Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

IIILEIIIAI I	levellue Sel vice							
Submi	ssion Identification Number (SID)							
Taxpaye	r's name		Social s	ecurity	y numb	er		
PHAN	IINDRA KUMAR VALLURI		894-95-2591					
Spouse's			Spouse				mber	
Part	Tax Return Information — Tax Year Ending December 31,	(Enter	year y	ou ar	e aut	horiz	ing.)	
	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.					7		
1	Adjusted gross income				1			823.
2	Total tax			•	2			604.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099				3			748.
4	Amount you want refunded to you		7	•	4		1,	653.
5	Amount you owe				5			
Part	Taxpayer Declaration and Signature Authorization (Be sure you generalties of perjury, I declare that I have examined a copy of the income tax return (original or a							
to send for any Agent to paymer authorize paymer business taxes to personal	original or amended) I am now authorizing. I consent to allow my intermediate service provider my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reaso delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorical initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accident of my federal taxes owed on this return and/or a payment of estimated tax, and the financial action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the title of the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellast days prior to the payment (settlement) date. I also authorize the financial institutions involved the receive confidential information necessary to answer inquiries and resolve issues related all identification number (PIN) below is my signature for the income tax return (original or americal fundamental Canada.	on for rejected the U.S. count indiction institution terminate at in the part to the part of the U.S. countries at in the part of the part of the part of the part of the U.S. countries at in the part of the part of the U.S. countries at in the part of the U.S. countries at the U.S. cou	ction of S. Treas cated in n to deb the aut ests mu processi ayment.	the tra tury ar the ta bit the horiza ust be ing of I furth	ansmised its of the control of the c	sion, (lesignaration of this of revolution of the contraction of the c	(b) the ated Foundation according to later in the later in the later ic payed according to later in the later ic payed according to later in the later ic payed according to later in the later in the later ic payed according to lat	e reason Financial ware for unt. This ancel) a than 2 ment of that the
	nic Funds Withdrawal Consent.							
	yer's PIN: check one box only		D.1.	5	2 5	9	1	
X	I authorize GLOBAL TAXES LLC to enter or ge	enerate n	ny PIN	Ent	er five	digits,	but	as my
	signature on the income tax return (original or amended) I am now authorizing.			don	i't ente	all ze	ros	
	I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN and your return is filed using the Practitioner PI below.							
Your s	gnature ▶Da	ate► _						
Snous	e's PIN: check one box only							
opous	I authorize to enter or ge	norato n	ov DINI					as my
	ERO firm name	onerate n	IIY I IIN	Ent	er five o	ligits.	but	as my
	signature on the income tax return (original or amended) I am now authorizing.				't ente			
	I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN and your return is filed using the Practitioner PI below.	•			_			-
Spous	e's signature ▶ Da	ate ►						
opea.c	Practitioner PIN Method Returns Only—continue							
Part l								
FRO'e	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5 8	7 2	7 8	3 6	1 9	8	9
LITO	ET INT IN. Effet your six-aight Et in tollowed by your live-aight self-selected i in.				r all ze		<u> </u>	
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual in ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I aments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providence.	am submi	tting thi	s retu	rn in a	ccord	ance	
EDO:	oignoturo N	ata 🏲						
EKU'S	signature ► Di	ate ►						

Don't Submit This Form to the IRS Unless Requested To Do So

E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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

Filing Status Check only one box.	If yo	Single Married filing jointly understand Married filing jointly understand the MFS box, enter the nonis a child but not your dependent	ame of y	d filing separately (Nour spouse. If you cl	. —		•	. —	-			
Your first name	and m	ddle initial	Last nar	Last name						Your social security number		
PHANIND	RA K	JMAR	VALL	URI				8	894-95-2591			
If joint return, s	pouse's	first name and middle initial	Last nar	me				Sı	pouse's	s social sec	curity number	
	•	r and street). If you have a P.O. box, see	instructio	ons.			Apt. no.	C	heck h	nere if you,		
City, town, or post office. If you have a foreign address, also compl. LAKE MARY			mplete sp	paces below.	State FL		ZIP code 32746	to	go to	9.	tly, want \$3 Checking a	
Foreign country name			F	oreign province/state/o			Foreign postal			or refund.		
At any time du	ring 20	220, did you receive, sell, send, excl	nange, o	r otherwise acquire	any financia	al interest	in any virtu	al curre	ncy?	Yes	X No	
Standard Deduction	_	eone can claim:	•			ndent						
Age/Blindness	You:	☐ Were born before January 2, 1	956	Are blind Spo	use: 🗌 🗸	Vas born	before Janu	ıary 2, 1	956	☐ Is bli	ind	
Dependents If more		instructions): rst name Last name		(2) Social security number	_ ` '	elationship o you		if quali tax cred	- 1	r (see instruc Credit for oth	ctions): ner dependents	
than four												
dependents, see instruction	s ——											
and check								<u> </u>				
here ▶										L		
Attach	_1_	Wages, salaries, tips, etc. Attach F	1` ′	V-2					1	9	93,713.	
Sch. B if	2a	· —	2a		b Taxable				2b			
required.	3a		3a		b Ordinary				3b			
	4a		4a		b Taxable				4b			
	5a	_	5a		b Taxable				5b			
Standard Deduction for—	6a	,	6a Dif		b Taxable				6b	+		
Single or	7	Capital gain or (loss). Attach Sche			irea, cneck	nere .			8	+	4 000	
Married filing separately,	8 9	Other income from Schedule 1, lin Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,		hia ia vaur tatal in a					9		-4,890. 38,823.	
\$12,400 Married filing	10	Adjustments to income:	anu o. m	nis is your total inco					9	+	0,023.	
jointly or	а	From Schedule 1, line 22				10a						
Qualifying widow(er),	b	Charitable contributions if you take	the stan	dard deduction See	instructions							
\$24,800 • Head of	C	Add lines 10a and 10b. These are				100		. •	100			
household,	11	Subtract line 10c from line 9. This		•					11	_	38,823.	
\$18,650 If you checked	12	Standard deduction or itemized		-					12		12,400.	
any box under Standard	13	Qualified business income deduct							13		,	
Deduction,	14	Add lines 12 and 13							14	+	12,400.	
see instructions.	15	Taxable income. Subtract line 14	from line	e 11. If zero or less,	enter -0				15	_	76,423.	

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

Form **1040** (2020)

Form 1040 (2020)						Page 2
	16	Tax (see instructions). Check if any from Form(s): 1	8814 2 4972	3 🗌		16	12,604.
	17	Amount from Schedule 2, line 3				17	
	18	Add lines 16 and 17				18	12,604.
	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	12,604.
	23	Other taxes, including self-employment tax, from Sc	•			23	0.
	24	Add lines 22 and 23. This is your total tax			. ▶	24	12,604.
	25	Federal income tax withheld from:		1 1			
	а	Form(s) W-2			,748.	-	
	b	Form(s) 1099		25b			
	С	Other forms (see instructions)		25c			10 710
	d	Add lines 25a through 25c				25d	13,748.
• If you have a	26	2020 estimated tax payments and amount applied fi		1 1	•	26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)		27			
If you have nontaxable	28	Additional child tax credit. Attach Schedule 8812		28			
combat pay,	29	American opportunity credit from Form 8863, line 8		29	F00	-	
see instructions.	30	Recovery rebate credit. See instructions		30	509.	-	
	31	Amount from Schedule 3, line 13		31		-	F00
	32	Add lines 27 through 31. These are your total other			→ . →	32	509.
-	33	Add lines 25d, 26, and 32. These are your total pay			. ▶	33	14,257.
Refund	34	If line 33 is more than line 24, subtract line 24 from line				34	1,653.
Direct deposit?	35a	Amount of line 34 you want refunded to you. If Forr Routing number $ X X X X X X X X X$				35a	1,653.
See instructions.	►b ►d	Account number X X X X X X X X X X X			Savings		
	36	Amount of line 34 you want applied to your 2021 es		36			
Amount	37				. ▶	37	
You Owe	31	Subtract line 33 from line 24. This is the amount you				0,	
For details on		Note: Schedule H and Schedule SE filers, line 37 2020. See Schedule 3, line 12e, and its instructions		of the taxes you	owe for		
how to pay, see instructions.	38	Estimated tax penalty (see instructions)		38			
Third Party		you want to allow another person to discuss this					
Designee		tructions			omplete b	elow.	X No
Ü	De	ignee's	Phone	Pers	onal identif	cation	
		ne ►	no, 🕨		oer (PIN)		
Sign		der penalties of perjury, I declare that I have examined this releaf, they are true, correct, and complete. Declaration of prepare					
Here			` '	ised on all illionnalid			nt you an Identity
	, 10	r signature Date	Your occupation				N, enter it here
Joint return?			SOFTWARE I	DEVELOPER		nst.) ▶	
See instructions.	Sp	buse's signature. If a joint return, both must sign. Date	Spouse's occupati	on			nt your spouse an
Keep a copy for your records.	,				l l	ity Prote nst.) ▶ [ection PIN, enter it here
		Tracil o	Iduaa		(000)	101.7	
		one no. Email au parer's name Preparer's signature	auress	Date	PTIN	$\overline{}$	Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SA	אראם מווסייא ייאו זאש.	02/04/2021	P02082	702	Self-employed
Preparer		rkiia kan sasak soria iannan sian Fkiia kan si n's name ► GLOBAL TAXES LLC	GAIC GOFTA TALLIAN	02/04/2021			678)965-9522
Use Only		n's address > 2530 Pebble Creek Ln Cur	ming GA 30041			s EIN ▶	
Go to way ire or		1040 for instructions and the latest information.	BAA	REV 02/01/21 PRO		5 LIIV P	Form 1040 (2020)
do to www.ms.gc	,v,r Giri	1940 to instructions and the latest information.	DAA	KEV 02/01/21 FKC	,		10111 10-10 (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR

PHANINDRA KUMAR VALLURI

► 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

894-95-2591

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	-4,890.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-4,890.
Par			
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 adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service (99)

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

Sequence No. 13 Name(s) shown on return Your social security number PHANINDRA KUMAR VALLURI 894-95-2591 Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Physical address of each property (street, city, state, ZIP code) Α GANDHI NAGAR HYDERABAD IN 500072 В C 1b Fair Rental **Personal Use** Type of Property For each rental real estate property listed QJV above, report the number of fair rental and Days (from list below) Days personal use days. Check the **QJV** box only if you meet the requirements to file as a 365 Α Α 0 qualified joint venture. See instructions. В В С С Type of Property: 7 Self-Rental Single Family Residence 3 Vacation/Short-Term Rental 5 Land 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** 3 Rents received . 3 550. 4 4 Royalties received Expenses: Advertising 5 5 80. 6 Auto and travel (see instructions) 6 270. 7 Cleaning and maintenance . . . 7 90. 8 Commissions. 8 9 Insurance 9 10 10 Legal and other professional fees . . . 11 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. 13 5,000. 14 14 Repairs. . . . 15 15 Supplies . Taxes 16 16 17 17 18 Depreciation expense or depletion 18 Other (list) 19 19 20 Total expenses. Add lines 5 through 19 20 5,440. Subtract line 20 from line 3 (rents) and/or 4 (royalties). If 21 result is a (loss), see instructions to find out if you must

on Form 8582 (see instructions) -4,890.) 550 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b c Total of all amounts reported on line 12 for all properties 23c d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 5,440. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 4,890.

21

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

Deductible rental real estate loss after limitation, if any,

22

-4,890.





2020 Form M1, Individual Income Tax

IINDRA KUMAR	VALLURI	894952591	09041992
t Name and Initial	Your Last Name	Your Social Security Num	
Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security N	umber Spouse's Date of Birth
FALLITING ACORN	LAKE MARY	FT. 32746	Check if Address is:
Home Address	City	State ZIP Code	New Foreign
Federal Filing Status (pla	ce an X in one box):		
Single (2) Married Filing Jointly	(3) Married Filing Separately Spouse Name	(4) Head of Hous	ehold (5) Qualifying Widow(er
ndents (see instructions)	Spouse SSN		
ant 1 First Namo	Donandant 1 Last Namo	Donondont 1 CSN	Dependent 1 Relationship to You
HILL FIIST NAME	Dependent 1 Last Name	Dependent 133N	Dependent 1 Kelationship to fou
ent 2 First Name	Dependent 2 Last Name	Dependent 2 SSN	Dependent 2 Relationship to You
ent 3 First Name	Dependent 3 Last Name	Dependent 3 SSN	Dependent 3 Relationship to You
Elections Campaign Fund	d		
		te offices pay campaign expenses. This will no	t increase your tax or reduce your refund.
		Green—15	Legal Marijuana Now—17
da Snousa's Coda			General Campaign Fund—99
Your Federal Return (see in	estructions)		
	0	0	76423
) noncions and annuities	. Unemployment	D. Federal taxable income
	A, pensions, and annuities		
Federal adjusted gross income (j	from line 11 of federal Form 1040 and	1040-SR)	1 ■ <u>88823</u>
Additions to Minnesota income f	from line 11 of federal Form 1040 and	structions; enclose Schedule M1M)	2
Additions to Minnesota income f	from line 11 of federal Form 1040 and from line 17 of Schedule M1M (see ins	structions; enclose Schedule M1M)	2■
Additions to Minnesota income f Add lines 1 and 2 Itemized deductions (from Sched	from line 11 of federal Form 1040 and from line 17 of Schedule M1M (see ins	etructions; enclose Schedule M1M)	2■
Additions to Minnesota income for Add lines 1 and 2	from line 11 of federal Form 1040 and from line 17 of Schedule M1M (see instituted and Institute in Schedule M1SA) or your standard deduction tructions)	on (see instructions)	2■
Additions to Minnesota income for Add lines 1 and 2	from line 11 of federal Form 1040 and from line 17 of Schedule M1M (see institution of Schedule M1M) or your standard deduction tructions)	on (see instructions)	2■
Additions to Minnesota income for Add lines 1 and 2	from line 11 of federal Form 1040 and from line 17 of Schedule M1M (see instance of Schedule M1SA) or your standard deduction tructions)	on (see instructions)	3 88823 4 12400 5 6
Additions to Minnesota income for Add lines 1 and 2 Itemized deductions (from School Exemptions (determine from instance) State income tax refund from lines Other subtractions from Minnesot (see instructions; enclose School Interval Interval School Interval Inter	from line 11 of federal Form 1040 and from line 17 of Schedule M1M (see instituted of the see instituted of th	on (see instructions)	3 88823 4 12400 5 6
Add lines 1 and 2 Itemized deductions (from Scheol Exemptions (determine from inst State income tax refund from lines Other subtractions from Minneso (see instructions; enclose Schedus Total subtractions. Add lines 4 th Minnesota taxable income. Subt	from line 11 of federal Form 1040 and from line 17 of Schedule M1M (see instituted of M1SA) or your standard deduction tructions)	on (see instructions) M1M ve blank	3 88823 4 12400 5 1 6 1 7 1 8 12400 9 76423
	Single (2) Married Filing Jointly Indents (see instructions) Ent 1 First Name Ent 2 First Name Elections Campaign Functions Sto this fund, enter the code for the par Politic Repub Democ Your Federal Return (see in	FALLLING ACORN Home Address LAKE MARY City Federal Filing Status (place an X in one box): Single (2) Married Filing Jointly Spouse Name Spouse Name Spouse SSN Indents (see instructions): Pent 1 First Name Dependent 1 Last Name Dependent 2 Last Name Dependent 3 Last Name Elections Campaign Fund St to this fund, enter the code for the party of your choice. It will help candidates for sta Political Party Code Numbers: Republican—11 Independence—13 Democratic/Farmer-Labor—12 Grassroots/Legalize Your Federal Return (see instructions) 9 3 7 1 3	FALLLING ACORN Home Address LAKE MARY City Federal Filing Status (place an X in one box): Single (2) Married Filing Jointly Spouse Name Spouse SSN Indents (see instructions): Independent 2 Last Name Independent 3 Last Name Independence—13 Independence—13 Independence—15 Independen

2020 M1, page 2



12 13	Add lines 10 and 11 Full-year residents: Enter the amount from line 12 on line 13. Skip		12	4808
	Part-year residents and nonresidents: From Schedule M1NR, enter t line 13, from line 28 on line 13a, and from line 29 on line 13b (enclosed)	he amount from line 32 on	13	2951
	13a■ 54525 13b■ 88823			
14	Other taxes, such as recapture amounts and the tax on lump-sum d	istributions (check appropriate boxes)		
	(a) Schedule M1HOME (b) Schedule M1529	c) Schedule M1LS	14	
15	Tax before credits. Add lines 13 and 14		15	2951
16	Amount from line 17 of Schedule M1C, Nonrefundable Credits (enco	lose Schedule M1C)	16 ■	
17 18	Subtract line 16 from line 15 (if result is zero or less, leave blank) Nongame Wildlife Fund contribution (see instructions)		17	2951
	This will reduce your refund or increase the amount you owe		18 ■	2051
19 20	Add lines 17 and 18		19	<u>2951</u>
20	Minnesota withholding from Forms W-2, 1099, and W-2G (do not send		20 ■	3627
21	Minnesota estimated tax and extension payments made for 2020 .		21 ■	
22	Amount from line 9 of Schedule M1REF, Refundable Credits (see ins	tructions; enclose Schedule M1REF)	22 ■	
23	Total payments. Add lines 20 through 22		23	3627
24	REFUND . If line 23 is more than line 19, subtract line 19 from line 2 For direct deposit, complete line 25		24 ■	676
25	Direct deposit of your refund (you must use an account not associa			
	Checking Savings			
		count Number		
26 27	AMOUNT YOU OWE. If line 19 is more than line 23, subtract line 23 Penalty amount from Schedule M15 (see instructions). Also subtract	t		
IF Y	this amount from line 24 or add it to line 26 (enclose Schedule M15 OU PAY ESTIMATED TAX and want part of your refund credited to est		27 ■	
	Amount from line 24 you want sent to you		28 ■	
20	Amount from line 24 you want applied to your 2021 estimated tax		29 ■	
23	Amount from fine 24 you want applied to your 2021 estimated tax		23	
Тахр	ayer: I declare that this return is correct and complete to the best of	my knowledge and belief.		
Your	Signature	use's Signature (If Filing Jointly)	Dat	re (MM/DD/YYYY)
		ANIVALLURI4@GMAIL.COM iil Address		
		042021 (MM/DD/YYYY)		2082703 N or VITA/TCE # (required)
		AM@GTAXFILE.COM		
Prepa	rer's Daytime Phone Preparer to file my return electronically.	parer's Email Address I authorize the Minnesota Department of Revenue t with my paid preparer or the third-party designee ir		

Include a copy of your 2020 federal return and schedules.

REV 01/26/21 PRO

 $\begin{tabular}{ll} \textbf{Mail to:} & \textbf{Minnesota Individual Income Tax, St. Paul, MN 55145-0010} \\ & 1031 \end{tabular}$





2020 Schedule M1NR, Nonresidents/Part-Year Residents

Before you complete this schedule, read the instructions and complete lines 1 through 11 of Form M1.

	ANINDRA KUMAR	VALLURI	894952591	
Your	First Name and Initial	Your Last Name	Your Social Security Number	
Spot	use's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number	_
Min	nesota Residency (Place an X in one box a	nd enter other state of residency)		
You:	X Full-year Nonresident	Part-Year Resident from to (MM/DD/YYYY) Ot	her State of Residency:F'L	
Your	Spouse: Full-year Nonresident	Part-Year Resident from	her State of Residency:	
			A. Total Amount B. Minnesota Portion	
1	Wages, salaries, tips, etc. (from line	1 of federal Form 1040 or 1040-SR)	93713 54525	5
2	Taxable interest and ordinary divide	nd income (lines 2b and 3b of Form 1040 or 1040-SR) . 2_		_
3	Business income or loss (from line 3	of federal Schedule 1)		_
4	Capital gain or loss (from line 7 of Fo	rm 1040 or 1040-SR)		_
5	IRA distributions, pensions, and ann	uities (from lines 4b and 5b of Form 1040 or 1040-SR) . 5	<u> </u>	
6	Net income from rents, royalties, pa		4000	_
	estates, and trusts (from line 5 of fee	deral Schedule 1)		<u>U</u>
7	Farm income or loss (from line 6 of)	ederal Schedule 1)		
8				
	lines 1, 2a, 4, 7, and 8 of federal Sch	edule 1)		_
9	Interest and dividends from non-Mi			
	(add lines 1 and 2 of Schedule M1M	9		_
10	Danus danraciation addition from li	on 2 of Schoolula MANA	_	
10	Borius depreciation addition from in	ne 3 of Schedule M1M		_
11	This line intentionally left blank			
12	Suspended loss from line 8 of Sched	ule M1M	•	_
13	Other required additions from Sche	dule M1M and M1AR (see instructions)	=	_
14	Federal adjustments from Schedule	M1NC (See instructions)	•	
		, , , , , , , , , , , , , , , , , , , ,		_
15	Add lines 1 through 14 for each colu	mn	88823 ■ 54525	5
-	our Minnesota gross income is below			
16		expenses, and Armed Forces moving expenses chedule 1)		
17	Self-employed SEP, SIMPLE, and qua			_
1/		dule 1)		
18		ASA deductions (add line 12 and Archer MSA		_
		al Schedule 1)		
19	One-half of self-employment tax and			
		dule 1)		_
20	′ '			
	(see instructions for line 20, column	B)		_

2020 Form M1NR, page 2



21	Penalty on early withdrawal of savings (from line 17 of federal Schedule 1) 21	
22	Net operating loss carryover adjustment from line 35 of Schedule M1M (see instructions) 22	•
23	Social Security benefit from line 39 of Schedule M1M (see instructions)	•
24 25	Subtraction for federal bonus depreciation from line 21 of Schedule M1M	
26	Subtraction for federal section 179 expensing (from line 22 of Schedule M1M) 26	
27 28	Add lines 16 through 26 for each column	F4525
29	M1. If your Minnesota gross income is below \$12,400 or the result is zero or less, enter 0	
30	Divide line 28 by line 29, and enter the result as a decimal (carry to five decimal places). If line 28 is more than line 29, enter 1.0. If line 28 is zero, enter 0	.61386
31	Amount from line 12 of Form M1	4808
32	Multiply line 30 by line 31. Enter the result here and on line 13 of Form M1	2951

You must include this schedule with Form M1. Enter the amounts from lines 28 and 29 of this schedule on Form M1, lines 13a and 13b.





2020 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

PHANINDRA K	UMAR	VALLURI	894952591				
our First Name and Init	tial	Last Name	Your Social Security Number				
f a Joint Return, Spouse's	First Name and Initial	Spouse's Last Name		Spouse's Social Security Number			
complete this schedo amounts to the near W-2G; keep them wi	ule to determine lind rest whole dollar. You th your tax records.	e 20 of Form M1. List only the for u must include this schedule whe All instructions are included on t	rms that report Minnesota incomen you file your return. DO NOT sthis schedule.	send in your Forms W-2, 1099, or			
1 Minnesota wages complete line 5 or		vithheld on Forms W-2, other than	from Forms W-2G. If you have mo	re than five Forms W-2,			
A	B—Box 13	C—Box 15	D—Box 16	E—Box 17			
If the Form W-2 is for	: If Retirement Plan	Employer's seven-digit Minnesota	State wages, tips, etc.	Minnesota tax withheld			
you, enter 1spouse, enter 2	box is checked, mark an X below.	Tax ID Number	(round to nearest whole dollar)	(round to nearest whole dollar)			
a1 <u>1</u>	b1	c1 MN2204583	d1 54525	e13627			
a2	b2	c2 MN	d2	e2			
a3	b3	c3 MN	d3	e3			
a4	b4	c4 MN	d4	e4			
a5	b5	c5 MN	d5	e5			
Subtotal for additi	ional Forms W-2 <i>(fror</i>	m line 5 on page 2)					
Total Minnesota t	ax withheld on all Fo	orms W-2 (add amounts in line 1, c	olumn E)	1■3627			
2 Minnesota tax wit	:hheld on Forms 1099	9. W-2G, and 1042-S. If you have m	ore than four forms, complete line	6 on the back.			
Α		В	c	D			
If the Form 1099, W-2	2G, or 1042-S is for:	Payer's seven-digit Minnesota Tax II	D Income amount (see the table on	Minnesota tax withheld			
 you, enter 1 		Number (if unknown, contact the pe	ayer) the back for amounts to include)	(round to nearest whole dollar)			
• spouse, enter 2							
a1		b1 MN	c1	d1			
a2		b2 MN	c2	d2			
			_				
a3		b3 MN		d3			
a4		b4 MN	c4	d4			
Subtotal for additi	ional 1099, W-2G, and	d 1042-S (from line 6 on page 2)					
Total Minnesota t	ax withheld on all 10	099, W-2G, and 1042-S (add amou	nts in line 2, column D)	2 🔳			
		nerships, S corporations, and fiduc					
				3 🔳			
	nnesota tax withheld			4■ 3627			
Enter the total her	re and on title 20 Of F	orm M1		JU4/			

£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 [ou checked the MFS box, enter the son is a child but not your depender	name of y										
Your first name	and m	iddle initial	Last na	me					Your	Your social security number			
PHANIND	RA K	UMAR	VALL	JURI					894	894-95-2591			
If joint return, spouse's first name and middle initial				me					Spou	se's	social sec	urity number	
	•	er and street). If you have a P.O. box, se	e instruction	ons.				Apt. no.	1			n Campaign	
		NG ACORN CIRCLE					_				re if you,	or your ly, want \$3	
		ce. If you have a foreign address, also c	omplete s	paces below.	Sta			code			0,	Checking a	
LAKE MAI				FL 3			+	2746			w will not	change	
Foreign country	/ name		F	Foreign province/state	e/coun	ty	For	eign postal cod	e your	tax c	or refund.	Spouse	
At any time du	ring 20	020, did you receive, sell, send, exc	change, c	or otherwise acquire	e any	financial intere	est in	any virtual	currency	/?	Yes	⊠ No	
Standard Deduction		eone can claim:	•	•		•							
Age/Blindness	You:	Were born before January 2,	1956	Are blind Sr	ouse	: Was bo	rn be	efore Januar	/ 2, 195	6	☐ Is bli	nd	
Dependents	s (see	instructions):		(2) Social securi	tv	(3) Relations	ain	(4) ✓ if	aualifies	for (see instruc	ctions):	
If more		irst name Last name		number	,	to you	,	Child tax		- 1		er dependents	
than four										T			
dependents, see instruction													
and check	5 —												
here ▶ □													
	1	Wages, salaries, tips, etc. Attach	Form(s) \	N-2						1	9	3,713.	
Attach	2a	Tax-exempt interest	2a		b T	axable interes	t			2b			
Sch. B if required.	3a	Qualified dividends	3a		b C	ordinary divide	nds			3b			
	4a	IRA distributions	4a		b T	axable amour	nt.			4b			
	5a	Pensions and annuities	5a		b T	axable amour	nt.			5b			
Standard	6a	Social security benefits	6a		b T	axable amour	nt .			6b			
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	edule D if	required. If not red	quired	, check here		🕨		7			
Married filing	8	Other income from Schedule 1, li	ne 9							8	-	4,890.	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	, and 8. T	his is your total in	come					9	8	8,823.	
Married filing jointly or	10	Adjustments to income:				1							
Qualifying	а	From Schedule 1, line 22				10	а						
widow(er), \$24,800	b	Charitable contributions if you take	e the stan	ndard deduction. Se	e inst	ructions 10	b						
Head of	С	Add lines 10a and 10b. These are	your tot	al adjustments to	inco	me			▶ 1	10c			
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross inc	ome				•	11		8,823.	
If you checked any box under	12	Standard deduction or itemized	d deducti	ions (from Schedul	e A)					12	1	2,400.	
Standard	13	Qualified business income deduc	tion. Atta	ch Form 8995 or F	orm 8	995-A			-	13			
Deduction, see instructions.	14	Add lines 12 and 13							-	14		2,400.	
	15	Taxable income. Subtract line 14	4 from lin	e 11. If zero or less	, ente	er -0			.	15	7	6,423.	

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌			16	12,604.
	17	Amount from Schedule 2, lir								
	18	Add lines 16 and 17							. 18	12,604.
	19	Child tax credit or credit for	other dependen	ts					. 19	
	20	Amount from Schedule 3, lir	ne 7						. 20	
	21	Add lines 19 and 20							. 21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0					. 22	12,604.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 10 .				. 23	0.
	24	Add lines 22 and 23. This is	vour total tax					. 1	▶ 24	12,604.
	25	Federal income tax withheld	l from:							,
	а	Form(s) W-2				25a	13	,748	3.	
	b	Form(s) 1099				25b		•		
	С	Other forms (see instruction				25c				
	d	Add lines 25a through 25c	•						25d	13,748.
	26	2020 estimated tax paymen								
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27		-		
attach Sch. EIC.	28	Additional child tax credit. A				28				
If you have nontaxable	29	American opportunity credit				29				
combat pay, see instructions.	30	Recovery rebate credit. See		•		30		509	,	
3cc mandenona.	31	Amount from Schedule 3. lir				31		302		
	32		Add lines 27 through 31. These are your total other payments and refundable credits						▶ 32	509.
	33	Add lines 25d, 26, and 32. T	•							14,257.
Refund	34	If line 33 is more than line 24						. '	34	1,653.
	35a	Amount of line 34 you want				•	=	▶ [- 	1,653.
Direct deposit?	⊳ b	Routing number X X X			▶ c Type:				_	1,055.
See instructions.	▶d	Account number X X X				.		Oaving	,5	
	36	Amount of line 34 you want				<u> </u>	<u></u> :			
Amount	37	Subtract line 33 from line 24							37	
You Owe	•			-					or	
For details on		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.								
how to pay, see instructions.	38	Estimated tax penalty (see in	•			38				
Third Party	Do	you want to allow another				See				
Designee		structions					🗌 Yes. C	omple	te below.	X No
		signee's		Phone					entification	
		ne 🕨		no. ►				ber (PIN	,	
Sign		der penalties of perjury, I declare tief, they are true, correct, and com								
Here			ipiete. Deciaration			ased on	ali lilloittiati			,
	, 10	ur signature		Date	Your occupation					nt you an Identity IN, enter it here
Joint return?					SOFTWARE 1	DEVEI	LOPER		ee inst.) ►	
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	tion		If	the IRS se	nt your spouse an
Keep a copy for your records.	,								-	ection PIN, enter it here
your records.								(8	ee inst.) 🕨	
-		one no.	1	Email address		1		DTILL		T =
Paid		eparer's name	Preparer's signat		_	Date		PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	02/0	04/2021		082703	Self-employed
Use Only		m's name ► GLOBAL TA						P	hone no. ((678)965-9522
	Fir	m's address ▶ 2530 Pebb	le Creek L	n Cummin	g GA 30041			F	irm's EIN	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV	02/01/21 PR)		Form 1040 (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

► 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

PHAN	NINDRA KUMAR VALLURI	894-95	5-2592	1
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 Schedu	ule E	5	-4,890.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income. List type and amount ▶			
			8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-line 8		9	-4,890.
Par	t II Adjustments to Income			1,000.
10	Educator expenses		10	
11	Certain business expenses of reservists, performing artists, and fee-basis governr officials. Attach Form 2106	nent	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	
	Alimony paid		18a	
	Recipient's SSN			
	Date of original divorce or separation agreement (see instructions)			
19	IRA deduction		19	
20	Student loan interest deduction		20	
21	Tuition and fees deduction. Attach Form 8917		21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here on Form 1040, 1040-SR, or 1040-NR, line 10a	and	22	

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

Attachment Sequence No. **13**

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

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

Your social security number

PHANINDRA KUMAR VALLURI 8								894	894-95-2591				
Part	Income or Loss	From Rental Real Estate and Ro	yalties	Note: If y	ou are	e in th	e business o	f renting	g personal	proper	y, use		
	Schedule C. See	instructions. If you are an individual, rep	ort farm	rental incor	me or	loss fr	om Form 48	35 on p	age 2, line	e 40.			
A Dic	l you make any payme	nts in 2020 that would require you to	file Fo	rm(s) 1099	? See	instr	uctions .		[Yes	X N	0	
B If "	f "Yes," did you or will you file required Form(s) 1099?								🗆	Yes	□ N	o	
1a		each property (street, city, state, ZIF											
Α	GANDHI NAGAR H	IYDERABAD IN 500072											
В													
C													
1b	Type of Property	perty lis	erty listed		Fair Rental		Personal Use Days			QJV			
	(from list below)	above, report the number of fa personal use days. Check the	QJV bo	JV box only ——		Days		-					
_ <u>A</u>	3	if you meet the requirements to fil qualified joint venture. See instruc				365		0			<u> </u>		
B C		il dollor.	uctions. B										
	of Duamanton				,						Ш		
	of Property:	3 Vacation/Short-Term Rental	E Lan	٦	7	Calf	Dontol						
_	le Family Residence												
Incom	· · · · · · · · · · · · · · · · · · ·						8 Other (describe						
3		•	3	A		50.	Е	•		С			
4			4		5:	50.						—	
Expen			+										
5			5		S	30.							
6	Advertising			270.									
7	Cleaning and maintenance			90.									
8			7			,,,,							
9			9										
10		essional fees	10										
11	_		11										
12		d to banks, etc. (see instructions)	12										
13	Other interest				5,00	00.							
14	Repairs				-								
15			15										
16			16										
17			17										
18		e or depletion	18										
19	Other (list) ►			19									
20	Total expenses. Add	lines 5 through 19	20		5,44	10.							
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties). If											
	result is a (loss), see	instructions to find out if you must											
	file Form 6198		21	21 -4,									
22	Deductible rental rea on Form 8582 (see in	l estate loss after limitation, if any, structions)	22 (_ 4	1,89	0.)	()()	
23a	·	eported on line 3 for all rental prope				23a	•	550	o. (
b	Total of all amounts reported on line 4 for all royalty properties					23b							
C	Total of all amounts reported on line 12 for all properties					23c							
d	Total of all amounts reported on line 18 for all properties												
е	Total of all amounts reported on line 18 for all properties												
24	Income. Add positive amounts shown on line 21. Do not include any losses .								24				
25	•	sses from line 21 and rental real estate		-		er tota	al losses her	e . 🗀	25 (4	,890).)	
26	Total rental real est	ate and royalty income or (loss).	Combir	ne lines 24	and	25. F	nter the res	sult					
	here. If Parts II, III, I	V, and line 40 on page 2 do not 40), line 5. Otherwise, include this ar	apply t	o you, als	so en	ter th	is amount	on	26	- 4	1,89	90.	