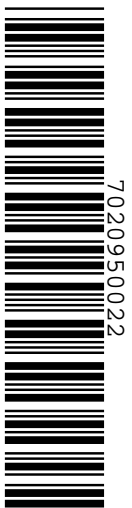
Taxpayer is: (Select applicable box)
 Full-Year Resident Nonresident Part-Year Resident
 Date N.C. residency began Date N.C. residency ended

Spouse is: (Select applicable box)
 Full-Year Resident Nonresident Part-Year Resident
 Date N.C. residency began Date N.C. residency ended

If you and your spouse were both full-year residents of N.C., **stop here**; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

Part B. Allocation of Income for Part-Year Residents and Nonresidents

| Total Income | COLUMN A Total Income from all sources | COLUMN B Amount of Column A subject to N.C. tax |
|--|--|---|
| 1. Wages, Salaries, Tips, Etc. | 1. 41923 | 6875 |
| 2. Taxable Interest | 2. 0 | 0 |
| 3. Taxable Dividends | 3. 0 | 0 |
| 4. Taxable Refunds, Credits, or Offsets of State and Local Income Taxes | 4. 0 | 0 |
| 5. Alimony Received | 5. 0 | 0 |
| 6. Business Income or (Loss) | 6. 0 | 0 |
| 7. Capital Gain or (Loss) | 7. 0 | 0 |
| 8. Other Gains or (Losses) | 8. 0 | 0 |
| 9. Taxable Amount of IRA Distributions | 9. 0 | 0 |
| 10. Taxable Amount of Pensions and Annuities | 10. 0 | 0 |
| 11. Rental Real Estate, Royalties, Partnerships, S-Corps, Estates, Trusts, Etc. | 11. 0 | 0 |
| 12. Farm Income or (Loss) | 12. 0 | 0 |
| 13. Unemployment Compensation | 13. 0 | 0 |
| 14. Taxable Amount of Social Security Benefits or Railroad Retirement Benefits | 14. 0 | 0 |
| 15. Other Income | 15. 0 | 0 |
| 16. Total Income | 16. 41923 | 6875 |



| North Carolina Adjustments | COLUMN A Enter the amount from Form D-400 Schedule S | COLUMN B Amount of Column A subject to N.C. tax |
|---|--|---|
| 17. Additions | | |
| a. Interest Income From Obligations of States Other Than N.C. | 17a. 0 | 0 |
| b. Deferred Gains Reinvested Into an Opportunity Fund Under IRC Section 1400Z-2 | 17b. 0 | 0 |
| c. Bonus Depreciation | 17c. 0 | 0 |
| d. IRC Section 179 Expense | 17d. 0 | 0 |
| e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income | 17e. 0 | 0 |
| 18. Total Additions | 18. 0 | 0 |

| | |
|---|--|
| Last Name (First 10 Characters) NAGINENI | Your Social Security Number 737797374 |
|---|--|

Part B. Allocation of Income for Part-Year Residents and Nonresidents (continued)

| | COLUMN A Enter the amount from Form D-400 Schedule S | COLUMN B Amount of Column A subject to N.C. tax |
|---|--|---|
| 19. Deductions | | |
| a. State or Local Income Tax Refund | 19a. 0 | 0 |
| b. Interest From Obligations of the United States or United States' Possessions | 19b. 0 | 0 |
| c. Taxable Portion of Social Security or Railroad Retirement Benefits | 19c. 0 | 0 |
| d. Bailey Retirement Benefits | 19d. 0 | 0 |
| e. Bonus Depreciation | 19e. 0 | 0 |
| f. IRC Section 179 | 19f. 0 | 0 |
| g. Recognized IRC Section 1400Z-2 Gain | 19g. 0 | 0 |
| h. Other Deductions From Federal Adjusted Gross Income That Relate to Gross Income | 19h. 0 | 0 |
| 20. Total Deductions | 20. 0 | 0 |
| 21. Total Income Modified by N.C. Adjustments | 21. 41923 | 6875 |

Part C. Part-Year Residents and Nonresidents Taxable Percentage

| | | |
|--|--|-----------------------|
| 22. Enter the Amount From Column B, Line 21 | | 22. 6875 |
| 23. Enter the Amount From Column A, Line 21 | | 23. 41923 |
| 24. Part-Year Residents and Nonresident Taxable Percentage | | 24. 0.1640 |

2020 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AMD)

Return is due April 15, 2021. Type or print in blue or black ink.

| | | | | |
|---|------|------------------------------|---|--|
| 1. Filer's First Name MOUNIKA | M.I. | Last Name NAGINENI | 2. Filer's Full Social Security No. (Example: 123-45-6789) 737 — 79 — 7374 | |
| If a Joint Return, Spouse's First Name | M.I. | Last Name | 3. Spouse's Full Social Security No. (Example: 123-45-6789) — — | |
| Home Address (Number, Street, or P.O. Box) 13175 FOX HUNT LANE , APT. 151 | | | 4. School District Code (5 digits – see page 60) 10000 | |
| City or Town HERNDON | | State VA | ZIP Code 20171 | |
| 5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse | | | 6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring. | |
| 7. 2020 FILING STATUS. Check one. a. <input checked="" type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* * If you check box "c," complete line 3 and enter spouse's full name below: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | 8. 2020 RESIDENCY STATUS. Check all that apply. a. <input type="checkbox"/> Resident b. <input checked="" type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident * * If you check box "b" or "c," you must complete and include Schedule NR. | |

9. **EXEMPTIONS. NOTE:** If someone else can claim you as a dependent, check box 9e, enter 0 on line 9a and enter \$1,500 on line 9e (see instr.).

| | | | | | | | |
|---|-----|--------------------------|---|---------|-----|-------------|-----------|
| a. Number of exemptions (see instructions)..... | 9a. | 1 | x | \$4,750 | 9a. | 4750 | 00 |
| b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled..... | 9b. | | x | \$2,800 | 9b. | | 00 |
| c. Number of qualified disabled veterans..... | 9c. | | x | \$400 | 9c. | | 00 |
| d. Number of Certificates of Stillbirth from MDHHS (see instructions)..... | 9d. | | x | \$4,750 | 9d. | | 00 |
| e. Claimed as dependent, see line 9 NOTE above..... | 9e. | <input type="checkbox"/> | | | 9e. | | 00 |
| f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15..... | 9f. | | | | 9f. | 4750 | 00 |

| | | | |
|---|-----|--------------|-----------|
| 10. Adjusted Gross Income from your U.S. Forms 1040 or 1040NR (see instructions)..... | 10. | 39173 | 00 |
| 11. Additions from Schedule 1, line 9. Include Schedule 1 | 11. | | 00 |
| 12. Total. Add lines 10 and 11..... | 12. | 39173 | 00 |
| 13. Subtractions from Schedule 1, line 29. Include Schedule 1 | 13. | 6707 | 00 |
| 14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"..... | 14. | 32466 | 00 |
| 15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19..... | 15. | 3937 | 00 |
| 16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"..... | 16. | 28529 | 00 |
| 17. Tax. Multiply line 16 by 4.25% (0.0425)..... | 17. | 1212 | 00 |

NON-REFUNDABLE CREDITS

| | | AMOUNT | | CREDIT |
|--|------|-----------|------|-------------|
| 18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions)..... | 18a. | 00 | 18b. | 00 |
| 19. Michigan Historic Preservation Tax Credit carryforward (see instructions)..... | 19a. | 00 | 19b. | 00 |
| 20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0"..... | 20. | | 20. | 1212 |

Filer's Full Social Security Number

737 — 79 — 7374

| | | | |
|--|-----|------|----|
| 21. Enter amount of Income Tax from line 20..... | 21. | 1212 | 00 |
| 22. Voluntary Contributions from Form 4642, line 6. Include Form 4642 | 22. | | 00 |
| 23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions)..... | 23. | 0 | 00 |
| 24. Total Tax Liability. Add lines 21, 22 and 23 | 24. | 1212 | 00 |

REFUNDABLE CREDITS AND PAYMENTS

| | | | |
|--|------|------|----|
| 25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2 | 25. | | 00 |
| 26. Farmland Preservation Tax Credit. Include MI-1040CR-5 | 26. | | 00 |
| 27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b. | 27a. | | 00 |
| | 27b. | | 00 |
| 28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581 | 28. | | 00 |
| 29. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s) | 29. | 1379 | 00 |
| 30. Estimated tax, extension payments and 2019 credit forward | 30. | | 00 |
| 31. 2020 AMENDED RETURNS ONLY. Taxpayers completing an original 2020 return should skip to line 32. Amended returns must include Schedule AMD (see instructions) . | | | |
| 31a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 31a and enter this amount as a negative number on line 31c. | | | |
| 31b. <input type="checkbox"/> If you paid with the original return, check box 31b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 31c. Do not include interest or penalty. | 31c. | | 00 |
| 32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c | 32. | 1379 | 00 |

REFUND OR TAX DUE

| | | | |
|--|----------------|-----|----|
| 33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions. | | | |
| Include interest <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> and penalty <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YOU OWE | | |
| 34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32 | 34. | 167 | 00 |
| 35. Credit Forward. Amount of line 34 to be credited to your 2021 estimated tax for your 2021 tax return ... | 35. | | 00 |
| 36. Subtract line 35 from line 34. | REFUND | 167 | 00 |

DIRECT DEPOSIT

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

| a. Routing Transit Number | b. Account Number | c. Type of Account | |
|---------------------------|-------------------|---|-------------------------------------|
| 062000080 | 8549551789 | 1. <input checked="" type="checkbox"/> Checking | 2. <input type="checkbox"/> Savings |

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2019, enter dates below. **ENTER DATE OF DEATH ONLY.** Example: 04-15-2020 (MM-DD-YYYY)

| | | | |
|-------|-----|--------|-----|
| Filer | — — | Spouse | — — |
|-------|-----|--------|-----|

Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN
P02082703

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

| | |
|--------------------|------|
| Filer's Signature | Date |
| Spouse's Signature | Date |

Preparer's Name (print or type)
SYAM PRIYA RAM SAGAR GUPTA TA
Preparer's Signature
SYAM PRIYA RAM SAGAR GUPTA TA
Preparer's Business Name, Address and Telephone Number
GLOBAL TAXES LLC
2530 PEBBLE CREEK LN
CUMMING GA 30041
678-965-9522

By checking this box, I authorize Treasury to discuss my return with my preparer.

Refund, credit, or zero returns. Mail your return to:

Michigan Department of Treasury, Lansing, MI 48956

Pay amount on line 33 (see instructions). Mail your check and return to:

Michigan Department of Treasury, Lansing, MI 48929

2020 MICHIGAN Schedule 1 Additions and Subtractions

Issued under authority of Public Act 281 of 1967, as amended.

Attachment 01

Include with Form MI-1040. Type or print in blue or black ink.

| | | | |
|--------------------------------------|------|------------------------------|---|
| Filer's First Name MOUNIKA | M.I. | Last Name NAGINENI | Filer's Full Social Security No. (Example: 123-45-6789) 737 — 79 — 7374 |
|--------------------------------------|------|------------------------------|---|

Additions to Income (all entries must be positive numbers)

| | | | |
|--|----|---|----|
| 1. Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions..... | 1. | | 00 |
| 2. Deduction for taxes on, or measured by, income including self-employment tax taken on your federal return (see instructions)..... | 2. | | 00 |
| 3. Gains from Michigan column of MI-1040D and MI-4797 | 3. | | 00 |
| 4. Losses attributable to other states (see instructions) | 4. | | 00 |
| 5. Net loss from federal column of your Michigan MI-1040D or MI-4797 | 5. | | 00 |
| 6. Oil, gas, and nonferrous metallic mineral expenses (Michigan sourced) deducted to arrive at Adjusted Gross Income (AGI)..... | 6. | | 00 |
| 7. Federal Net Operating Loss deduction included in AGI..... | 7. | | 00 |
| 8. Other (see instructions). Describe: _____ | 8. | | 00 |
| 9. Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11 | 9. | 0 | 00 |

Subtractions from Income (all entries must be positive numbers)

| | | | |
|--|-----|------|----|
| 10. Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Include U.S. <i>Schedule B</i> if over \$5,000..... | 10. | | 00 |
| 11. Amount included in MI-1040, line 10, from military retirement benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement benefits | 11. | | 00 |
| 12. Gains from federal column of Michigan MI-1040D and MI-4797 | 12. | | 00 |
| 13. Income attributable to another state. Explain type and source: <u>SCHEDULE NR</u> | 13. | 6707 | 00 |
| 14. Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10 .. | 14. | | 00 |
| 15. Income earned while a resident of a Renaissance Zone (see instructions). | 15. | | 00 |
| 16. Michigan state and local income tax refunds received in 2020 and included on MI-1040, line 10..... | 16. | | 00 |
| 17. Michigan Education Savings Program, MI 529 Advisor Plan, and Michigan Achieving a Better Life Experience Program..... | 17. | | 00 |
| 18. Michigan Education Trust | 18. | | 00 |
| 19. Oil, gas, and nonferrous metallic minerals income (Michigan sourced) included in AGI..... | 19. | | 00 |
| 20. Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to <i>Revenue Administrative Bulletin 1988-47</i> | 20. | | 00 |
| 21. Miscellaneous subtractions (see instructions). Describe: _____ | 21. | | 00 |

2020 MICHIGAN Schedule 1 Additions and Subtractions

| | | | |
|--------------------------------------|------|------------------------------|---|
| Filer's First Name MOUNIKA | M.I. | Last Name NAGINENI | Filer's Full Social Security No. (Example: 123-45-6789) 737 — 79 — 7374 |
|--------------------------------------|------|------------------------------|---|

Deduction Based on Year of Birth

Complete 22A through 22H if claiming the Michigan Standard Deduction, the retirement benefits deduction or the senior investment income deduction on lines 23, 24, 25, or 26. Check box(es) 22C and/or 22G **only** if you or your spouse received retirement benefits from employment with a governmental agency not covered by the federal Social Security Act (SSA exempt employment). **See instructions before continuing.**

| | | | | | | | | |
|-----|--------------------------------------|---|---|---|--------------------------------------|---|--|---|
| 22. | FILER | | | | SPOUSE | | | |
| | A. Year of Birth (19xx) | B. Age as of 12-31-2020 | C. Check if filer received benefits from SSA exempt employment | D. Check if retired as of 01-01-2013 and born after 1952 | E. Year of Birth (19xx) | F. Age as of 12-31-2020 | G. Check if spouse received benefits from SSA exempt employment | H. Check if retired as of 01-01-2013 and born after 1952 |
| | 1993 | 27 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|-----|--|----|
| 23. Tier 2 Michigan Standard Deduction. Complete this line ONLY if the older of you or your spouse (if married) was born during the period January 1, 1946 through December 31, 1952, and reached age 67 before December 31, 2020. Do not complete lines 24, 25 or 26 | 23. | | 00 |
| 24. Tier 3 Michigan Standard Deduction. Complete this line ONLY if the older of you or your spouse (if married) was born during the period January 1, 1953 through January 1, 1954, and reached age 67 on or before December 31, 2020. Do not complete lines 23, 25 or 26. Enter amount from line 6 of Worksheet 2..... | 24. | | 00 |
| 25. Retirement benefits. Enter amount from line 16, 27, 28 or 29 of Form 4884, <i>Michigan Pension Schedule</i> . Include Form 4884 | 25. | | 00 |
| 26. Dividend/interest/capital gains deduction for taxpayers 75 years and older . Deduction is limited to \$11,983 for single or married filing separately filers and \$23,966 for joint filers, less any deduction for retirement benefits (see instructions)..... | 26. | | 00 |

Check this box if you are the unremarried surviving spouse claiming a dividend, interest or capital gains deduction for someone born before 1946 who was at least age 65 at the time of death.

| | | | |
|---|-----|-------------------|----|
| 27. Reserved. Skip to line 28..... | 27. | X X X X X X X X X | 00 |
| 28. Michigan Net Operating Loss | 28. | | 00 |
| 29. Total Subtractions. Add lines 10 through 28. Enter here and on MI-1040, line 13..... | 29. | 6707 | 00 |

2020 MICHIGAN Nonresident and Part-Year Resident Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Include with Form MI-1040. Read all instructions before completing this form.

Attachment 02

| | | | |
|---|------|------------------------------|--|
| 1. Filer's First Name MOUNIKA | M.I. | Last Name NAGINENI | 2. Filer's Full Social Security No. (Example: 123-45-6789) 737 — 79 — 7374 |
| If a Joint Return, Spouse's First Name | M.I. | Last Name | 3. Spouse's Full Social Security No. (Example: 123-45-6789) — — |

4. 2020 RESIDENCY STATUS:

Check all that apply.

a. Nonresident

b. Part-Year Resident of Michigan.
Enter dates of Michigan residency in 2020*

*Dates of Michigan residency in 2020 (Enter dates as MM-DD-YYYY, Example: 04-15-2020)

| | FILER | | SPOUSE | |
|-------|-------|--------|--------|--------|
| FROM: | — | — 2020 | — | — 2020 |
| TO: | — | — 2020 | — | — 2020 |

Income Allocation

| | A. Total Income | | B. Michigan Income | | C. Other State(s) Income | |
|--|-----------------|----|--------------------|----|--------------------------|----|
| 5. Wages, salaries, other payments (tips, etc.) | 41923 | 00 | 32466 | 00 | 9457 | 00 |
| 6. Interest and dividends | | 00 | | 00 | | 00 |
| 7. Business and farm income (include U.S. Schedules C and F)..... | | 00 | | 00 | | 00 |
| 8. Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S Form 4797..... | | 00 | | 00 | | 00 |
| 9. Income reported on U.S. Schedule E (include U.S. Schedule E and supporting statements).... | | 00 | | 00 | | 00 |
| 10. Pensions, IRA distributions, annuities and Social Security (see Form 4884)..... | | 00 | | 00 | | 00 |
| 11. Other (see instructions) | | 00 | | 00 | | 00 |
| 12. Total income. Add lines 5 through 11..... | 41923 | 00 | 32466 | 00 | 9457 | 00 |
| 13. Enter the total adjustments from U.S. 1040, Schedule 1 Describe: <u>STDNT LOAN INT, OT</u> | 2750 | 00 | 0 | 00 | 2750 | 00 |
| 14. Subtract line 13 from line 12. The amount in column A should equal MI-1040, line 10. Enter amount in column C on Schedule 1, line 13 or, if a negative amount, enter as a positive amount on Schedule 1, line 4. | 39173 | 00 | 32466 | 00 | 6707 | 00 |

Exemption Allowance (If one spouse is a full-year resident, and the other is not, see instructions.)

| | | | |
|--|-----|-------|----|
| 15. Enter amount from MI-1040, line 9f..... | 15. | 4750 | 00 |
| 16. Enter Michigan source income from line 14, column B..... | 16. | 32466 | 00 |
| 17. Enter total income from line 14, column A..... | 17. | 39173 | 00 |
| 18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%)..... | 18. | 82.88 | % |
| 19. If both spouses are part-year or nonresidents, multiply line 15 by the percentage on line 18 and enter here and on MI-1040, line 15. If one spouse is a full-year resident, complete Worksheet 6 and enter here and on MI-1040, line 15..... | 19. | 3937 | 00 |

2020 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2020, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 29). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

| | | | |
|--|------|---------------------------|---|
| 1. Filer's First Name MOUNIKA | M.I. | Last Name NAGINENI | 2. Filer's Full Social Security No. (Example: 123-45-6789) 737 — 79 — 7374 |
| If a Joint Return, Spouse's First Name | M.I. | Last Name | 3. Spouse's Full Social Security No. (Example: 123-45-6789) — — |

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

| A | | B | C | D | | E | |
|--|--|---|-------------------------|--|----|--|---------|
| Enter "X" for: Filer or Spouse | | Employer's identification number (Example: 38-1234567) | Box c — Employer's name | Box 1 — Wages, tips, other compensation | | Box 17 — Michigan income tax withheld | |
| X | | 38-3256847 | MIRACLE SOFTWARE | 35048 | 00 | 1379 | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| Enter Table 1 Subtotal from additional Schedule W forms (if applicable)..... | | | | | | | 00 |
| 4. SUBTOTAL. Enter total of Table 1, column E. | | | | | | 4. | 1379 00 |

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

| A | | B | C | D | E | | |
|---|--|--|--------------|---|---------------------------------|----|---------|
| Enter "X" for: Filer or Spouse | | Payer's federal identification number (Example: 38-1234567) | Payer's name | Taxable pension distribution, misc. income, etc. (see inst.) | Michigan income tax withheld | | |
| | | | | | 00 | 00 | |
| | | | | | 00 | 00 | |
| | | | | | 00 | 00 | |
| | | | | | 00 | 00 | |
| | | | | | 00 | 00 | |
| Enter Table 2 Subtotal from additional Schedule W forms (if applicable)..... | | | | | | | 00 |
| 5. SUBTOTAL. Enter total of Table 2, column E. | | | | | | 5. | 00 |
| 6. TOTAL. Add lines 4 and 5. Enter here and carry to MI-1040, line 29..... | | | | | | 6. | 1379 00 |

**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
MOUNIKA NAGINENI

Your social security number
737-79-7374

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 | |
| 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 | |

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 | 2,500. |
| 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 | 2,500. |

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

REV 02/15/21 PRO

Schedule 1 (Form 1040) 2020

D-400 (50) 8-10-20 **2020 Individual Income Tax Return**

< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

DOR
Use
Only

| | | |
|--|--|--|
| For calendar year 2020, or fiscal year beginning <u>20</u> and ending _____ | | Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| MOUNIKA NAGINENI 13175 FOX HUNT LANE 151 Your SSN: 737797374 HERNDON VA 20171 Spouse's SSN: _____ | | Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Filing Status <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er) | | Were you granted an automatic extension to file your 2020 federal income tax return (Form 1040)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Were you a resident of N.C. for the entire year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Return for deceased taxpayer. Date of death: _____ Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input type="checkbox"/> Return for deceased spouse. Date of death: _____ | | Year spouse died: _____ |
| N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.) | | |
| <input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2021, and a U.S. citizen or resident. | | |
| <input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative. | | |

FS 1 PP Y DT N OC N TPRES N SPRES N VT N SVT N

NAGI 1317 20171 DS N EA N TD SD FDEXT N

MOUNIKA NAGINENI 737797374

VA 20171

13175 FOX HUNT LANE 151 HERNDON

06 39173 16 0 26C 0

07 250 18 Y 0 26E 0

09 0 20A 320 EU

10A 0 20B 0 27 0

10B 0 21A 0 29 0

11 S Y I N 21B 0 30 0

11 10750 21C 0 31 0

13 01640 21D 0 32 0

14 4702 26A 0 34 73

15 247 26B 0

TN 9019309014 PN 6789659522 PP P02082703



| | |
|--|---|
| Sign Return Below <input checked="" type="checkbox"/> Refund Due <u>73</u> <input type="checkbox"/> Payment Due <u>0</u> | |
| I declare and certify 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. <input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below. | |
| Your Signature _____ Date _____ | Spouse's Signature (If filing joint return, both must sign.) _____ Date _____ |
| 9019309014 Contact Phone No. (Include area code) | |
| PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge. | |
| SYAM PRIYA RAM SAGAR GUPT 02 23 21 6789659522 | P02082703 |
| Paid Preparer's Signature _____ Date _____ | Preparer's Contact Phone Number (Include area code) _____ Preparer's FEIN, SSN, or PTIN _____ |
| If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640 | |

D-400 Line-by-Line Information

| | | | |
|-----|---|------|--------|
| 6. | Federal Adjusted Gross Income | 6. | 39173 |
| 7. | Additions to Federal Adjusted Gross Income | 7. | 250 |
| 8. | Add Lines 6 and 7 | 8. | 39423 |
| 9. | Deductions From Federal Adjusted Gross Income | 9. | 0 |
| 10. | Child Deduction | | |
| | a. Enter the number of qualifying children for whom you were allowed a federal child tax credit | 10a. | 0 |
| | b. Enter the amount of the child deduction | 10b. | 0 |
| 11. | N.C. Standard Deduction | 11. | Y |
| 11. | N.C. Itemized Deduction | 11. | N |
| 11. | Deduction amount | 11. | 10750 |
| 12. | a. Add Lines 9, 10b, and 11 | 12a. | 10750 |
| | b. Subtract amount on Line 12a from Line 8 | 12b. | 28673 |
| 13. | Part-year Residents and Nonresidents Taxable Percentage | 13. | 0.1640 |
| 14. | N.C. Taxable Income | 14. | 4702 |
| 15. | N.C. Income Tax | 15. | 247 |
| 16. | Tax Credits | 16. | 0 |
| 17. | Subtract Line 16 from Line 15 | 17. | 247 |
| 18. | Consumer Use Tax | 18. | 0 |
| | You certify that no Consumer Use Tax is due | | Y |
| 19. | Add Lines 17 and 18 | 19. | 247 |

North Carolina Income Tax Withheld

| | | | |
|------|-----------------------|------|-----|
| 20a. | Your tax withheld | 20a. | 320 |
| 20b. | Spouse's tax withheld | 20b. | 0 |

Other Tax Payments

| | | | |
|------|--|------|-----------|
| 21a. | 2020 estimated tax | 21a. | 0 |
| 21b. | Paid with extension | 21b. | 0 |
| 21c. | Partnership | 21c. | 0 |
| 21d. | S Corporation | 21d. | 0 |
| 22. | Amended Returns Only - Previous payments | 22. | 0 |
| 23. | Total Payments | 23. | 320 |
| 24. | Amended Returns Only - Previous refunds | 24. | 0 |
| 25. | Subtract Line 24 from Line 23 | 25. | 320 |
| 26a. | Tax Due | 26a. | 0 |
| 26b. | Penalties | 26b. | 0 |
| 26c. | Interest | 26c. | 0 |
| 26d. | Add Lines 26b and 26c and enter the total on 26d | 26d. | 0 |
| EU | Exception to Underpayment of Estimated Tax | EU | |
| 26e. | Interest on the Underpayment of Estimated Income Tax | 26e. | 0 |
| 27. | Pay this Amount | 27. | 0 |
| 28. | Overpayment | 28. | 73 |

Amount of Refund to Apply to:

| | | | |
|-----|--|-----|-----------|
| 29. | Amount of Line 28 to be applied to 2021 Estimated Income Tax | 29. | 0 |
| 30. | N.C. Nongame and Endangered Wildlife Fund | 30. | 0 |
| 31. | N.C. Education Endowment Fund | 31. | 0 |
| 32. | N.C. Breast and Cervical Cancer Control Program | 32. | 0 |
| 33. | Add Lines 29 through 32 | 33. | 0 |
| 34. | Amount to be Refunded | 34. | 73 |

D-400 Sch S (50)

9-14-20

2020 Supplemental Schedule
North Carolina Department of RevenueDOR
Use
Only

If you are required to add certain items to Adjusted Gross Income on Form D-400, Line 7, or if you are entitled to take deductions from Adjusted Gross Income on Form D-400, Line 9, you must complete and attach this schedule to Form D-400. If you do not, the Department may be unable to process your return.

Important: Refer to the instructions before completing Parts A or B of this form.

| | | | |
|---------------------------------|----------|-----------------------------|-----------|
| Last Name (First 10 Characters) | NAGINENI | Your Social Security Number | 737797374 |
|---------------------------------|----------|-----------------------------|-----------|

| | | | | | | | |
|----|---|----|-----|-----|---|-----|---|
| 01 | 0 | 11 | 0 | 22 | 0 | 24E | 0 |
| 02 | 0 | 12 | 0 | 23A | 0 | 25 | 0 |
| 03 | 0 | 13 | 0 | 23B | 0 | 26 | 0 |
| 04 | 0 | 14 | 0 | 23C | 0 | 27 | 0 |
| 05 | 0 | 15 | 0 | 23D | 0 | 28 | 0 |
| 06 | 0 | 16 | 250 | 23E | 0 | 29 | 0 |
| 07 | 0 | 18 | 0 | 24A | 0 | 30 | 0 |
| 08 | 0 | 19 | 0 | 24B | 0 | 31 | 0 |
| 09 | 0 | 20 | 0 | 24C | 0 | 32 | 0 |
| 10 | 0 | 21 | 0 | 24D | 0 | 33 | 0 |

Part A. Additions to Federal Adjusted Gross Income

| | | | |
|-----|--|-----|-----|
| 1. | Interest Income From Obligations of States Other Than North Carolina | 1. | 0 |
| 2. | Deferred Gains Reinvested Into an Opportunity Fund Under IRC Section 1400Z-2 | 2. | 0 |
| 3. | Bonus Depreciation | 3. | 0 |
| 4. | IRC Section 179 Expense | 4. | 0 |
| 5. | S-Corporation Shareholder Built-in Gains Tax | 5. | 0 |
| 6. | Amount by Which Federal Basis Exceeds State Basis for Property Disposed of in 2020 | 6. | 0 |
| 7. | Unabsorbed Net Operating Loss Deduction | 7. | 0 |
| 8. | Excess Net Operating Loss Carryforward Deduction | 8. | 0 |
| 9. | Withdrawal of 529 Plan Contributions not Used for Permissible Purpose | 9. | 0 |
| 10. | Discharge of Qualified Principal Residence Indebtedness | 10. | 0 |
| 11. | Qualified Tuition and Related Expenses | 11. | 0 |
| 12. | Excess Business Loss | 12. | 0 |
| 13. | Qualified Education Loan Payments by Employer | 13. | 0 |
| 14. | Expenses Deducted Under a Forgiven PPP Loan | 14. | 0 |
| 15. | Business Interest Limitation | 15. | 0 |
| 16. | Above-the-line Qualified Charitable Contribution Deduction | 16. | 250 |
| 17. | Total additions - Add Lines 1 through 16 | 17. | 250 |



Last Name (First 10 Characters) NAGINENI

Your Social Security Number 737797374

Part B. Deductions From Federal Adjusted Gross Income

| | | | | | | | | | |
|------|--|---|------|------|---|------|------|-----|------------|
| 18. | State or Local Income Tax Refund | | | | | | | 18. | 0 |
| 19. | Interest Income From Obligations of the United States or United States' Possessions | | | | | | | 19. | 0 |
| 20. | Taxable Portion of Social Security and Railroad Retirement Benefits | | | | | | | 20. | 0 |
| 21. | Bailey Settlement Retirement Benefits | | | | | | | 21. | 0 |
| 22. | Bonus Asset Basis | | | | | | | 22. | 0 |
| 23. | Bonus Depreciation | | | | | | | | |
| 23a. | 2015 | 0 | 23b. | 2016 | 0 | 23c. | 2017 | 0 | |
| 23d. | 2018 | 0 | 23e. | 2019 | 0 | | | 0 | 23f. Total |
| | | | | | | | | | 0 |
| 24. | IRC Section 179 Expense | | | | | | | | |
| 24a. | 2015 | 0 | 24b. | 2016 | 0 | 24c. | 2017 | 0 | |
| 24d. | 2018 | 0 | 24e. | 2019 | 0 | | | 0 | 24f. Total |
| | | | | | | | | | 0 |
| 25. | Recognized IRC Section 1400Z-2 Gain | | | | | | | 25. | 0 |
| 26. | Gain From the Disposition of Exempt N.C. Obligations Issued Before July 1, 1995 | | | | | | | 26. | 0 |
| 27. | Exempt Income Earned or Received by a Member of a Federally Recognized Indian Tribe | | | | | | | 27. | 0 |
| 28. | Amount by Which State Basis Exceeds Federal Basis for Property Disposed of in 2020 | | | | | | | 28. | 0 |
| 29. | Ordinary and Necessary Business Expense Reduced or not Allowed Due to Claiming a Federal Tax Credit in Lieu of a Deduction | | | | | | | 29. | 0 |
| 30. | Personal Education Savings Account Deposits | | | | | | | 30. | 0 |
| 31. | State Emergency Response and Disaster Relief Reserve Fund Payments | | | | | | | 31. | 0 |
| 32. | Certain Economic Incentives | | | | | | | 32. | 0 |
| 33. | Extra Credit Grant | | | | | | | 33. | 0 |
| 34. | Total Deductions - 18 through 22, 23f, 24f, and 25 through 33 | | | | | | | 34. | 0 |

D-400 Sch PN (50)

8-12-20

**2020 Part-Year Resident and
Nonresident Schedule**
North Carolina Department of Revenue

DOR
Use
Only

If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2020, you must attach this schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) **NAGINENI**

Your Social Security Number **737797374**

A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a **"part-year resident"** if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a **"nonresident"** if you were not a resident of N.C. at any time during the tax year.

Important: Refer to the Instructions before completing this form.

| | | | | | |
|-----|---|-----|---|----|-------|
| NRT | Y | PYT | N | 22 | 6875 |
| NRS | N | PYS | N | 23 | 41923 |

Part A. Residency Status

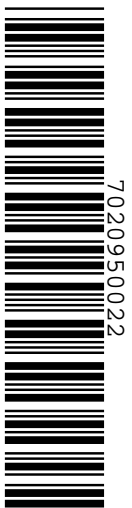
Taxpayer is: (Select applicable box)
 Full-Year Resident Nonresident Part-Year Resident
 Date N.C. residency began Date N.C. residency ended

Spouse is: (Select applicable box)
 Full-Year Resident Nonresident Part-Year Resident
 Date N.C. residency began Date N.C. residency ended

If you and your spouse were both full-year residents of N.C., **stop here**; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

Part B. Allocation of Income for Part-Year Residents and Nonresidents

| Total Income | COLUMN A Total Income from all sources | COLUMN B Amount of Column A subject to N.C. tax |
|--|--|---|
| 1. Wages, Salaries, Tips, Etc. | 1. 41923 | 6875 |
| 2. Taxable Interest | 2. 0 | 0 |
| 3. Taxable Dividends | 3. 0 | 0 |
| 4. Taxable Refunds, Credits, or Offsets of State and Local Income Taxes | 4. 0 | 0 |
| 5. Alimony Received | 5. 0 | 0 |
| 6. Business Income or (Loss) | 6. 0 | 0 |
| 7. Capital Gain or (Loss) | 7. 0 | 0 |
| 8. Other Gains or (Losses) | 8. 0 | 0 |
| 9. Taxable Amount of IRA Distributions | 9. 0 | 0 |
| 10. Taxable Amount of Pensions and Annuities | 10. 0 | 0 |
| 11. Rental Real Estate, Royalties, Partnerships, S-Corps, Estates, Trusts, Etc. | 11. 0 | 0 |
| 12. Farm Income or (Loss) | 12. 0 | 0 |
| 13. Unemployment Compensation | 13. 0 | 0 |
| 14. Taxable Amount of Social Security Benefits or Railroad Retirement Benefits | 14. 0 | 0 |
| 15. Other Income | 15. 0 | 0 |
| 16. Total Income | 16. 41923 | 6875 |
| | | |
| North Carolina Adjustments | COLUMN A | COLUMN B |
| | Enter the amount from | Amount of Column A |
| | Form D-400 Schedule S | subject to N.C. tax |
| 17. Additions | | |
| a. Interest Income From Obligations of States Other Than N.C. | 17a. 0 | 0 |
| b. Deferred Gains Reinvested Into an Opportunity Fund Under IRC Section 1400Z-2 | 17b. 0 | 0 |
| c. Bonus Depreciation | 17c. 0 | 0 |
| d. IRC Section 179 Expense | 17d. 0 | 0 |
| e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income | 17e. 0 | 0 |
| 18. Total Additions | 18. 0 | 0 |



| | |
|---|--|
| Last Name (First 10 Characters) NAGINENI | Your Social Security Number 737797374 |
|---|--|

Part B. Allocation of Income for Part-Year Residents and Nonresidents (continued)

| | COLUMN A | COLUMN B |
|---|--|---|
| | Enter the amount from Form D-400 Schedule S | Amount of Column A subject to N.C. tax |
| 19. Deductions | | |
| a. State or Local Income Tax Refund | 19a. 0 | 0 |
| b. Interest From Obligations of the United States or United States' Possessions | 19b. 0 | 0 |
| c. Taxable Portion of Social Security or Railroad Retirement Benefits | 19c. 0 | 0 |
| d. Bailey Retirement Benefits | 19d. 0 | 0 |
| e. Bonus Depreciation | 19e. 0 | 0 |
| f. IRC Section 179 | 19f. 0 | 0 |
| g. Recognized IRC Section 1400Z-2 Gain | 19g. 0 | 0 |
| h. Other Deductions From Federal Adjusted Gross Income That Relate to Gross Income | 19h. 0 | 0 |
| 20. Total Deductions | 20. 0 | 0 |
| 21. Total Income Modified by N.C. Adjustments | 21. 41923 | 6875 |

Part C. Part-Year Residents and Nonresidents Taxable Percentage

| | | |
|--|--|-----------------------|
| 22. Enter the Amount From Column B, Line 21 | | 22. 6875 |
| 23. Enter the Amount From Column A, Line 21 | | 23. 41923 |
| 24. Part-Year Residents and Nonresident Taxable Percentage | | 24. 0.1640 |

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

| | | |
|---|------------------------------|---|
| Your first name and middle initial MOUNIKA | Last name NAGINENI | Your social security number 737-79-7374 |
| 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. 13175 FOX HUNT LANE | | Apt. no. 151 | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below. HERNDON | State VA | ZIP code 20171 | |
| Foreign country name | Foreign province/state/county | Foreign postal code | |

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1956 Are blind **Spouse:** Was born before January 2, 1956 Is blind

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

| | | | | |
|----------------------------|---|------------|--|----------------|
| | 1 Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 | 41,923. |
| Attach Sch. B if required. | 2a Tax-exempt interest | 2a | 2b | |
| | 3a Qualified dividends | 3a | 3b Taxable interest | |
| | 4a IRA distributions | 4a | 3b Ordinary dividends | |
| | 5a Pensions and annuities | 5a | 4b Taxable amount | |
| | 6a Social security benefits | 6a | 5b Taxable amount | |
| | 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here | | 6b Taxable amount | |
| | 8 Other income from Schedule 1, line 9 | | 7 | |
| | 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | 8 | |
| | 10 Adjustments to income: | | 9 | 41,923. |
| | a From Schedule 1, line 22 | 10a | 10a | 2,500. |
| | b Charitable contributions if you take the standard deduction. See instructions | 10b | 10b | 250. |
| | c Add lines 10a and 10b. These are your total adjustments to income | | 10c | 2,750. |
| | 11 Subtract line 10c from line 9. This is your adjusted gross income | | 11 | 39,173. |
| | 12 Standard deduction or itemized deductions (from Schedule A) | | 12 | 12,400. |
| | 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A | | 13 | |
| | 14 Add lines 12 and 13 | | 14 | 12,400. |
| | 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | | 15 | 26,773. |

| | | | |
|-----------|--|------------|--------|
| 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 | 3,016. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 3,016. |
| 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 | 3,016. |
| 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 | 3,016. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 4,717. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 4,717. |
| 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 | 4,717. |

Refund

| | | | |
|------------|---|------------|---|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 1,701. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 1,701. |
| b | Routing number 062000080 | c | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
| d | Account number 8549551789 | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |

Amount You Owe

| | | | |
|-----------|--|-----------|--|
| 37 | Subtract line 33 from line 24. This is the amount you owe now | 37 | |
| 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 IT ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. _____ Email address _____

Paid Preparer Use Only

| | | | | |
|---|--|---------------------------|--------------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 02/23/2021 | 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 |

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

**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
MOUNIKA NAGINENI

Your social security number
737-79-7374

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 | |
| 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 | |

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 | 2,500. |
| 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 | 2,500. |