## 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

Submi	ssion Identification Number (SID)					
Taxpaye	r's name	Social securit	y numl	per		
RAV]	INDAR REDDY ALUGOTI	050-79-	-096	6		
Spouse's	s name	Spouse's soc	ial seci	urity num	ber	
Part	Tax Return Information — Tax Year Ending December 31, 2020 (Enter	vear vou a	re au	thorizir	ng.)	
	whole dollars only on lines 1 through 5.	, ,			<u> </u>	
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	8	87,7	45.
2	Total tax		2		12,3	62.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		14,0	
4	Amount you want refunded to you		4		1,6	39.
5 Part	Amount you owe	een a con	5 ( of )	OUR PA	turn	<u> </u>
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)					
for any Agent to paymer authorize paymer business taxes to persona	I my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated for my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate and the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised as days prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the pal identification number (PIN) below is my signature for the income tax return (original or amended) I arnic Funds Withdrawal Consent.	S. Treasury as cated in the ta in to debit the the authoriza- lests must be processing of ayment. I furt	nd its of the control	designate paration to this action to the control of	ed Fin softwa ccoun e (car later t paym dge th	ancial are for t. This ncel) a han 2 ent of at the
					_	
	yer's PIN: check one box only  I authorize GLOBAL TAXES LLC to enter or generate it	9	0 9	9 6 6	5	
×	ERO firm name	Ent		digits, bu	ut	s my
	signature on the income tax return (original or amended) I am now authorizing.  I will enter my PIN as my signature on the income tax return (original or amended) I am now if you are entering your own PIN and your return is filed using the Practitioner PIN methology.					
Your s	ignature ▶ Date ▶					
Spous	e's PIN: check one box only				_	
	I authorize to enter or generate	mv PIN			a	s my
	ERO firm name	Ent		digits, bu	ut	,
	signature on the income tax return (original or amended) I am now authorizing.			r all zero		
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methology.					
Spous	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part	Certification and Authentication — Practitioner PIN Method Only					
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8	7 2 7	8 6	1 9	8 9	9
		Don't ente	er all ze	eros		_
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income taged to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of Incompany to the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of Incompany that IRS <i>e-file</i> Providers of IRS <i>e-fi</i>	itting this retu	rn in a	accordar	nće wi	
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To D	o So				

### **£1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

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

Filing Status	S 🔀 :	Single Married filing jointly	Marrie	ed filing separately	(MFS	S) Hea	ad of hou	sehold (HOI	H) [	Qua	lifying wid	dow(er) (QW)
Check only one box.	If yo	ou checked the MFS box, enter the son is a child but not your depende		our spouse. If you	ched	ked the H	OH or Q'	W box, ente	er the	child's	name if t	the qualifying
Your first name	and m	iddle initial	Last name					Your social security numb		rity number		
RAVINDA	RE	DDY	ALUG	OTI					(	050-79-0966		
If joint return, s	pouse's	s first name and middle initial	Last nar	me					S	Spouse'	s social se	ecurity number
Home address	(numbe	er and street). If you have a P.O. box, se	ee instruction	ons.				Apt. no.	F	Preside	ntial Elect	tion Campaign
1047 SO	JTHE	RN ARTERY						412			nere if you	
City, town, or p	ost offi	ce. If you have a foreign address, also	complete sp	paces below.	St	ate		code			0,	intly, want \$3 I. Checking a
QUINCY						IA		2169			ow will no	•
Foreign country	y name		F	Foreign province/state	e/cou	nty	Fo	reign postal co	ode y	our tax	or refund	d. Spouse
At any time du	ıring 20	D20, did you receive, sell, send, ex	change, o	r otherwise acquir	e any	financial i	nterest i	n any virtua	l curre	ency?	 Yes	⊠ No
Standard Deduction	_	<b>leone can claim:</b> You as a conspouse itemizes on a separate return to the constant of the con	•				lent					
		: Were born before January 2,			oous		s born b	efore Janua	ary 2,	1956		olind
Dependents	-			(2) Social securi	ty	(3) Relat	ionship	(4) 🗸	if qua	lifies fo	r (see instr	ructions):
If more	•	irst name Last name		number		to you		Child tax cre		- 1		other dependents
than four												
dependents, see instruction												
and check	5 —											
here ▶ □												
	_1_	Wages, salaries, tips, etc. Attach	Form(s) V	N-2						1		87,745.
Attach	2a	Tax-exempt interest	2a		b	Taxable int	erest			2b		
Sch. B if required.	3a	Qualified dividends	3a		b	Ordinary d	ividends			3b		
	4a	IRA distributions	4a		b	Taxable an	nount .			4b		
	5a	Pensions and annuities	5a		b	Taxable an	nount .			5b		
Standard	6a	Social security benefits	6a		b	Taxable an	nount .			6b		
• Single or	7	Capital gain or (loss). Attach Sch	edule D if	required. If not red	quire	d, check h	ere .		<b>▶</b> □	7		
Married filing	8	Other income from Schedule 1, I	ine 9							8		
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your <b>total in</b>	com	e			. ▶	9		87,745.
<ul> <li>Married filing</li> </ul>	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22					10a					
widow(er), \$24,800	b	Charitable contributions if you tak	e the stan	dard deduction. Se	e ins	tructions	10b					
<ul> <li>Head of</li> </ul>	С	Add lines 10a and 10b. These are	e your <b>tot</b>	al adjustments to	inco	me			. ▶	100		
household, \$18,650	11	Subtract line 10c from line 9. This	s is your <b>a</b>	adjusted gross inc	ome				. ▶	11		87,745.
If you checked	12	Standard deduction or itemize	d deducti	ons (from Schedu	le A)					12		12,400.
any box under Standard	13	Qualified business income deduc	ction. Atta	ch Form 8995 or F	orm	8995-A .				13		
Deduction, see instructions.	14	Add lines 12 and 13								14		12,400.
	15	Taxable income. Subtract line 1	4 from line	e 11. If zero or less	s, ent	er -0				15		75,345.

Form 1040 (2020	))								Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		. 16	12,362.
	17	Amount from Schedule 2, lir	ne 3					. 17	
	18	Add lines 16 and 17						. 18	12,362.
	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							12,362.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .			. 23	0.
	24	Add lines 22 and 23. This is						24	12,362.
	25	Federal income tax withheld	•						
	а	Form(s) W-2				<b>25a</b> 1	4,001	L.	
	b	Form(s) 1099				25b			
	С	Other forms (see instruction				25c			
	d	Add lines 25a through 25c	,					. 25d	14,001.
	26	2020 estimated tax paymen							11/0011
<ul> <li>If you have a L qualifying child,</li> </ul>	27	Earned income credit (EIC)				27		. 20	
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		-	
see instructions.	31	Amount from Schedule 3. lir				31		_	
		Add lines 27 through 31. The						20	
	32								14 001
	33	Add lines 25d, 26, and 32. T							14,001.
Refund	34	If line 33 is more than line 24	•					. 34	1,639.
D: 1.1 :10	35a	Amount of line 34 you want					_	_	1,639.
Direct deposit? See instructions.	▶b	Routing number 0 2 1 Account number 3 8 1				Checking [	Saving	gs	
	►d	· · · · · · · · · · · · · · · · · · ·				+			
	36	Amount of line 34 you want							
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe	now		•	▶ 37	
You Owe For details on		Note: Schedule H and Sch	· ·	•	•	of the taxes yo	u owe fo	or	
how to pay, see		2020. See Schedule 3, line 1	•			1 1			
instructions.	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another	•						<b>.</b>
Designee		structions				_	•		X No
		signee's me ▶		Phone no. ▶			rsonal ide mber (PIN	entification	
Cian		der penalties of perjury, I declare t	hat I have examine		d accompanying sch				st of my knowledge and
Sign		lief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		l If	the IRS se	nt you an Identity
	k .						P	rotection P	IN, enter it here
Joint return?					IT EMPLOY	EE	(s	see inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	ion			nt your spouse an
your records.	,							see inst.)	ection PIN, enter it here
		one no.		Email address				,,	
		eparer's name	Preparer's signat			Date	PTIN		Check if:
Paid		•			רווסייא ייאדד אוּאּ			102702	Self-employed
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		NADAG MAN	GUPTA TALLAM	104/43/404		082703	
Use Only		m's name ► GLOBAL TA		n (1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	~ (7) 20041				(678)965-9522
		m's address ► 2530 Pebb		ıı Cummın				irm's EIN 🕨	
Go to www.irs.go	ov/Forr	n1040 for instructions and the late	st information.		BAA	REV 04/16/21 P	RO		Form <b>1040</b> (2020)



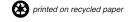
# Form M-8453 Individual Income Tax Declaration for Electronic Filing

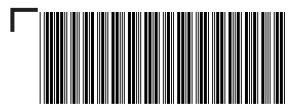
Massachusetts

**Department of** 

Revenue

	mable apon requ	,	car canaary r	December 31, 2020.		
Your first name and initial	Last name		Yo	our Social Security number	er	
RAVINDAR REDDY ALUGOTI			0	150790966		
If a joint return, spouse's first name and initial	Last name		S	pouse's Social Security n	umber	
Present street address (and apartment number)						
1047 SOUTHERN ARTERY APT N	0 412					
City/Town/Post Office	State	Zip	Fi	iling status: X Single		☐ Married filing jointly
QUINCY	MA	02169		☐ Married fi	ling separately	Head of household
Part 1. Tax Return Information	n for Electro	nic Filing	I		_	
1 Total 5.0% income (from Form 1, line 10, or	Form 1-NR/PY, li	ine 12)			1	87745
2 Income tax after credits (from Form 1, line 3	32, or Form 1-NR/	/PY, line 36)			2	0
3 Massachusetts use tax (from Form 1, line 3	4, or Form 1-NR/	PY, line 38)			<b>3</b> [	0
4 Massachusetts income tax withheld (from F	orm 1, line 38, or	Form 1-NR/P	Y, line 42)		4	
5 Refund amount (from Form 1, line 50, or Fo	orm 1-NR/PY, line	54)			5	
6 Tax due (from Form 1, line 51, or Form 1-N	R/PY, line 55)				6	
Part 2. Declaration and Signat	ture of Town					
Return Originator and that the amounts above this information is true, correct and complete. I sent to the Massachusetts Department of Rev the transmitter when my electronic return has	consent that my enue by my Elect	return, includir ronic Return C	ng this declaration Priginator. I authori	and accompanying so ize DOR to inform my	chedules, for Electronic R	ms and statements be eturn Originator and/or
the return can be corrected and re-transmitted my tax liability, I will remain liable for the tax lia	. If I have filed a b	alance due re	turn, I understand		•	•
the return can be corrected and re-transmitted	. If I have filed a b	palance due re cable penalties	turn, I understand s and interest.		receive full a	•
the return can be corrected and re-transmitted my tax liability, I will remain liable for the tax lia	Date  ture of Electiver's return and the taxpayer's return the Massachusetts we taxpayer's return that I have vaxpayer) is based	tronic Ret hat the entries rn; however, the turn to the M. Department ourn and accomwerified the tax on all informations.	turn, I understand s and interest. Inpouse's signature (if turn Origina on this M-8453 and the sasachusetts Dep of Revenue. If I ampanying schedules payer's proof of action of which the p	f joint return, both must single for (ERO) re complete and correct hat the M-8453 accurate partment of Revenue. In also the paid prepare is and statements and count and it agrees we preparer has any know	ct to the best tely reflects have provid to the best coith the name	Date  Date  t of my knowledge. the data on the return.) ed the taxpayer with as and penalties of if my knowledge and e(s) shown on this form. hal Forms M-8453
the return can be corrected and re-transmitted my tax liability, I will remain liable for the tax liable for signature  Part 3. Declaration and Signat I declare that I have reviewed the above taxpart (Collectors are not responsible for reviewing the I have obtained the taxpayer's signature befor a copy of all forms and information filed with the perjury I declare that I have examined the about belief, they are true, correct and complete. I definitely declaration of paid preparer (other than the should not be sent to DOR, but must instead be	Date  ture of Electiver's return and the taxpayer's return the Massachusetts we taxpayer's return that I have vaxpayer) is based	tronic Refeatation to the common street the entries that	turn, I understand s and interest. Spouse's signature (if turn Origina on this M-8453 aney must ensure the assachusetts Dep if Revenue. If I ampanying schedule: payer's proof of action of which the picay business propagate	I that if DOR does not a figure from the figure (ERO) re complete and correct that the M-8453 accurate partment of Revenue. In also the paid prepare as and statements and count and it agrees we preparer has any known the mises for a period of EIN	ct to the best tely reflects have provid to the best coith the name	Date  t of my knowledge. the data on the return.) ed the taxpayer with and penalties of of my knowledge and e(s) shown on this form. hal Forms M-8453 from the date the return
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the return can be corrected and re-transmitted my tax liability, I will remain liable for the tax liable for resignature.  Part 3. Declaration and Signat I declare that I have reviewed the above taxpa (Collectors are not responsible for reviewing the I have obtained the taxpayer's signature befor a copy of all forms and information filed with the perjury I declare that I have examined the about belief, they are true, correct and complete. I declare that I have examined the about belief, they are true, correct and complete. I declare that I have examined the about the declaration of paid preparer (other than the should not be sent to DOR, but must instead be to which the M-8453 relates was filed.  ERO's signature and SSN or PTIN  Firm name (or yours, if self-employed) and address	Date  ture of Electiver's return and the taxpayer's return the Massachusetts we taxpayer's return that I have vaxpayer) is based	tronic Ret hat the entries rn; however, treturn to the M. Department our and accomverified the tax on all informat ERO on the E	turn, I understand s and interest. spouse's signature (if turn Origina on this M-8453 and sey must ensure the assective of Revenue. If I ampanying schedules payer's proof of action of which the pictor of substantial payer is produced by the payer is proof of action of which the pictor	I that if DOR does not a found for the Most set of the Most se	ct to the best ately reflects have provid r, under pair to the best co ith the name rledge. Origin	Date  t of my knowledge. the data on the return.) ed the taxpayer with as and penalties of if my knowledge and e(s) shown on this form. hal Forms M-8453 from the date the return  Check if self-employed
the return can be corrected and re-transmitted my tax liability, I will remain liable for the tax liable for resignature.  Part 3. Declaration and Signat I declare that I have reviewed the above taxpa (Collectors are not responsible for reviewing the I have obtained the taxpayer's signature befor a copy of all forms and information filed with the perjury I declare that I have examined the about belief, they are true, correct and complete. I declare that I have examined the about belief, they are true, correct and complete. I declare that I have examined the about the declaration of paid preparer (other than the should not be sent to DOR, but must instead be to which the M-8453 relates was filed.  ERO's signature and SSN or PTIN  Firm name (or yours, if self-employed) and address	If I have filed a bability and all appliance of Electrons	tronic Refeatate the entries repaired the tax on all informate ERO on the ERO of the ERO	turn, I understand a and interest. Spouse's signature (if turn Origina on this M-8453 and sey must ensure the assachusetts Dep of Revenue. If I ampanying schedule: payer's proof of action of which the payer's business properties of the city/Town UMMING  (if other that in the payer's proof of action of which the payer's proof of action of which the payer's proof of action of which the payer's proof of the payer's proof of action of which the payer's proof of action of which the payer's proof of the payer's pr	I that if DOR does not a foot for the most size of the tree of the	ct to the best ately reflects have provider, under pair to the best crith the name dedge. Origin three years to the best of th	nd timely payment of  Date  t of my knowledge. the data on the return.) ed the taxpayer with as and penalties of of my knowledge and e(s) shown on this form. hal Forms M-8453 from the date the return  Check if self-employed  Check if also paid preparer  s, and to the best of
the return can be corrected and re-transmitted my tax liability, I will remain liable for the tax liad Your signature  Part 3. Declaration and Signat I declare that I have reviewed the above taxpay (Collectors are not responsible for reviewing the I have obtained the taxpayer's signature befor a copy of all forms and information filed with the perjury I declare that I have examined the above belief, they are true, correct and complete. I dead This declaration of paid preparer (other than the should not be sent to DOR, but must instead be to which the M-8453 relates was filed.  ERO's signature and SSN or PTIN  Firm name (or yours, if self-employed) and address GLOBAL TAXES LLC 2530  Part 4. Declaration and Signat Under pains and penalties of perjury, I declare my knowledge and belief it is true, correct and	If I have filed a bability and all appliance of Electrons	tronic Retained the entries rn; however, the eturn to the M. Department ourn and accomposition of the eturn to the ERO on	turn, I understand a and interest. Spouse's signature (if turn Origina on this M-8453 and sey must ensure the assachusetts Dep of Revenue. If I ampanying schedule: payer's proof of action of which the payer's business properties of the city/Town UMMING  (if other that in the payer's proof of action of which the payer's proof of action of which the payer's proof of action of which the payer's proof of the payer's proof of action of which the payer's proof of action of which the payer's proof of the payer's pr	I that if DOR does not a foot for the most size of the tree of the	ct to the best ately reflects have provider, under pair to the best crith the name dedge. Origin three years to the best of th	Date  t of my knowledge. the data on the return.) ed the taxpayer with as and penalties of of my knowledge and e(s) shown on this form. hal Forms M-8453 from the date the return  Check if self-employed  Check if also paid preparer  s, and to the best of ormation of which the
the return can be corrected and re-transmitted my tax liability, I will remain liable for the tax liability, I will remain liable for the tax liability are liable for the tax liability and signature  Part 3. Declaration and Signat I declare that I have reviewed the above taxpa (Collectors are not responsible for reviewing the I have obtained the taxpayer's signature befor a copy of all forms and information filed with the perjury I declare that I have examined the about belief, they are true, correct and complete. I deal of the taxpayer (other than the should not be sent to DOR, but must instead be to which the M-8453 relates was filed.  ERO's signature and SSN or PTIN  Firm name (or yours, if self-employed) and address GLOBAL TAXES LLC 2530  Part 4. Declaration and Signat Under pains and penalties of perjury, I declare my knowledge and belief it is true, correct and preparer has any knowledge.  Paid preparer's signature and SSN or PTIN	If I have filed a bability and all appliance of Electrons	tronic Retains the entries rn; however, the eturn to the M. Department ourn and accomposition of the eturn to the ERO on	turn, I understand a and interest. Spouse's signature (if turn Origina on this M-8453 and the most of	I that if DOR does not a figure of the point return, both must since the point return, both must since the point of the po	ct to the best ately reflects have provider, under pair to the best crith the name dedge. Origin three years to the best of th	Date  t of my knowledge. the data on the return.) ed the taxpayer with as and penalties of of my knowledge and e(s) shown on this form. hal Forms M-8453 from the date the return  Check if self-employed  Check if also paid preparer  s, and to the best of ormation of which the
the return can be corrected and re-transmitted my tax liability, I will remain liable for the tax liability, I will remain liable for the tax liability are liable for the tax liability and signature  Part 3. Declaration and Signat I declare that I have reviewed the above taxpa (Collectors are not responsible for reviewing the I have obtained the taxpayer's signature befor a copy of all forms and information filed with the perjury I declare that I have examined the about belief, they are true, correct and complete. I deal of the taxpayer (other than the should not be sent to DOR, but must instead be to which the M-8453 relates was filed.  ERO's signature and SSN or PTIN  Firm name (or yours, if self-employed) and address GLOBAL TAXES LLC 2530  Part 4. Declaration and Signat Under pains and penalties of perjury, I declare my knowledge and belief it is true, correct and preparer has any knowledge.  Paid preparer's signature and SSN or PTIN	. If I have filed a bability and all appliance of Electron of Elec	tronic Refeath the entries rate and accommercial the tax on all information and accommercial the tax on the ERO on the ER	turn, I understand a and interest. Spouse's signature (if turn Origina on this M-8453 and the most of	I that if DOR does not a figure of the part of the par	ct to the best ately reflects have provider, under pair to the best crith the name dedge. Origin three years to the best of th	Date  t of my knowledge. the data on the return.) ed the taxpayer with as and penalties of of my knowledge and e(s) shown on this form. hal Forms M-8453 from the date the return  Check if self-employed  Check if also paid preparer  s, and to the best of ormation of which the





## III REKEKTING PAHADABINANT KENARAKANAN MENEUSINA

#### 2020 Form 1

MA20001011555

Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1-December 31, 2020 or other taxable Year beginning

RAVINDAR REDDY

ALUGOTI

050790966

1047 SOUTHERN ARTERY

QUINCY

MA 02169

Fill in if: X Original return 412 Amended return Amended return due to federal change Apt. no. State Election Campaign Fund: \$1 You \$1 Spouse TOTAL Fill in if veteran of U.S. armed forces who served in Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula You Spouse Taxpayer deceased You Spouse Fill in if under age 18 You Spouse a. Total federal income 87745 Name changed since 2019 b. Federal adjusted gross income 87745 Fill in if noncustodial parent 1. Filing status (select one only): X Single Fill in if filing Schedule TDS

Married filing jointly

Married filing separate return

Head of household You are a custodial parent who has released claim to exemption for child(ren)

2. Exemptions

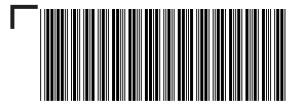
a. Personal exemptions			2a	4400
b. Number of dependents. (Do not include yourself or your spouse.) Enter number			$\times$ \$1,000 = <b>2b</b>	
c. Age 65 or over before 2021	You +	Spouse =	$\times$ \$700 = <b>2c</b>	
d. Blindness	You +	Spouse =	$\times$ \$2,200 = <b>2d</b>	
e. Medical/dental			2e	
f. Adoption			<b>2</b> f	
g. Total exemptions. Add items 2a	a through 2f.	2g	4400	

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature Date Spouse's signature

608-440-3948

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



## 

**2020 Form 1, pg. 2**MA20001021555
Massachusetts Resident Income Tax Return 050790966

3.	Wages, salaries, tips		3	87745
4.	Taxable pensions and annuities		4	
5.	Mass. bank interest: a.	<ul><li>b. exemption</li></ul>	= 5	
6a.	Business/profession income/loss		6a	
6b.	Farming income/loss		6b	
7.	Rental, royalty and REMIC, partnership, S c	orp., trust income/loss	7	
8a.	Unemployment		8a	
8b.	Mass. lottery winnings		8b	
9.	Other income from Schedule X, line 5		9	
10.	TOTAL 5.0% INCOME		10	87745
11a.	Amount paid to Soc. Sec. Medicare, R.R., U	.S. or Mass. Retirement	11a	2000
11b.	Amount your spouse paid to Soc. Sec., Med	icare, R.R., U.S. or Mass. Retirement	11b	
12.	Child under age 13, or disabled dependent/s	spouse care expenses	12	
13.	Number of dependent member(s) of househ	old under age 12, or dependents age 65 or over (not	you or your spouse) as of	
	12/31/20, or disabled dependent(s)			
	Not more than two. a.		× \$3,600 = <b>13</b>	
14.	Rental deduction. a.		÷ 2 = <b>14</b>	
15.	Other deductions from Schedule Y, line 19		15	
16.	Total deductions. Add lines 11 through 15		16	2000
17.	5.0% INCOME AFTER DEDUCTIONS. Sub	tract line 16 from line 10. Not less than "0"	17	85745
18.	Exemption amount		18	4400
19.	5.0% INCOME AFTER EXEMPTIONS. Sub	ract line 18 from line 17. Not less than "0"	19	81345
20.	INTEREST AND DIVIDEND INCOME		20	
21.	TOTAL TAXABLE 5.0% INCOME. Add line	s 19 and 20	21	81345

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1





**2020 Form 1, pg. 3**MA20001031555
Massachusetts Resident Income Tax Return 050790966

22.	TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the		
	amount in Schedule D, line 21 by .0585	22	4067
23.	12% INCOME. Not less than "0." a.	× .12 = <b>23</b>	
24.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS	24	
	Fill in if any excess exemptions were used in calculating lines 20, 23 or 24		
25.	Credit recapture amount (from Credit Recapture Schedule)	25	
26.	Additional tax on installment sale	26	
27.	If you qualify for No Tax Status, fill in and enter "0" on line 28		
28.	TOTAL INCOME TAX. Add lines 22 through 26	28	4067
29.	Limited Income Credit	29	
30.	Income tax due to another state or jurisdiction	30	4067
31.	Other credits from Credit Manager Schedule	31	
32.	INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. Not less than "0"	32	
33.	Voluntary Contributions		
	a. Endangered Wildlife Conservation	33a	
	b. Organ Transplant Fund	33b	
	c. Massachusetts Public Health HIV and Hepatitis Fund	33c	
	d. Massachusetts U.S. Olympic Fund	33d	
	e. Massachusetts Military Family Relief Fund	33e	
	f. Homeless Animal Prevention and Care	33f	
	Total. Add lines 33a through 33f	33	
34.	Use tax due on Internet, mail order and other out-of-state purchases	34	
35.	Health care penalty a. You + b. Spouse	35	
36.	Amended return only. Overpayment from original return	36	
37.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 32 through 36	37	





# **2020 Form 1, pg. 4**MA20001041555 Massachusetts Resident Income Tax Return 050790966

38. 39. 40. 41. 42. 43.	Massachusetts income tax withheld 2019 overpayment applied to your 2020 estimated tax 2020 Massachusetts estimated tax payments Payments made with extension  Amended return only. Payments made with original return. Not less than "0" Earned Income Credit. a. Number of qualifying children b. Amount from U.S. ro Note: You cannot claim the Earned Income Credit if your filing status is married filing for an exception (see instructions). Fill in if you qualify for this exception		
44.	Senior Circuit Breaker Credit	44	
45.	Other Refundable Credits	45	
46.	Excess Paid Family Leave Withholding	46	
47.	TOTAL. Add lines 38 through 46	47	
48.	Overpayment. Subtract line 37 from line 47	48	
49.	Amount of overpayment you want applied to your 2021 estimated tax	49	
50.	Refund. Subtract line 49 from line 48. Mail to: Massachusetts DOR, PO Box 7000, E	Boston, MA 02204 <b>50</b>	
	Direct deposit of refund. Type of account checking savings		
	RTN # account #		
51.	Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Mass. DOR, PO Be Interest Penalty M-2210 amt.	ox 7003, Boston, MA 02204 51	EX enclose Form M-2210
I do n Print	the Department of Revenue discuss this return with the preparer shown here?  ot want preparer to file my return electronically  paid preparer's name  AM PRIYA RAM SAGAR GUPTA TALLAM  preparer's signature	(this may delay your refund)  Date Check if self-employed  04232021  Paid preparer's phone  678-965-9522	Paid preparer's SSN/PTIN P02082703 Paid preparer's EIN 30-1017196

SYAM PRIYA RAM SAGAR GUPTA TALLAM

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1





#### 2020 Schedule OJC

MA20655011555 Income Tax Paid to Other Jurisdictions

RAVINDAR RED ALUGOTI

Two-letter

state or Amount of income on jurisdiction postal code

WΙ

which you paid taxes

Total tax due before credits, W-2 withholding and payments

050790966

87745 4787

REV 04/08/21 PRO





#### 2020 Schedule HC MA20029011555

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions). Note: Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

050790966

RAVINDAR REDDY ALUGOTI 08101990 1 1a. Date of birth 1b. Spouse's date of birth 1c. Family size 87745 Federal adjusted gross income 2 Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. Note: MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions. X Full-year MCC Part-year MCC No MCC/None See instructions if, during 2020, you turned 18, you 3a You: were a part-year resident or a taxpayer was deceased. Full-year MCC Part-year MCC No MCC/None 3a Spouse: If you filled in the full-year or part-year MCC oval, go to line 4. If you filled in No MCC/None, go to line 6. 4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2020, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5. 4a. Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below) You Spouse Χ You Spouse 4b. MassHealth. Fill in and go to line 5 4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5 Spouse You 4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5 Spouse You 4e. Other program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net You Spouse is not considered insurance or minimum creditable coverage. 4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC. Spouse Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC. 5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Other wise, go to line 6.

Otherwise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2020, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return.





**2020 Schedule HC, pg. 2** 050790966 MA20029021555

#### Your Health Insurance

6. Was your income in 2020 at or below 150% of the federal poverty level?
6 Yes No
If you answer Yes, you are not subject to a penalty in 2020. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health incompany lead to the total the MCC requirements for next but not all of 0000 as to lie 7. If you answer No and you had an incompany and the complete your tax return.

in a health insurance plan that met the MCC requirements for part, but not all, of 2020, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7. Complete this section only if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2020. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least 15 days or more. If, during 2020, you turned 18, you were a part-year resident or a taxpayer was deceased, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

#### Months Covered By Health Insurance

You: Feb. Dec. Jan. March Sept. Oct. Nov April May June July Aug. Spouse: Jan. Feb. March April May June Aug. Sept. Oct. Nov. Dec.

If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row), go to line 8a. Otherwise, a penalty does not apply to you in 2020. Skip the remainder of this schedule and complete your tax return.

#### Religious Exemption and Certificate of Exemption

8a. Religious exemption: Are you claiming an exemption from the requirement to purchase health insurance based 8a You Yes No on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by health insurance? Spouse Yes No If you answer Yes, go to line 8b. If you answer No, go to line 9. 8b. If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2020 tax year? 8b You Yes No Spouse Yes No If you answer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 8b, go to line 9. 9. Certificate of exemption: Have you obtained a Certificate of Exemption issued by the Massachusetts Health 9 You Yes No Connector for the 2020 tax year? Spouse Yes No

If you answer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax return. If you answer No to line 9, go to line 10.





**2020 Schedule HC, pg. 3** MA20029031555

RAVINDAR REDDY

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#### Affordability as Determined By State Guidelines

Note: This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2020 tax year.

10. Did your employer offer affordable health insurance that met minimum creditable coverage requirements
 10 You Yes No as determined by completing the Schedule HC Worksheet for Line 10 in the instructions?
 Spouse Yes No

Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligible for health insurance offered by your employer, you were self-employed or you were unemployed.

11. Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC
11 You Yes No Worksheet for Line 11 in the instructions?
Spouse Yes No you asswer No. go to line 12. If you asswer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

12. Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 12 in the instructions?12 You Yes NoSpouse Yes No

If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

#### Complete Only If You Are Filing An Appeal

#### You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.

You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2020 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal.

You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty. Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of periury.

**Note:** If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do not assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

Spouse: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

# Nonresident & part-year resident Wisconsin income tax

Resident status Check the status that applies

For the year Jan.	1-Dec. 31, 2020,	or other tax year	
beginning	, 2020	ending	, 20

	•	_		- "	_
Check here if this is an amended return ▶ , ,	Comple	te	form using BLA	CK INK	

			inpicto	1011111	Jonny	BLAOK INK
Your legal last name	Legal first r	name			M.I.	Your social security number
ALUGOTI	RAVINDAR REDDY			050790966		
If a joint return, spouse's legal last name	, spouse's legal last name Spouse's le		name		M.I.	Spouse's social security number
Home address (number and street). If you have 1047 SOUTHERN ARTERY	⊒ e a PO Box, s	see page 1	12	Apt. no. 412		Tax district Check below then fill in either the name of the Wisconsin
City or post office		State	Zip code	e		city, village, or town, and the county in which you lived at the end of 2020 or before leaving Wisconsin
QUINCY		MA	0216	59		(nonresidents leave blank).
Foreign Country		Foreign province/state/county			ty	City Village Town City, village,
Filing status		Foreign postal code				or town
X Single						County of ▶
Married filing joint return (even if only one had income)	Legal <b>last</b> n	name				School district number See page 59
Married filing separate return. Fill in spouse's SSN above and full name here▶	Legal <b>first</b> r	t name M			M.I.	Special conditions
Head of household, NOT married (see page 13)					1	Form 804 filed with return (see page 10)
Head of household, married (see	e page 13)					

|--|--|

Full-year resident of Wisconsin

X Nonresident of Wisconsin; state of residence MA (2-letter state abbreviation)

Part-year resident of Wisconsin from to main and ma

Ø	-
9	

PAPER CLIP check or money order here

I-050i (R. 02-21

PAPER CLIP withholding statements here

You Spouse

Inc	Print numbers like this $\rightarrow$ 0 1 23 4 5 6 7 8 9 $\frac{NO}{NO}$ CEN	-	A. Federal column	B. Wisconsin column
1	Wages, salaries, tips, etc. (see page 15)	. 1	87745.00	87745.00
2	Taxable interest (see page 17)			0.00
3	Ordinary dividends (see page 18)	. 3	.00	0.00
4	Taxable refunds, credits, or offsets of state and local income taxes (from line 1 of federal Schedule 1 (Form 1040 or 1040-SR)	. 4	.00	Not taxable
5	Alimony received (see page 19)	. 5	.00	0.00
6	Business income or (loss) (see page 19)	. 6	.00	.00
7	Capital gain or (loss) (see page 19)	. 7	.00	.00
8	Other gains or (losses) (see page 20)	. 8	.00	.00
9	IRA distributions (see page 20)	. 9	.00	0.00
10	Pensions and annuities (see page 21)	. 10	.00	0.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see page 22)	. 11	.00	.00
12	Farm income or (loss) (see page 24)	. 12	.00	.00
<u>13</u>	Unemployment compensation (see page 24)	. 13	.00	0.00
14	Social security benefits (see page 25)	. 14	.00	Not taxable
15	Other income (see page 25). Enclose Schedule M if line 15b has an amour	nt <b>15</b>	.00	.00
16	Combine lines 1 through 15	. 16	87745.00	87745.00

2020	Form 1NPR Name RAVINDAR REDDY ALUGOTI		SSN 0507909	66	Page <b>2 of 4</b>
Adj	ustments to Income		A. Federal column	B. Wisco	nsin column
<u>17</u>	Educator expenses (see page 25)	17 _	.00		.00
<u>18</u>	Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 25)	10	.00.		.00
19	Health savings account deduction (see page 26)				.00
20	Moving expenses for members of the Armed Forces (see page 26)				.00
21	Deductible part of self-employment tax (see page 26)				.00
22	Self-employed SEP, SIMPLE, and qualified plans (see page 26)	_		+	.00
23	Self-employed health insurance deduction (see page 27)				.00
24	Penalty on early withdrawal of savings (see page 28)				0.00
25	Alimony paid (see page 28)				.00
26	IRA deduction (see page 29)				.00
27	Student loan interest deduction (see page 29)	27	.00		.00
28	Tuition and fees (see page 29)	28 _	Not deductibl	e for Wisco	nsin
29	Other adjustments (see page 29). Enclose Schedule M if line 29b has an amount	29 _	.00		.00
30	Total adjustments to income. Add lines 17 through 29	30	.00		0.00
Adj	usted Gross Income				
<u>31</u>	Wisconsin income. Subtract line 30, column B from line 16, column B $$ .	31			87745.00
<u>32</u>	Federal income. Subtract line 30, column A from line 16, column A	32 _	87745.00		
<u>33</u>	Divide line 31 by line 32. Carry the decimal to four places. If amount on line 31 is more than amount on line 32, fill in 1.0000. (See page 30)	33	1.0000		
Тах	Computation				
	Fill in the <b>larger</b> of Wisconsin income from line 31, column B or federal is column A. <b>But</b> , if Wisconsin income from line 31 is zero or less, fill in 0 (	ncom zero)	ne from line 32,	4	87745.00
<u>34</u>	Fill in the <b>larger</b> of Wisconsin income from line 31, column B or federal in	zero)			87745.00
34 35a	Fill in the <b>larger</b> of Wisconsin income from line 31, column B or federal is column A. <b>But</b> , if Wisconsin income from line 31 is zero or less, fill in 0 (	zero) retur	7n, check here	5а	87745.00
34 35a 35b	Fill in the <b>larger</b> of Wisconsin income from line 31, column B or federal is column A. <b>But</b> , if Wisconsin income from line 31 is zero or less, fill in 0 (a lf you (or your spouse) can be claimed as a dependent on anyone else's and see the "Exception" in the instructions for line 35c on page 31	zero) retur 	7n, check here 33	5a 5b	87745.00 2433.00
35a 35b 35b 36	Fill in the <b>larger</b> of Wisconsin income from line 31, column B or federal is column A. <b>But</b> , if Wisconsin income from line 31 is zero or less, fill in 0 (all f you (or your spouse) can be claimed as a dependent on anyone else's and see the "Exception" in the instructions for line 35c on page 31 Aliens (see page 31 to determine if you must check line 35b) Efind the standard deduction for amount on line <b>32</b> using table on page 5 Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zee	zero) retur  50	36 m, check here 36 m 36	5a 5b 5c	
35a 35b 35b 36	Fill in the <b>larger</b> of Wisconsin income from line 31, column B or federal is column A. <b>But</b> , if Wisconsin income from line 31 is zero or less, fill in 0 (all f you (or your spouse) can be claimed as a dependent on anyone else's and see the "Exception" in the instructions for line 35c on page 31 Aliens (see page 31 to determine if you must check line 35b) Find the standard deduction for amount on line <b>32</b> using table on page 5 Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zee Exemptions ( <b>Caution: see page 31</b> )	retur   60	34	5a 5b 5c	2433.00
35a 35b 35b 36	Fill in the <b>larger</b> of Wisconsin income from line 31, column B or federal is column A. <b>But</b> , if Wisconsin income from line 31 is zero or less, fill in 0 (a lif you (or your spouse) can be claimed as a dependent on anyone else's and see the "Exception" in the instructions for line 35c on page 31 Aliens (see page 31 to determine if you must check line 35b)	zero) retur 60 ero) .	34	5a 5b 5c	2433.00
35a 35b 35b 36	Fill in the <b>larger</b> of Wisconsin income from line 31, column B or federal is column A. <b>But</b> , if Wisconsin income from line 31 is zero or less, fill in 0 (all f you (or your spouse) can be claimed as a dependent on anyone else's and see the "Exception" in the instructions for line 35c on page 31 Aliens (see page 31 to determine if you must check line 35b) Find the standard deduction for amount on line <b>32</b> using table on page 5 Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zee Exemptions ( <b>Caution: see page 31</b> )	zero) retur 60 ero) .	34 700.00 .00	5a 5b 5c 6	2433.00
35a 35b 35b 36	Fill in the <b>larger</b> of Wisconsin income from line 31, column B or federal is column A. <b>But</b> , if Wisconsin income from line 31 is zero or less, fill in 0 (all you (or your spouse) can be claimed as a dependent on anyone else's and see the "Exception" in the instructions for line 35c on page 31  Aliens (see page 31 to determine if you must check line 35b)  Find the standard deduction for amount on line <b>32</b> using table on page 5 Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zee Exemptions (Caution: see page 31)  a Fill in exemptions allowed	zero) retur 60 ero) . 37a	700.00 700.00 	5a 5b 5c 6 7c	2433.00 85312.00 700.00
35a 35b 35c 36 37	Fill in the <b>larger</b> of Wisconsin income from line 31, column B or federal is column A. <b>But</b> , if Wisconsin income from line 31 is zero or less, fill in 0 (all fyou (or your spouse) can be claimed as a dependent on anyone else's and see the "Exception" in the instructions for line 35c on page 31 Aliens (see page 31 to determine if you must check line 35b) Find the standard deduction for amount on line <b>32</b> using table on page 5 Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zee Exemptions (Caution: see page 31)  a Fill in exemptions allowed	zero) retur 60 87a ro)	34 700.00 	5a 5b 5c 6 7c 8	2433.00 85312.00 700.00 84612.00
35a 35b 35c 36 37	Fill in the <b>larger</b> of Wisconsin income from line 31, column B or federal is column A. <b>But</b> , if Wisconsin income from line 31 is zero or less, fill in 0 (all you (or your spouse) can be claimed as a dependent on anyone else's and see the "Exception" in the instructions for line 35c on page 31  Aliens (see page 31 to determine if you must check line 35b)  Find the standard deduction for amount on line <b>32</b> using table on page 5 Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zee Exemptions (Caution: see page 31)  a Fill in exemptions allowed	zero) retur 60 87a ro)	700.00 	5a 5b 5c 6 7c 8	2433.00 85312.00 700.00 84612.00
34 356 356 36 37 38 39	Fill in the <b>larger</b> of Wisconsin income from line 31, column B or federal is column A. <b>But</b> , if Wisconsin income from line 31 is zero or less, fill in 0 (all fyou (or your spouse) can be claimed as a dependent on anyone else's and see the "Exception" in the instructions for line 35c on page 31 Aliens (see page 31 to determine if you must check line 35b) Find the standard deduction for amount on line <b>32</b> using table on page 5 Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zee Exemptions (Caution: see page 31)  a Fill in exemptions allowed	zero) retur 60 87a ro)	700.00 	5a 5b 5c 6 7c 8	2433.00 85312.00 700.00 84612.00
35a 35b 35c 36 37 38 39 40	Fill in the larger of Wisconsin income from line 31, column B or federal is column A. But, if Wisconsin income from line 31 is zero or less, fill in 0 (all you (or your spouse) can be claimed as a dependent on anyone else's and see the "Exception" in the instructions for line 35c on page 31  Aliens (see page 31 to determine if you must check line 35b)  Find the standard deduction for amount on line 32 using table on page 5 subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zee Exemptions (Caution: see page 31)  a Fill in exemptions allowed	zero) retur 60 8737a 1377a 140	700.00 	5a 5b 5c 6 7c 8	2433.00 85312.00 700.00 84612.00
35a 35b 35c 36 37 38 39 40	Fill in the larger of Wisconsin income from line 31, column B or federal is column A. But, if Wisconsin income from line 31 is zero or less, fill in 0 (all you (or your spouse) can be claimed as a dependent on anyone else's and see the "Exception" in the instructions for line 35c on page 31  Aliens (see page 31 to determine if you must check line 35b)  Find the standard deduction for amount on line 32 using table on page 5 subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zee Exemptions (Caution: see page 31)  a Fill in exemptions allowed	zero) retur 60 878 _ 878 10 11 _ 11 _ 11 _	700.00 .00 .00	5a 5b 5c 6 7c 8	2433.00 85312.00 700.00 84612.00
356 356 356 36 37 38 39 40 41	Fill in the larger of Wisconsin income from line 31, column B or federal is column A. But, if Wisconsin income from line 31 is zero or less, fill in 0 (all you (or your spouse) can be claimed as a dependent on anyone else's and see the "Exception" in the instructions for line 35c on page 31  Aliens (see page 31 to determine if you must check line 35b)  Find the standard deduction for amount on line 32 using table on page 55.  Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zee Exemptions (Caution: see page 31)  Fill in exemptions allowed	zero) retur 60 878 878 ro) 410 411a	700.00  700.00  000  000  000  000  000	5a 5b 5c 6 7c 8 9	2433.00 85312.00 700.00 84612.00 4787.00
34 358 356 36 37 38 39 40 41	Fill in the larger of Wisconsin income from line 31, column B or federal is column A. But, if Wisconsin income from line 31 is zero or less, fill in 0 (all fyou (or your spouse) can be claimed as a dependent on anyone else's and see the "Exception" in the instructions for line 35c on page 31  Aliens (see page 31 to determine if you must check line 35b)  Find the standard deduction for amount on line 32 using table on page 55.  Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zee Exemptions (Caution: see page 31)  a Fill in exemptions allowed	zero) 60 60 67 68 69 69 60	700.00  700.00  000  000  000  000  000	5a 5b 5c 6  7c 8 9	2433.00 85312.00 700.00 84612.00 4787.00
34 356 356 36 37 38 39 40 41	Fill in the larger of Wisconsin income from line 31, column B or federal is column A. But, if Wisconsin income from line 31 is zero or less, fill in 0 (alf you (or your spouse) can be claimed as a dependent on anyone else's and see the "Exception" in the instructions for line 35c on page 31  Aliens (see page 31 to determine if you must check line 35b)  Find the standard deduction for amount on line 32 using table on page 55 Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zee Exemptions (Caution: see page 31)  a Fill in exemptions allowed	zero) retur 60 878 878 879 811a 811b	700.00  700.00  000  000  000  000  000	5a 5b 5c 6  7c 8 9  2 3	2433.00 85312.00 700.00 84612.00 4787.00
34 358 356 36 37 38 39 40 41	Fill in the larger of Wisconsin income from line 31, column B or federal is column A. But, if Wisconsin income from line 31 is zero or less, fill in 0 (all fyou (or your spouse) can be claimed as a dependent on anyone else's and see the "Exception" in the instructions for line 35c on page 31  Aliens (see page 31 to determine if you must check line 35b)  Find the standard deduction for amount on line 32 using table on page 55.  Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zee Exemptions (Caution: see page 31)  a Fill in exemptions allowed	zero) retur 60 878 878 40 411a 411b	700.00  700.00  000  000  000  000  000	5a 5b 5c 6  7c 8 9 2 3 4	2433.00 85312.00 700.00 84612.00 4787.00



2020	Form 1NPR		Page 3 Of 4
	e(s) shown on Form 1NPR AVINDAR REDDY ALUGOTI	Your social secur	
46	Fill in amount from line 45	46	4787.00
<u>47</u>	Armed forces member credit. (Full-year Wisconsin residents only) 47	.00	
48	Working families tax credit. (Full-year Wisconsin residents only) 48	.00	
<u>49</u>	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR) 49	.00	
<u>50</u>	Nonrefundable credits from Schedule CR, line 34. Enclose Schedule CR 50	.00	
<u>51</u>	Net income tax paid to another state. Enclose Schedule OS 51	.00	
<u>52</u>	Add lines 47 through 51	52	.00
<u>53</u>	Subtract line 52 from line 46. If line 52 is more than line 46, fill in 0 (zero). This is your net to	ax . <b>53</b>	4787.00
<u>54</u>	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 39 lf you certify that no sales or use tax is due, check here	9) <b>54</b>	.00.
<u>55</u>	Donations (decreases refund or increases amount owed)		
	a Endangered resources e Military family relief		
	<b>b</b> Cancer research <u></u>	.00	
	c Veterans trust fund g Red Cross WI Disaster Relief	.00	
	d Multiple sclerosis		
	Total (add lines a through h) .		
	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 41)  x .300 x .		.00
_	Other penalties (see page 41)		.00
<u>58</u>	Add lines 53 through 57	58	4787.00
_			
٦	ments and Credits  Wisconsin income tax withheld. Enclose readable withholding statements. 59. 516	0 00	
I —	Wisconsin moone tax warned. Enclose readable withholding statements : 33		
_	2020 Wisconsin estimated tax paid and amount applied from 2019 return . <b>60</b>	.00	
61	Earned income credit. (Full-year Wisconsin residents only)  Number of qualifying children		
	Federal credit	.00	
62	Farmland preservation credit. a. Schedule FC, line 17 62a	.00	
_	<b>b.</b> Schedule FC-A, line 13 62b	.00	
63	Repayment credit	.00	
64	Homestead credit. (Full-year Wisconsin residents only) 64	.00	
65	Eligible veterans and surviving spouses property tax credit 65	.00	
66	Refundable credits from Schedule CR, line 40	.00	
67	AMENDED RETURN ONLY – amount previously paid (see page 47) 67	.00	
68	Add lines 59 through 67		
—	AMENDED RETURN ONLY – amount previously refunded (see page 47) . <b>69</b>		
_	Subtract line 69 from line 68		5168.00



202	tax return and schedules to this return.	100.1	030730300		Tage + OI +
Re	efund or Amount You Owe				
71	1 If line 70 is more than line 58, subtract line 58 from line 70. This	s the <b>AMOUNT O</b>	VERPAID 71	l	381.00
72	2 Amount of line 71 you want REFUNDED TO YOU		72	<u>:</u>	381.00
73	Amount of line 71 to be APPLIED TO YOUR 2021 ESTIMATED TA	X 73	0.00		
74	4 If line 70 is less than line 58, subtract line 70 from line 58	his is the <b>AMOUN</b>	T YOU OWE 74	<u></u>	.00
75	Underpayment interest. Fill in exception code – see Sch. U → Also include on line 74 (see page 48).	75	.00		
Th	hird Do you want to allow another person to discuss this return with the depa	artment (see page 49	)? Yes Com	olete the fo	ollowing. X No
	artv	(***)	Personal		J
	Designee's Phone no.		identification number (PIN)	<b>&gt;</b>	
Unc	nder penalties of law, I declare that this return and all attachments are true, o	correct and comple			dae and helief
	· · · · · · · · · · · · · · · · · · ·	ure (if filing jointly, BC			ate
ગા he	ere				
	ail your return to: Wisconsin Department of Revenue				
	(if tax is due) (if refund or no tax due)				
	PO Box 268 PO Box 59 Madison WI 53790-0001 Madison WI 53785-0001				
Sc	chedule 1 – Wisconsin Itemized Deduction Cred	<b>it</b> (see line 40 in	structions)		
1	Medical and dental expenses from federal Schedule A (Form 1040 for exceptions			1	.00
2	Interest paid from federal Schedule A (Form 1040 or 1040-SR). Se exceptions			2	.00
3	Gifts to charity from federal Schedule A (Form 1040, 1040-SR, or exceptions			3	.00.
4	Casualty losses from federal Schedule A (Form 1040, 1040-SR, o	r 1040NR)		4	.00
_	Add lines 1 through 4				.00
6	Wisconsin standard deduction from Form 1NPR, line 35c			6	.00
	7 Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0 (zer	•			
	Rate of credit is .05 (5%)				
9	Multiply line 7 by line 8. Fill in here and on line 40 of Form 1NPR.			9	.00.
<u> </u>	chedule 2 - Married Couple Credit May be claimed only				h la la va VA/i a a a sa a i a
	•	·	(A) YOURSELF		YOUR SPOUSE
-	Wages, salaries, tips, etc., included in column B of line 1 on Form Do not include deferred compensation (even though reported on a		,	,	
	taxable scholarships or fellowships not reported on a W-2		.(	00	.00
2	2 Net profit or (loss) from self-employment from federal Schedules C				
	F (Form 1040 or 1040-SR), Schedule K-1 (Form 1065), and any oth self-employment or earned income included in column B on Form		.(	00	.00
3	3 Combine lines 1 and 2. This is your total Wisconsin earned incom	-		00	.00
	Add amounts on Form 1NPR, lines 18, 22, 26, and 29, column B.	-			
_	total of these adjustments that apply to your or your spouse's earne	d income 4		00	.00
	Subtract line 4 from line 3. This is your qualified earned income	5	.(	00	.00
6	6 Compare the amount in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000		6		.00
7	7 Rate of credit is .03 (3%).			х .0	
	Multiply line 6 by line 7. Round the result and fill in here and on lin				
	Do not fill in more than \$480		8		00

