## **£1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly unchecked the MFS box, enter the son is a child but not your dependent	name of									
Your first name	and m	iddle initial	Last na	me					You	r soc	cial securit	y number
TARUN T	EJA I	REDDY	PALY	MAY					75	751-49-0929		
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spo	use's	social sec	curity number
	•	er and street). If you have a P.O. box, se	e instructi	ons.				Apt. no.	- 1			on Campaign
801 POL					1.		T	102	- 1		ere if you, if filing ioin	or your tly, want \$3
City, town, or p		ce. If you have a foreign address, also c	omplete s	paces below.	Sta OI			code 3240	to g	o to	this fund.	Checking a
Foreign country				Foreign province/state			+	eign postal cod			ow will not or refund.	
r orongir oddina	rianio			oroign province, etak	5, 00an	. y	' '	oigii poolal ood	,,,,,,,		You	Spouse
At any time du	ring 20	020, did you receive, sell, send, exc	change, c	or otherwise acquir	e any	financial inter	est ir	n any virtual	currenc	cy?	Yes	X No
Standard Deduction		eone can claim:  You as a d Spouse itemizes on a separate retu										
Age/Blindness	You:	Were born before January 2,	1956	Are blind S	oouse	: Was bo	orn be	efore Januar	y 2, 195	56	☐ Is bli	ind
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relations	hip	(4) 🗸 if	qualifie	s for	(see instru	ctions):
If more		irst name Last name		number		to you		Child tax credi		(	Credit for oth	ner dependents
than four											[	
dependents, see instruction	s ——											
and check												
here ►											[	
A 1	_1_	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1	1	17,848.
Attach Sch. B if	<b>2</b> a	Tax-exempt interest	2a		b T	axable interes	st			2b		
required.	3a	Qualified dividends	3a		<b>b</b> 0	ordinary divide	ends		.	3b		
	4a	IRA distributions	4a		<b>b</b> T	axable amou	nt .		.	4b		
	5a	Pensions and annuities	5a		<b>b</b> T	axable amou	nt .		.	5b		
Standard Deduction for—	6a	Social security benefits	6a		<b>b</b> T	axable amou	nt .		<u>.</u>	6b		
Single or	7	Capital gain or (loss). Attach Scho	edule D it	f required. If not red	quired	, check here		•	$\sqcup$	7		
Married filing	8	Other income from Schedule 1, li	ne 9 .						.	8		-6,750.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your <b>total in</b>	come				•	9	11	11,098.
Married filing jointly or	10	Adjustments to income:				1	1					
Qualifying	а	From Schedule 1, line 22				10	)a					
widow(er), \$24,800	b	Charitable contributions if you take	e the star	ndard deduction. Se	e inst	ructions 10	)b		$\Box$			
Head of	С	Add lines 10a and 10b. These are	your <b>to</b> t	tal adjustments to	inco	me			•	10c	+	
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross inc	come				•	11		11,098.
If you checked any box under	12	Standard deduction or itemized	d deduct	ions (from Schedu	le A)				.	12		12,400.
Standard	13	Qualified business income deduc	tion. Atta	ach Form 8995 or F	orm 8	995-A			.	13	+	
Deduction, see instructions.	14	Add lines 12 and 13							.	14		12,400.
	15	Taxable income. Subtract line 14	4 from lin	e 11. If zero or less	s, ente	r-0			.	15	ع ا	98,698.

Form 1040 (2020	))								Page <b>2</b>
	16	Tax (see instructions). Check if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	17,762.
	17						Г	17	
	18	Add lines 16 and 17					[	18	17,762.
	19	Child tax credit or credit for other dependen	ts					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,					†	22	17,762.
	23	Other taxes, including self-employment tax,					†	23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>		,				24	17,762.
	25	Federal income tax withheld from:					·		
	а	Form(s) W-2			25a	20,2	67.		
	b	Form(s) 1099			25b				
	C	Other forms (see instructions)			25c		-		
	d	Add lines 25a through 25c						25d	20,267.
		2020 estimated tax payments and amount a					· ·	26 26	20,207.
<ul> <li>If you have a L qualifying child,</li> </ul>	26	Earned income credit (EIC)			1 1			20	
attach Sch. EIC.	27				27		-		
If you have nontaxable	28	Additional child tax credit. Attach Schedule			28		-		
combat pay,	29	American opportunity credit from Form 8863	•		29				
see instructions.	30	Recovery rebate credit. See instructions .			30		-		
	31	Amount from Schedule 3, line 13							
	32	Add lines 27 through 31. These are your total					- t	32	
	33	Add lines 25d, 26, and 32. These are your to						33	20,267.
Refund	34	If line 33 is more than line 24, subtract line 2			•	-	· <u>·</u>	34	2,505.
	35a	Amount of line 34 you want refunded to you					·□	35a	2,505.
Direct deposit? See instructions.	►b	Routing number 0 4 4 0 0 0 0		▶ c Type: 🛛	Checking	Sav	/ings		
See instructions.	►d	Account number 3 8 4 2 3 9 6	6   9   0						
	36	Amount of line 34 you want applied to your	2021 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24. This is the amo	ount you owe	now			. ▶	37	
You Owe		Note: Schedule H and Schedule SE filers,	line 37 may r	ot represent all	of the taxes	s you ow	e for		
For details on how to pay, see		2020. See Schedule 3, line 12e, and its instr	uctions for det	ails.					
instructions.	38	Estimated tax penalty (see instructions) .		<u> </u>	38				
<b>Third Party</b>		you want to allow another person to disc							
Designee	ins	structions			. ▶ ∐ Y	es. Com	plete be	low.	<b>X</b> No
		signee's me ▶	Phone no. ▶			Persona number	l identific	ation	
<u> </u>				J	adulas and a		` /		t of my knowledge and
Sign		der penalties of perjury, I declare that I have examine ief, they are true, correct, and complete. Declaration							
Here	Yo	ur signature	Date	Your occupation			If the II	RS ser	nt you an Identity
	,	ar olgitatoro	Bato	Tour occupation			1		N, enter it here
Joint return?				SOFTWARE 1	ENGINEE	R	(see in	st.) ▶	
See instructions.	Sp	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupat	tion		1		nt your spouse an
Keep a copy for your records.	,						(see in		ection PIN, enter it here
,		(510) 410, 0400					(See III	51.)	
		one no. (612)412-3499	Email address	TARUNTEJA.PAI	1		TINI		Chaple if
Paid		eparer's name Preparer's signat		GIIDM3	Date		TIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	09/18/2	2021   P(	2082		Self-employed
Use Only		m's name ► GLOBAL TAXES LLC							678)965-9522
	Fire	m's address ▶ 2530 Pebble Creek I	n Cummin	g GA 30041			Firm's	EIN ▶	
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information.		BAA	REV 08/30	)/21 PRO			Form <b>1040</b> (2020)

# SCHEDULE 1 (Form 1040)

**Additional Income and Adjustments to Income** 

OMB No. 1545-0074

2020

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

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

TARUN TEJA REDDY PALYAM

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. 01 Your social security number

751-49-0929

Par	t 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	-6,750.
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,	0	C 750
Par	t II Adjustments to Income	9	-6,750.
		40	
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		
С	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

#### **SCHEDULE E**

Department of the Treasury

Internal Revenue Service (99)

(Form 1040)

#### **Supplemental Income and Loss**

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

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

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

OMB No. 1545-0074

Attachment Sequence No. **13** 

Name(s) shown on return

Your social security number

	FARUN TEJA REDDY PALYAM							751-49-0929			
Part		From Rental Real Estate and Roynstructions. If you are an individual, repo	-		-						
A Dic		nts in 2020 that would require you to									
		ou file required Form(s) 1099?									es □ No
1a		each property (street, city, state, ZIP									
Α	BHEL Colony Ol	d Alwal TELANGANA IN 500	010								
В											
С											
1b	Type of Property (from list below)	2 For each rental real estate propabove, report the number of fai personal use days. Check the 0	ir rent	al and			Rental Days	Per	Personal Use Days		QJV
Α	3	if you meet the requirements to	o file a	as a	Α		365			0	
В		qualified joint venture. See inst	ructio	ns.	В						
C					С						
	of Property:										
1 Sing	le Family Residence	3 Vacation/Short-Term Rental	5 La	nd	7	7 Self-	Rental				
	ti-Family Residence		6 Ro	yalties	8	3 Othe	r (describe)	)			
Incom	-	Properties:			Α		В	3			С
3			3		(	650.					
4			4								
Expen			_								
5			5								
6	•	nstructions)	6			000					
7	•	ance	7		⊥,:	200.					
8			8						-		
9			9								
10		ssional fees	10			- O O					
11	_		11			500.			-		
12 13		d to banks, etc. (see instructions)	12						-		
			14		1 1	T 0 0					
14 15	•		15			500. 600.					
16			16			000.					
17			17		2 1	600.			+		
18		or depletion	18		۷,۱	000.					
19	Other (list) ►	•	19								
20	` ′	ines 5 through 19	20		7 ,	400.					
21	•	line 3 (rents) and/or 4 (royalties). If									
21		nstructions to find out if you must									
	file <b>Form 6198</b>	· · · · · · · · · · · · · · · · · · ·	21		-6,	750.					
22		estate loss after limitation, if any,									
	on Form 8582 (see ins		22	(	-6,7	50.)	(		)(		)
23a		eported on line 3 for all rental prope	rties			23a		6	50.		
b	Total of all amounts re	eported on line 4 for all royalty prope	erties			23b					
С		eported on line 12 for all properties				23c					
d	Total of all amounts re	eported on line 18 for all properties				23d					
е	Total of all amounts re	eported on line 20 for all properties				23e		7,4	00.		
24	Income. Add positive	e amounts shown on line 21. <b>Do no</b>	<b>t</b> inclu	ude any l	osses				24		
25	Losses. Add royalty los	sses from line 21 and rental real estate	losse	s from lin	e 22. Er	nter tota	al losses her	е.	<b>25</b> (		6,750.)
26	Total rental real esta	ate and royalty income or (loss).	Comb	ine lines	24 and	d 25. E	nter the res	sult			
		V, and line 40 on page 2 do not									
	Schedule 1 (Form 104	0), line 5. Otherwise, include this ar	noun	t in the to	tal on	line 41	on page 2		26		-6,750.

**Passive Activity Loss Limitations** 

► See separate instructions.

► Attach to Form 1040, 1040-SR, or 1041.

OMB No. 1545-1008

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

	<b>2020</b>				
	Attachment Sequence No. <b>858</b>				
Identifying number					

751-49-0929 TARUN TEJA REDDY PALYAM Part I 2020 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a 1a Activities with net income (enter the amount from Worksheet 1, column (a)) . 0. **b** Activities with net loss (enter the amount from Worksheet 1, column (b)) . . . 1b 6,750. c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)) 1c 1d -6,750. **Commercial Revitalization Deductions From Rental Real Estate Activities** 2a Commercial revitalization deductions from Worksheet 2, column (a) 2a **b** Prior year unallowed commercial revitalization deductions from Worksheet 2, 2b column (b) c Add lines 2a and 2b 2c **All Other Passive Activities** 3a Activities with net income (enter the amount from Worksheet 3, column (a)) . 3a **b** Activities with net loss (enter the amount from Worksheet 3, column (b)) . . 3b 3c ( c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) 3d Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c. 2b. or 3c. 4 -6,750.If line 4 is a loss and: Line 1d is a loss, go to Part II. • Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III. • Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15. Special Allowance for Rental Real Estate Activities With Active Participation Part II Note: Enter all numbers in Part II as positive amounts. See instructions for an example. 5 Enter the **smaller** of the loss on line 1d or the loss on line 4 . . . . . . . . 5 6,750. 6 Enter \$150,000. If married filing separately, see instructions . . . . . . 150,000. 7 7 Enter modified adjusted gross income, but not less than zero. See instructions 117,848. Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. 8 Subtract line 7 from line 6 . . . . . . . 32,152. Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions 9 9 16,076. 10 10 6,750. If line 2c is a loss, go to Part III. Otherwise, go to line 15. Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities Part III Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions. 11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions. 11 12 12 13 13 14 Enter the **smallest** of line 2c (treated as a positive amount), line 11, or line 13 . . . . . . 14 **Total Losses Allowed** Part IV 15 Add the income, if any, on lines 1a and 3a and enter the total . . . . . . . . . . 15 0. Total losses allowed from all passive activities for 2020. Add lines 10, 14, and 15. See instructions 16 6,750.

Caution: The worksheets must be filed to				/ for your	record	S.		
Worksheet 1—For Form 8582, Lines 1	<b>a, 1b, and 1c</b> (se	e instruction	ns)					
Name of activity	Currer	nt year		Prior y	years		Overall g	ain or loss
Name of activity	(a) Net income (line 1a)	(b) Net lo (line 1b		(c) Una loss (li		(d)	) Gain	(e) Loss
BHEL Colony	0.	6,7	50.					6,750.
Total. Enter on Form 8582, lines 1a, 1b, and 1c ▶ Worksheet 2—For Form 8582, Lines 2a	0.	6,7	50.					
Worksheet 2—For Form 8582, Lines 2	a and 2b (see ins	structions)						
Name of activity			(b) Prior year owed deductions (line 2b)		(c)	(c) Overall loss		
Total. Enter on Form 8582, lines 2a and								
2b ▶ Worksheet 3—For Form 8582, Lines 3	 <b>a. 3b. and 3c</b> (se	e instruction	ns)					
, <u></u>	Currer			Prior	/ears		Overall o	ain or loss
Name of activity	(a) Net income (b) Net		ss					
	(line 3a) (line 3b			loss (li		(d)	) Gain	(e) Loss
Total. Enter on Form 8582, lines 3a, 3b,								
and 3c · · · · · · · · · · · · · · · ► Worksheet 4—Use This Worksheet if a	n Amount Is Sh	own on Fo	rm 8	⊥ 582. Line	e 10 or	1 <b>4.</b> See	e instructi	ons.
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Los		<b>(b)</b> Ratio		(a) Sn		(d) Subtract column (c) from column (a)
BHEL Colony	E Ln 22	6,7	'50.	1.000	00000		6,750.	0.
Total			'50.	1.0	00		6,750.	0.
Worksheet 5—Allocation of Unallowed	,							
Name of activity	Form or schedu and line number to be reported of (see instruction	on (a) Los		ess	<b>(b</b> )	) Ratio	(c)	Unallowed loss
Total						1 00		



#### 2020 Ohio IT 1040

**Individual Income Tax Return** Use only black ink/UPPERCASE letters.



Sequence No. 1

Check here if this is an amended return. Include the Ohio IT RE.

Do **NOT** include a copy of the previously filed return.

Primary taxpayer's SSN (required) 751 49 0929

Spouse's SSN (if filing jointly)

▶ If deceased

School district # (see instructions).

check box

check box

Check here if claiming an NOL carryback. Include Schedule IT NOL.

**SD#** ▶ 2503

First name

TARUN TEJA REDD

M.I. Last name PALYAM

Spouse's first name (only if married filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box

801 POLARIS PKWY

Address line 2 (apartment number, suite number, etc.)

**APT 102** 

Ohio county (first four letters) City ZIP code State

OH 43240 FRAN COLUMBUS

Foreign country (if the mailing address is outside the U.S.) Foreign postal code

Re	sidency Statu	<b>S</b> - Check only on	e for primary		Filing Status - Check one (as repo	orted on federal income tax return)			
×	Resident	Part-year resident	Nonresident Indicate state	<b>&gt;&gt;</b>	X Single, head of household or qu	alifying widow(er)			
Che	eck only one for sp Resident	ouse (if married fil Part-year resident	ing jointly) Nonresident Indicate state	<b>&gt;&gt;</b>	Married filing jointly  Married filing separately	Spouse's SSN			
<u>Oh</u>	Ohio Nonresident Statement – See instructions for required criteria  Primary meets the five criteria for irrebuttable presumption as nonresident.  Spouse meets the five criteria for irrebuttable presumption as nonresident.				Check here if you filed the federal extension form 4868.  Check here if someone else is able to claim you (or your spouse if joint return) as a dependent.				
	of your federal retu	rn if the amount is	zero or negative. I	I0-SR, line 11). Includ	le page 1 at the right	111098 00			
2a.	2a. Additions – Ohio Schedule A, line 10 (INCLUDE SCHEDULE)			DULE)	2a.	00			
2b.	Deductions – Ohio	Schedule A, line 3	9 (INCLUDE SCH	EDULE)	2b.	00			
	, ,	, ,		ne 2b). Place a "-" in		111098 00			

Spouse meets the five criteria for irrebuttable presumption as nonresident.	Check here if someone else is able to claim you (or your spouse if joint return) as a dependent.
1. Federal adjusted gross income (federal 1040 and 1040-SR, line 11). Include	le page 1
of your federal return if the amount is zero or negative. Place a "-" in the box a if the amount is less than zero	
2a. Additions – Ohio Schedule A, line 10 (INCLUDE SCHEDULE)	2a. 0 0
2b. Deductions – Ohio Schedule A, line 39 (INCLUDE SCHEDULE)	2b. 0 0
3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the right if the amount is less than zero	
Exemption amount (INCLUDE SCHEDULE J if claiming dependents)  Number of exemptions including you and your spouse/dependents, if applicable:	
5. Ohio income tax base (line 3 minus line 4; if less than zero, enter zero)	5. 109198 00
6. Taxable business income – Ohio Schedule IT BUS, line 13 (INCLUDE SCHE	<b>DULE</b> )6.
7. Line 5 minus line 6 (if less than zero, enter zero)	7. 109198 00





0098

#### 2020 Ohio IT 1040

#### **Individual Income Tax Return**



SSN 751 49 0929

•... - ... --. . -.

8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	7a. Amount from line 7 on page 1.			7a.	109198	00
8c. Income tax liability before credits (line 8a plus line 8b)	8a. Nonbusiness income tax liabili	ty on line 7a (see instruction	ns for tax tables)	8a.	3204	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 34 (INCLUDE SCHEDULE)	8b. Business income tax liability –	Ohio Schedule IT BUS, line	e 14 (INCLUDE SCHEDULE).	8b.		00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero)	8c. Income tax liability before cred	lits (line 8a plus line 8b)		8c.	3204	00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	9. Ohio nonrefundable credits – 0	Ohio Schedule of Credits, lin	ne 34 (INCLUDE SCHEDULE)	9.	0	00
12. Use tax due on internet, mail order or other out-of-state purchases (see instructions)	10. Tax liability after nonrefundable	e credits (line 8c minus line	9; if less than zero, enter zero	)10.	3204	00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	11. Interest penalty on underpaym	ent of estimated tax (included)	de Ohio IT/SD 2210)	11.		00
14. Ohio income tax withheld − Schedule of Ohio Withholding, part A, line 1 (INCLUDE SCHEDULE)	12. Use tax due on internet, mail o	order or other out-of-state pu	urchases (see instructions)	12.		00
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return	13. Total Ohio tax liability before	withholding or estimated pa	ayments (add lines 10, 11 and	12)13.	3204	00
15.   00   16. Refundable credits – Ohio Schedule of Credits, line 40 (INCLUDE SCHEDULE)	14. Ohio income tax withheld – Sc	hedule of Ohio Withholding	, part A, line 1 ( <b>INCLUDE SCH</b>	IEDULE)14.	3265	00
17. Amended return only – amount previously paid with original and/or amended return						00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	16.Refundable credits – Ohio Sch	nedule of Credits, line 40 (IN	ICLUDE SCHEDULE)	16.		00
19. Amended return only – overpayment previously requested on original and/or amended return	17. <u>Amended return only</u> – amou	unt previously paid with orig	inal and/or amended return	17.		00
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero	18. Total Ohio tax payments (add	18.	3265	00		
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.  21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	19. <b>Amended return only</b> – overp	payment previously request	ed on original and/or amended	return19.		00
21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13					3265	00
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State" AMOUNT DUE ▶ 23. 00  24. Overpayment (line 20 minus line 13)		-				00
(if amended return) and make check payable to "Ohio Treasurer of State" AMOUNT DUE > 23.  24. Overpayment (line 20 minus line 13)	22. Interest due on late payment o	f tax (see instructions)		22.		00
25. Original return only – amount of line 24 to be credited toward next year's income tax liability						00
26. Original return only – amount of line 24 to be donated: a. Ohio History Fund b. State nature preserves c. Breast/Cervical Cancer  00 00 00  d. Wishes for Sick Children 00 00 00 00 00 00 00 00	24. Overpayment (line 20 minus lin	ne 13)		24.	61	00
d. Wishes for Sick Children e. Wildlife species f. Military injury relief  00 00 00 00	26. Original return only - amoun	t of line 24 to be donated:	·	oility25.		00
d. Wishes for Sick Children e. Wildlife species f. Military injury relief  00 00 00	00	00	00			
	d. Wishes for Sick Children	e. Wildlife species	f. Military injury relief	Total 26g.		00
27. <b>REFUND</b> (line 24 minus lines 25 and 26g)						
Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge   If your refund is \$1.00 or less, no refund will be issued.		<u> </u>			61	00

**<u>Sign Here (required)</u>:** I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Primary signature Phone number (612)412-3499
Spouse's signature Date (MM/DD/YY)

Check here to authorize your preparer to discuss this return with the Department.

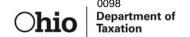
Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522

Preparer's TIN (PTIN) P02082703

If your refund is \$1.00 or less, no refund will be issued If you owe \$1.00 or less, no payment is necessary.

NO Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679

Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057



### 2020 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.



Sequence No. 11

Primary taxpayer's SSN

751 49 0929

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms only if they have Ohio withholding. Complete all fields for each form entered. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. Complete additional copies if necessary. Place state copies of your income statements after the last page of your return.

#### Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 1040 ......1

1.	<i>3</i> ∠05	UU

Part B -		D 4 W 6 6	D 0 5 1 11 11 11 11
1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 5 0 9 5 4 0 0	Box 2 - Federal income tax withheld 5562 00
P	464397732	50954 00	5502 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	54133636	43490 00	1324 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	462424572	66894 00	14705 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	53049202	66894 00	1941 00
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00



# 2020 Schedule of Ohio Withholding

Withholding Primary taxpayer's SSN 751 49 0929



20350298

Sequence No. 12

Part C -	1099-Rs	751 49 0929	Sequence No.	12
1. P/S		Box 1 - Gross distribution	Total Box 7 -	
		00	distribution Distribution code	
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld	
		00	00	
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total Box 7 -	
		00	distribution Distribution code	
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld	
		00	00	
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total Box 7 -	
		00	distribution Distribution code	
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld	
		00	00	
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total Box 7 -	
		00	distribution Distribution code	
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld	
		00	00	
Part D -	W-2Gs			
1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld	
		00	00	
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld	
		00	00	
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld	
		00	00	
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld	
		00	00	
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld	
		00	00	
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld	
		00	00	
	1099-NECs	Day 1 Nanamalayaa camananatian	Box 4 - Federal income tax withheld	
1. P/S	Payer's TIN	Box 1 - Nonemployee compensation 0 0	00	
	Dev C. Deverde Obie week or			
	Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Ohio tax withheld	
0			00	
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal income tax withheld	
		00	00	
	Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Ohio tax withheld	
		00	00	

2020

					Primar	y Social Sec	curity Number	Check the app	,		
TARUN TE					751	49 092	19	REFUND	Line	amount must be placed in e 6B for this return to be	
First name and r	middle initial	Last name	e		Spouse	e's Social Se	curity Number			sidered a valid refund request) ax year	
If a joint return, spouse's first name and initial		st name and Last name	e		Filing	status:					
801 POLA										ctivated? YES NO	
CURRENT home	e address (nu	umber and street)				ırried-Filinç	g Jointly	ıı τ⊑ə, expıaın			
COLUMBUS City	3	OH State	4324 Zip code	10		`	g Separately	Did you file a City re	eturn in 2	2019? YES NO	
		State	210 0001	-	For Ta	ax Office	Use				
Taxpayer phone	number										
,		nd payment is due, you m mount can be found in Box		ney order							
Residence o	change in 2	020 (If applicable)									
Did you change r	esidence dur	ring 2020?	YES NO		Occun	ation or natur	e of business				
If YES, enter date of move:					Occupation or nature of business  Trade name /DBA						
Previous Address (number and street)					- Cities	Cities of employment COLUMBUS					
						COLUMBUS					
City, State, Zip Code					City of	City of residence COLUMBUS					
Part A	TAX	ABLE WAGES	Attach W-2s ar	nd /or W-2 G	<b>3</b> .						
Employ	er(s) and add	dress where work was PHYS	SICALLY performed. If you w	vorked from ho	ome, state p	percentage of	f time worked fro	m home.		TAXABLE WAGES	
BRAINTREE CONSULTANTS INC,5005 W ROYAL LN STE 12						27			(+)	43,490.	
INFORMATION CONTROL COMPANY LLC,2500 CORPORATE EXC										66,894.	
If you have more th	nan three emp	loyers, please attach a statem	nent listing all employers.			NET	ΓWAGES (enter i	n Column B below)	(+) (=)	110,384.	
Part B	TAX C	ALCULATION	Complete Form IR-2	1 for <u>2021 if</u>	<sup>2</sup> 2020 <u>net</u>	tax due is	s more than \$2	200.			
COLUMN A		COLUMN B	COLUMN C	COLUI			COLUMN E	COLUM	N F	COLUMN G	
CITY	CODE	INCOME FROM WAGES, SALARIES, COMMISSIONS, ETC.	INCOME FROM NET PROFITS, RENTS, AND OTHER TAXABLE INCOME	ITS, AND TOTA		TAX RATE	TAX DUE	LESS TAX WITHHELD (W-2), PAID BY A PARTNERSHP, PAID DIRECTLY TO CITY WHERE EARNED, OR		NET TAX DUE	
		(from Net Wages in Part A)	(from Part C)	IAVABLE		1911		CAMPAIGN CONT CREDIT	RIBUTIO	N .	
COLUMBU	S 01	110,384.	0.	110,	384. 2.5% 2,76		2,760	2,37		382.	
2. LESS CREDI	TS FOR <u>ES</u>	TIMATED TAX PAYMEN	TS AND <u>OVERPAYMENT</u>	FROM PRIC	OR YEAR I	RETURN O	NLY	2			
3. BALANCE DU	JE (COLUM	N G LESS LINE 2). If Line	e 2 is greater than Column C	6, enter amour	nt (in bracke	ets) here			3	382.	
4. PENALTY: 15	4. PENALTY: 15% \$ + INTEREST \$								4	1	
(see instructions) (see instructions)  5. TOTAL AMOUNT DUE (ADD LINES 3 AND 4). NOTE: NO PAYMENT IS DUE IF AMOUN									\- <u></u>	382.	
	,	ED (IF LINE 2 EXCEEDS			•					302.	
		Line 6 you want CREDIT	,		6A						
B. Enter the amount from Line 6 you want <u>REFUNDED</u> (must be greater than \$10.00) —							6B				
The Control										_	
Third [Party	Do you wan	t to allow another perso	n to discuss this matter	,		ibus? (see i	instructions)	YES Comple	ete the f	ollowing X NO	
Designee		Designee's Name:			Phone #:			SSN:			
SIGNATI	JRE	for the taxable period stated	hat this return (and accompan I, and that the figures used are	the same as u	ised for fede	ral income tax	x purposes and			ORMATION	
o:			ation many ha valaged to the t	ax administration	on of the city	of residence	and the I.R.S.	<b>NO Payment</b>	Enclo	and.	
Sign	our Signature	understands that this inform	allori may be released to the t	1						is Income Tax Division	
Here If a joint return,	our Signature Spouse's	understands that this miorni	auon may be released to the t		Date			Mail to: Co	olumbı O Box	is Income Tax Division 182437	
Here If a joint return, both must sign	Signature	understands that this lillothi	alion may be released to the t		Date Date			Mail to: Co	olumbı O Box olumbı	us Income Tax Division 182437 us, Ohio 43218-2437	
Here If a joint return, both must sign Paid	Signature Spouse's	understands that this illiothi	Date		Date Date	30-101	7196 65-9522	Mail to: Co Po Co Payment End Make payable to:	olumbu O Box olumbu closed CITY	us Income Tax Division 182437 us, Ohio 43218-2437 1:	

Rev. 1/08/2021 REV 04/06/21 PRO

PO Box 182158 Columbus, Ohio 43218-2158