

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name SUNDEEP YARLAGADDA	Social security number 853-83-4235
Spouse's name SPANDANA KADIYALA	Spouse's social security number 973-96-9784

## Part I Tax Return Information — Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

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

1 Adjusted gross income . . . . .	1	116,303.
2 Total tax . . . . .	2	11,581.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	17,703.
4 Amount you want refunded to you . . . . .	4	7,798.
5 Amount you owe . . . . .	5	

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

3	4	2	3	5
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 as 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 authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ *Sundeeep* Date ▶ 04/21/2021

### Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

6	9	7	8	4
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 as 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 authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ *K. Spanda* Date ▶ 04/21/2021

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication — Practitioner PIN Method Only

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

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

 Don't enter all zeros

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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



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

Your first name and middle initial SUNDEEP	Last name YARLAGADDA	Your social security number 853-83-4235	
If joint return, spouse's first name and middle initial SPANDANA	Last name KADIYALA	Spouse's social security number 973-96-9784	
Home address (number and street). If you have a P.O. box, see instructions. 18416 N CAVE CREEK RD		Apt. no. 2070	<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. PHOENIX		State AZ	
Foreign country name		ZIP code 85032	
Foreign province/state/county		Foreign postal code	

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

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

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

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

Attach Sch. B if required.	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	123,317.
	<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	
	<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	
	<b>4a</b> IRA distributions . . . . .	<b>4a</b>	
	<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>	
	<b>6a</b> Social security benefits . . . . .	<b>6a</b>	
	<b>b</b> Taxable interest . . . . .	<b>2b</b>	
	<b>b</b> Ordinary dividends . . . . .	<b>3b</b>	0.
	<b>b</b> Taxable amount . . . . .	<b>4b</b>	
	<b>b</b> Taxable amount . . . . .	<b>5b</b>	
	<b>b</b> Taxable amount . . . . .	<b>6b</b>	
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	<b>7</b>	1,816.
	<b>8</b> Other income from Schedule 1, line 9 . . . . .	<b>8</b>	-8,530.
	<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶	<b>9</b>	116,603.
<b>Standard Deduction for—</b> • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	<b>10</b> Adjustments to income:		
	<b>a</b> From Schedule 1, line 22 . . . . .	<b>10a</b>	
	<b>b</b> Charitable contributions if you take the standard deduction. See instructions	<b>10b</b>	300.
	<b>c</b> Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶	<b>10c</b>	300.
	<b>11</b> Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶	<b>11</b>	116,303.
<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12</b>	24,800.	
<b>13</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>13</b>		
<b>14</b> Add lines 12 and 13 . . . . .	<b>14</b>	24,800.	
<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>	91,503.	



<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	11,581.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	11,581.
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 7	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	11,581.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	11,581.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	17,703.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	17,703.
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>	
<b>27</b>	Earned income credit (EIC)	<b>27</b>	
<b>28</b>	Additional child tax credit. Attach Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	1,676.
<b>31</b>	Amount from Schedule 3, line 13	<b>31</b>	
<b>32</b>	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	1,676.
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	19,379.
<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	7,798.
	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	7,798.
Direct deposit? See instructions.	<b>b</b> Routing number 3 2 2 2 7 1 6 2 7 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 6 3 1 9 7 2 8 1 2		
	<b>36</b> Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	<b>36</b>	
<b>Amount You Owe</b> For details on how to pay, see instructions.	<b>37</b> Subtract line 33 from line 24. This is the <b>amount you owe now</b> <b>Note:</b> 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.	<b>37</b>	
	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	

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

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS? See instructions  Yes. Complete below.  No

Designee's name  Phone no.  Personal identification number (PIN)

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature <i>Y. Sudeep</i>	Date 04/21/2021	Your occupation SOFTWARE DEVELOPER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Spouse's signature. If a joint return, <b>both</b> must sign. <i>K. Sudeep</i>	Date 04/21/2021	Spouse's occupation SOFTWARE DEVELOPER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Phone no. <input type="text"/>	Email address <input type="text"/>		

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 04/08/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name <input type="checkbox"/> GLOBAL TAXES LLC			Phone no. (678) 965-9522	
Firm's address <input type="checkbox"/> 2530 Pebble Creek Ln Cumming GA 30041			Firm's EIN <input type="checkbox"/> 30-1017196	



**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
SUNDEEP YARLAGADDA & SPANDANA KADIYALA

Your social security number  
853-83-4235

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-8,530.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-8,530.

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees deduction. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . .	<b>22</b>	



**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.**  
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return: **SUNDEEP YARLAGADDA & SPANDANA KADIYALA** Your social security number: **853-83-4235**

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	94.	91.		3.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> 3.

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	2,959.	1,146.		1,813.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b> 1,813.



**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>	<b>16</b>	1,816.
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?  <input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.  <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶</p>	<b>18</b>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 both zero or blank and are you not filing Form 4952?  <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.   <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b>	( )
<p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?   <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.   <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		



# Sales and Other Dispositions of Capital Assets

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

**2020**  
Attachment  
Sequence No. **12A**

Name(s) shown on return

SUNDEEP YARLAGADDA & SPANDANA KADIYALA

Social security number or taxpayer identification number

853-83-4235

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD SECURITIES LLC	12/23/19	01/31/20	94.	91.			3.
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ▶			94.	91.			3.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.



Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side  
 SUNDEEP YARLAGADDA & SPANDANA KADIYALA

Social security number or taxpayer identification number  
 853-83-4235

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD SECURITIES LLC	10/25/18	01/31/20	2,959.	1,146.			1,813.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ▶				2,959.	1,146.			1,813.

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.



**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**  
**(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)**

OMB No. 1545-0074

**2020**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, 1040-NR, or 1041.**  
▶ **Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.**

Attachment  
Sequence No. **13**

Name(s) shown on return

SUNDEEP YARLAGADDA & SPANDANA KADIYALA

Your social security number

853-83-4235

**Part I** **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

**A** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . .  **Yes**  **No**

**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  **Yes**  **No**

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	PATAMATA VIJAYAWADA ANDHRA PRADESH IN 520010				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>
<b>A</b>	3		365	0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

<b>Income:</b>	<b>Properties:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b> Rents received . . . . .	<b>3</b>	550.		
<b>4</b> Royalties received . . . . .	<b>4</b>			
<b>Expenses:</b>				
<b>5</b> Advertising . . . . .	<b>5</b>			
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>			
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b>	1,420.		
<b>8</b> Commissions. . . . .	<b>8</b>			
<b>9</b> Insurance . . . . .	<b>9</b>			
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>	1,000.		
<b>11</b> Management fees . . . . .	<b>11</b>			
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>			
<b>13</b> Other interest. . . . .	<b>13</b>			
<b>14</b> Repairs. . . . .	<b>14</b>	2,450.		
<b>15</b> Supplies . . . . .	<b>15</b>	2,130.		
<b>16</b> Taxes . . . . .	<b>16</b>			
<b>17</b> Utilities. . . . .	<b>17</b>	2,080.		
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>			
<b>19</b> Other (list) ▶ . . . . .	<b>19</b>			
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	9,080.		
<b>21</b> 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 <b>Form 6198</b> . . . . .	<b>21</b>	-8,530.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	( -8,530. )	( )	( )
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		550.	
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>			
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>			
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		9,080.	
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>			
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	( 8,530. )		
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> 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 . . . . .	<b>26</b>			-8,530.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020



**Passive Activity Loss Limitations**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.  
▶ Attach to Form 1040, 1040-SR, or 1041.  
▶ Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

**2020**  
Attachment  
Sequence No. **858**

Name(s) shown on return SUNDEEP YARLAGADDA & SPANDANA KADIYALA	Identifying number 853-83-4235
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**Part I 2020 Passive Activity Loss**

**Caution:** Complete Worksheets 1, 2, and 3 before completing Part I.

<b>Rental Real Estate Activities With Active Participation</b> (For the definition of active participation, see <b>Special Allowance for Rental Real Estate Activities</b> in the instructions.)			
1a	Activities with net income (enter the amount from Worksheet 1, column (a))	1a	0.
b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	( 8,530. )
c	Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	1c	( )
d	Combine lines 1a, 1b, and 1c	1d	-8,530.
<b>Commercial Revitalization Deductions From Rental Real Estate Activities</b>			
2a	Commercial revitalization deductions from Worksheet 2, column (a)	2a	( )
b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	( )
c	Add lines 2a and 2b	2c	( )
<b>All Other Passive Activities</b>			
3a	Activities with net income (enter the amount from Worksheet 3, column (a))	3a	
b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	( )
c	Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))	3c	( )
d	Combine lines 3a, 3b, and 3c	3d	

4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used	4	-8,530.
---	---	---	---------

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
  - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
  - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

**Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

5	Enter the <b>smaller</b> of the loss on line 1d or the loss on line 4	5	8,530.
6	Enter \$150,000. If married filing separately, see instructions	6	150,000.
7	Enter modified adjusted gross income, but not less than zero. See instructions <b>Note:</b> If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.	7	124,833.
8	Subtract line 7 from line 6	8	25,167.
9	Multiply line 8 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions	9	12,584.
10	Enter the <b>smaller</b> of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15.	10	8,530.

**Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**

**Note:** Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	
12	Enter the loss from line 4	12	
13	Reduce line 12 by the amount on line 10	13	
14	Enter the <b>smallest</b> of line 2c (treated as a positive amount), line 11, or line 13	14	

**Part IV Total Losses Allowed**

15	Add the income, if any, on lines 1a and 3a and enter the total	15	0.
16	<b>Total losses allowed from all passive activities for 2020.</b> Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	8,530.



**Caution:** The worksheets must be filed with your tax return. Keep a copy for your records.

**Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c** (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
PATAMATA	0.	8,530.			8,530.
<b>Total.</b> Enter on Form 8582, lines 1a, 1b, and 1c . . . . . ▶	0.	8,530.			

**Worksheet 2—For Form 8582, Lines 2a and 2b** (see instructions)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
<b>Total.</b> Enter on Form 8582, lines 2a and 2b . . . . . ▶			

**Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c** (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
<b>Total.</b> Enter on Form 8582, lines 3a, 3b, and 3c . . . . . ▶					

**Worksheet 4—Use This Worksheet if an Amount Is Shown on Form 8582, Line 10 or 14.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
PATAMATA	E Ln 22	8,530.	1.00000000	8,530.	0.
<b>Total</b> . . . . . ▶		8,530.	1.00	8,530.	0.

**Worksheet 5—Allocation of Unallowed Losses** (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
<b>Total</b> . . . . . ▶			1.00	



Do not staple or paper clip. 0098



2020 Ohio IT 1040 Individual Income Tax Return Use only black ink/UPPERCASE letters.



20000198 Sequence No. 1

04 08 21

Check here if this is an amended return. Include the Ohio IT RE. Do NOT include a copy of the previously filed return.

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

Primary taxpayer's SSN (required) 853 83 4235 Spouse's SSN (if filing jointly) 973 96 9784 School district # (see instructions) SD# 9999

First name SUNDEEP M.I. Last name YARLAGADDA

Spouse's first name (only if married filing jointly) SPANDANA M.I. Last name KADIYALA

Address line 1 (number and street) or P.O. Box 18416 N CAVE CREEK RD

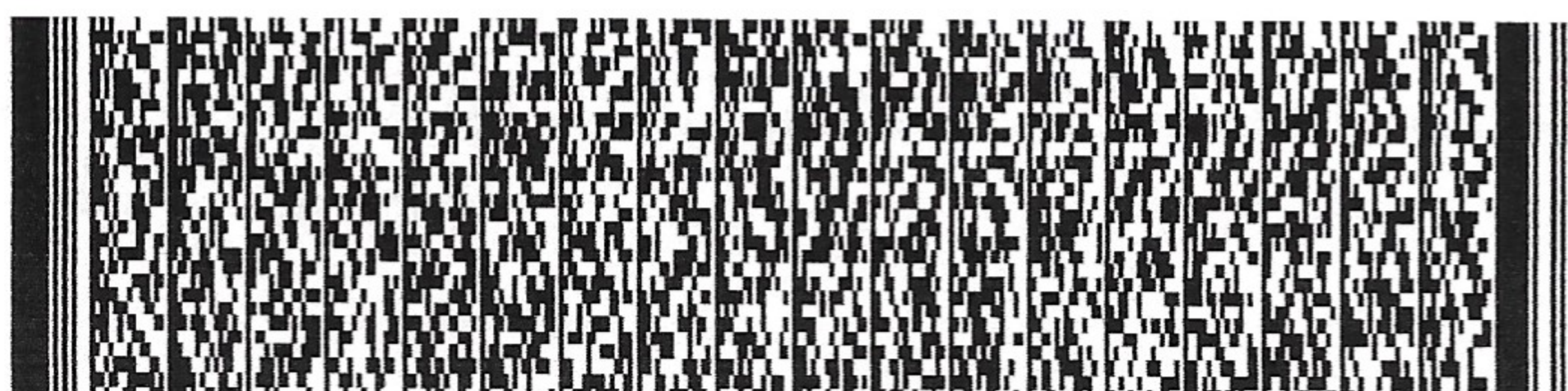
Address line 2 (apartment number, suite number, etc.) APT 2070

City PHOENIX State AZ ZIP code 85032 Ohio county (first four letters) FRAN

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

Residency Status - Check only one for primary: Resident, Part-year resident, Nonresident AZ. Filing Status - Check one (as reported on federal income tax return): Single, head of household or qualifying widow(er), Married filing jointly, Married filing separately. Ohio Nonresident Statement - See instructions for required criteria.

Table with 3 columns: Line number, Description, Amount. Includes lines 1 through 7 for Federal adjusted gross income, additions, deductions, and taxable business income.



MM-DD-YY Code



2020 Ohio IT 1040 Individual Income Tax Return



SSN 853 83 4235

Table with 3 columns: Line number, Description, and Amount. Rows include 7a through 27, covering tax liability, credits, and refund calculations.

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

Primary signature: [Signature] Phone number: (510) 456-8901
Spouse's signature: [Signature] Date (MM/DD/YY): 04/21/2021

Preparer's printed name: SYAM PRIYA RAM SAGAR GUP Phone number: (678) 965-9522
Preparer's TIN (PTIN): P 02082703

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

NO Payment Included - Mail to: Ohio Department of Taxation, P.O. Box 2679, Columbus, OH 43270-2679
Payment Included - Mail to: Ohio Department of Taxation, P.O. Box 2057, Columbus, OH 43270-2057





# 2020 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

853 83 4235



20350198

Sequence No. 11

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

### Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 1040 .....1. 4102 00

### Part B - W-2s

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	650161093	113832 00	16408 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	52374458	113832 00	4102 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00





# 2020 Schedule of Ohio Withholding

Primary taxpayer's SSN  
853 83 4235



20350298

Sequence No. 12

**Part C - 1099-Rs**

1. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

00

Total  
distributionBox 7 -  
Distribution code

Box 4 - Federal income tax withheld

00

Box 14 - Ohio tax withheld

00

2. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

00

Total  
distributionBox 7 -  
Distribution code

Box 4 - Federal income tax withheld

00

Box 14 - Ohio tax withheld

00

3. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

00

Total  
distributionBox 7 -  
Distribution code

Box 4 - Federal income tax withheld

00

Box 14 - Ohio tax withheld

00

4. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

00

Total  
distributionBox 7 -  
Distribution code

Box 4 - Federal income tax withheld

00

Box 14 - Ohio tax withheld

00

**Part D - W-2Gs**

1. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

00

Box 4 - Federal income tax withheld

00

Box 14 - Ohio state winnings

00

Box 15 - Ohio income tax withheld

00

2. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

00

Box 4 - Federal income tax withheld

00

Box 14 - Ohio state winnings

00

Box 15 - Ohio income tax withheld

00

3. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

00

Box 4 - Federal income tax withheld

00

Box 14 - Ohio state winnings

00

Box 15 - Ohio income tax withheld

00

**Part E - 1099-NECs**

1. P/S Payer's TIN

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation

00

Box 4 - Federal income tax withheld

00

Box 7 - State income

00

Box 5 - Ohio tax withheld

00

2. P/S Payer's TIN

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation

00

Box 4 - Federal income tax withheld

00

Box 7 - State income

00

Box 5 - Ohio tax withheld

00





# 2020 Ohio Schedule of Credits

Primary taxpayer's SSN



20280198 Sequence No. 7

04 08 21

853 83 4235

## Nonrefundable Credits

1. Tax liability before credits (from Ohio IT 1040, line 8c) .....	1.	3342 00
2. Retirement income credit (see instructions for table; <b>include 1099-R forms</b> ) .....	2.	00
3. Lump sum retirement credit (see instructions for worksheet; <b>include a copy</b> ) .....	3.	00
4. Senior citizen credit (must be 65 or older to claim this credit) .....	4.	00
5. Lump sum distribution credit (see instructions for worksheet; <b>include a copy</b> ) .....	5.	00
6. Child care & dependent care credit (see instructions for worksheet; <b>include a copy</b> ) .....	6.	00
7. Displaced worker training credit (see instructions for all required documentation; <b>include copies</b> ) .....	7.	00
7a. Campaign contribution credit for Ohio statewide office or General Assembly .....	7a.	0 00
8. Income-based exemption credit (\$20 times the number of exemptions) .....	8.	0 00
9. Total (add lines 2 through 8) .....	9.	0 00
10. Tax less credits (line 1 minus line 9; if less than zero, enter zero) .....	10.	3342 00
11. Joint filing credit (see instructions for table). % times line 10, up to \$650 .....	11.	0 00
12. Earned income credit .....	12.	00
13. Ohio adoption credit .....	13.	00
14. Nonrefundable job retention credit ( <b>include a copy of the credit certificate</b> ) .....	14.	00
15. Credit for eligible new employees in an enterprise zone ( <b>include a copy of the credit certificate</b> ) ...	15.	00
16. Credit for purchases of grape production property .....	16.	00
17. InvestOhio credit ( <b>include a copy of the credit certificate</b> ) .....	17.	00
18. Lead abatement credit ( <b>include a copy of the credit certificate</b> ) .....	18.	00
19. Opportunity zone investment credit ( <b>include a copy of the credit certificate</b> ) .....	19.	00
20. Technology investment credit carryforward ( <b>include a copy of the credit certificate</b> ) .....	20.	00
21. Enterprise zone day care & training credits ( <b>include a copy of the credit certificate</b> ) .....	21.	00
22. Research & development credit ( <b>include a copy of the credit certificate</b> ) .....	22.	00
23. Nonrefundable Ohio historic preservation credit ( <b>include a copy of the credit certificate</b> ) .....	23.	00
24. Total (add lines 11 through 23) .....	24.	0 00
25. Tax less additional credits (line 10 minus line 24; if less than zero, enter zero) .....	25.	3342 00





## 2020 Ohio Schedule of Credits

Primary taxpayer's SSN

853 83 4235



20280298

Sequence No. 8

**Nonresident Credit**

Date of nonresidency	to	State of residency	
26. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy) .....			2471 00
27. Ohio adjusted gross income (Ohio IT 1040, line 3).....			116303 00
28. Divide line 26 by line 27 and enter the result here (four digits; do not round). Multiply this factor by line 25 to calculate your nonresident credit .....		0.0212	71 00

**Resident Credit**

29. Portion of Ohio adjusted gross income taxed by another state or the District of Columbia while an Ohio resident- Ohio IT RC, line 1a (include a copy) .....		00
30. Ohio adjusted gross income (Ohio IT 1040, line 3).....		00
31. Divide line 29 by line 30 and enter the result here (four digits; do not round). Multiply this factor by line 25 and enter the result here .....		00
32. 2020 income tax liability after credits paid to another state or the District of Columbia Ohio IT RC, line 1b (include a copy) .....		00
33. Enter the lesser of line 31 or line 32. This is your Ohio resident tax credit. Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax.....		00
34. <b>Total nonrefundable credits</b> (add lines 9, 24, 28 and 33; enter here and on Ohio IT 1040, line 9) ....		71 00

**Refundable Credits**

35. Refundable Ohio historic preservation credit (include a copy of the credit certificate) .....	00
36. Refundable job creation credit & job retention credit (include a copy of the credit certificate) .....	00
37. Pass-through entity credit (include a copy of the Ohio IT K-1s).....	00
38. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate).....	00
39. Venture capital credit (include a copy of the credit certificate) .....	00
40. <b>Total refundable credits</b> (add lines 35 through 39; enter here and on Ohio IT 1040, line 16).....	00



**Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.**

Your First Name and Initial SUNDEEP	Last Name YARLAGADDA	<b>Enter your SSN(s).</b>	Your Social Security Number* 853   83   4235
Your Spouse's First Name and Initial (if filed joint) SPANDANA	Last Name KADIYALA		Spouse's Social Security No.* 973   96   9784

*\*Do Not Truncate*

**PART 1 – PURPOSE**

- To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.
- To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

**PART 2 – TAX RETURN INFORMATION**

1 Arizona Adjusted Gross Income	116,303	00
2 Balance Of Tax .....	0	00
3 Arizona Income Tax Withheld ...	256	00
<b>Check box 4 or box 5:</b>		
<b>4</b> <input checked="" type="checkbox"/> <b>REFUND:</b> Enter the amount of refund.....	256	00
<b>5</b> <input type="checkbox"/> <b>AMOUNT YOU OWE:</b> Enter the amount owed .....		00

**PART 3 – FINANCIAL INSTITUTION INFORMATION**

Must be present when requesting direct debit or deposit.

Foreign Account Deposit/Debit: See instructions below.

TYPE OF ACCOUNT      ROUTING NUMBER

Checking     Savings      3 2 2 2 7 1 6 2 7

ACCOUNT NUMBER

6 3 1 9 7 2 8 1 2

DIRECT DEBIT REQUEST DATE      DIRECT DEBIT PAYMENT AMOUNT

\$ .00

**Box 4 Checkbox – Refund:** You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

**Box 5 Checkbox – Amount You Owe:** You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

**Foreign Account Deposit/Debit Checkbox:** Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, **you must mail a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.**

**PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)**

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- 6a**  I consent that my refund be directly deposited as designated in the electronic portion of my 2020 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- 6b**  I do not want direct deposit of my refund or I am not receiving a refund.
- 6c**  I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

I authorize GLOBAL TAXES LLC  
(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2020. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 15, 2021, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

**PLEASE SIGN HERE**

→ Y. Sundep  
YOUR PEN AND INK SIGNATURE      04/21/2021  
DATE

→ K. Spandana  
SPOUSE'S PEN AND INK SIGNATURE      04/21/2021  
DATE



82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 2,0,2,0 AND ENDING 66F

1 SUNDEEP YARLAGADDA 853 83 4235
1 SPANDANA KADIYALA 973 96 9784
2 18416 N CAVE CREEK RD 2070 94 (510) 456-8901
3 PHOENIX AZ 85032 97

FILING STATUS: 4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment
5 Head of household
6 Married filing separate return
7 Single

8 Age 65 or over (you and/or spouse)
9 Blind (you and/or spouse)
10a Dependents: Under age of 17
10b Dependents: Age 17 and over
11a Qualifying parents and grandparents

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2020, (e) Dependent Age included in, (f) if you did not claim this person on your federal return due to educational credits.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2020, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2020.

Table with 3 columns: Line number, Description, Amount. Includes sections for Additions (lines 12-18) and Subtractions (lines 19-35).

DO NOT STAPLE ANY ITEMS TO THE RETURN.

Place any required federal and AZ schedules or other documents after Form 140.



Your Name (as shown on page 1) **SUNDEEP YARLAGADDA & SPANDANA KADIYALA** Your Social Security Number **853-83-4235**

Exemptions	36	Other Subtractions from Income. Complete <i>Adjustments to Arizona Gross Income</i> schedule on page 5.....	36		00		
	37	Subtract line 36 from line 35 and enter the difference.....	37	116,303	00		
	38	Age 65 or over: Multiply the number in box 8 by \$2,100.....	38		00		
	39	Blind: Multiply the number in box 9 by \$1,500.....	39		00		
	40	Other Exemptions. See instructions..... <b>40E</b> <input type="checkbox"/> Multiply the number in box <b>40E</b> by \$2,300.....	40		00		
Balance of Tax	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000.....	41		00		
	42	<b>Arizona adjusted gross income:</b> Subtract lines 38 through 41 from line 37. If less than zero, enter "0".....	42	116,303	00		
	43	<b>Deductions: Check box and enter amount.</b> See instructions..... <b>43I</b> <input type="checkbox"/> <b>ITEMIZED</b> ... <b>43S</b> <input checked="" type="checkbox"/> <b>STANDARD</b>	43	24,800	00		
	44	If you checked box <b>43S</b> and claim charitable deductions, check <b>44C</b> <input checked="" type="checkbox"/> <b>Complete page 3.</b> See instructions.....	44	0	00		
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0".....	45	91,503	00		
	46	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables.....	46	2,647	00		
	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31.....	47		00		
	48	Subtotal of tax: Add lines 46 and 47 and enter the total.....	48	2,647	00		
	49	Dependent Tax Credit. See instructions.....	49		00		
	50	Family income tax credit (from the worksheet - see instructions).....	50		00		
Total Payments and Refundable Credits	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61.....	51	2,647	00		
	52	<b>Balance of tax:</b> Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, enter "0".....	52	0	00		
	53	2020 AZ income tax withheld.....	53	256	00		
	54	2020 AZ estimated tax payments.. <b>54a</b> <input type="text" value="00"/> <b>Claim of Right 54b</b> <input type="text" value="00"/> Add 54a and 54b..	<b>54c</b>		00		
	55	2020 AZ extension payment (Form 204).....	55		00		
	56	Increased Excise Tax Credit (from the worksheet - see instructions).....	56		00		
	57	Property Tax Credit from Arizona Form 140PTC.....	57		00		
	58	Other refundable credits: Check the box(es) and enter the total amount..... <b>581</b> <input type="checkbox"/> <b>308-I</b> <b>582</b> <input type="checkbox"/> <b>349</b>	58		00		
	59	<b>Total payments and refundable credits:</b> Add lines 53 through 58 and enter the total.....	59	256	00		
	Tax Due or Overpayment	60	<b>TAX DUE:</b> If line 52 is larger than line 59, subtract line 59 from line 52 and enter amount of tax due. Skip lines 61, 62 and 63.....	60		00	
61		<b>OVERPAYMENT:</b> If line 59 is larger than line 52, subtract line 52 from line 59 and enter amount of overpayment.....	61	256	00		
62		Amount of line 61 to be applied to 2021 estimated tax.....	62		00		
63		<b>Balance of overpayment:</b> Subtract line 62 from line 61 and enter the difference.....	63	256	00		
Voluntary Gifts	<b>64 - 74 Voluntary Gifts to:</b>						
		Solutions Teams Assigned to Schools.....	64		00		
		Arizona Wildlife.....	65		00		
	Child Abuse Prevention.....	66	00	Domestic Violence Services.....	67	00	
	Neighbors Helping Neighbors..	69	00	Political Gift.....	68	00	
	I Didn't Pay Enough Fund.....	72	00	Special Olympics.....	70	00	
		Sustainable State Parks and Road Fund.....	73	00	Veterans' Donations Fund.....	71	00
				00	Spay/Neuter of Animals..	74	00
Penalty	75	Political Party (if amount is entered on line 68 - check only one): <b>751</b> <input type="checkbox"/> Democratic <b>752</b> <input type="checkbox"/> Libertarian <b>753</b> <input type="checkbox"/> Republican					
	76	Estimated payment penalty.....	76		00		
	77	<b>771</b> <input type="checkbox"/> Annualized/Other <b>772</b> <input type="checkbox"/> Farmer or Fisherman <b>773</b> <input type="checkbox"/> Form 221 included					
Refund or Amount Owed	78	Add lines 64 through 74 and 76; enter the total.....	78		00		
	79	<b>REFUND:</b> Subtract line 78 from line 63. If less than zero, enter amount owed on line 80.....	79	256	00		
<b>Direct Deposit of Refund: Check box 79A</b> if your deposit will be ultimately placed in a foreign account; see instructions. <b>79A</b> <input type="checkbox"/>							
<input checked="" type="checkbox"/> <b>C</b> Checking or <input type="checkbox"/> <b>S</b> Savings	ROUTING NUMBER	ACCOUNT NUMBER					
	<input type="text" value="322271627"/>	<input type="text" value="631972812"/>					
80	<b>AMOUNT OWED:</b> Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment; and include with your return.....	80		00			

Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**PLEASE SIGN HERE**

→ Y. Sunder YOUR SIGNATURE      04/21/2021 DATE      SOFTWARE DEVELOPER OCCUPATION

→ K. Spandana SPOUSE'S SIGNATURE      04/21/2021 DATE      SOFTWARE DEVELOPER SPOUSE'S OCCUPATION

SYAM PRIYA RAM SAGAR GUPTA TALLAM PAID PREPARER'S SIGNATURE      04082021 DATE      GLOBAL TAXES LLC FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

2530 Pebble Creek Ln PAID PREPARER'S STREET ADDRESS      30-1017196 PAID PREPARER'S TIN

Cumming GA 30041 PAID PREPARER'S CITY      STATE      ZIP CODE      (678) 965-9522 PAID PREPARER'S PHONE NUMBER

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).



## 2020 Form 140 - Standard Deduction Increase for Charitable Contributions

**You must complete this worksheet if you are taking an increased standard deduction for charitable contributions. Include the completed worksheet with your tax return, when filed. If you do not include the completed worksheet, your standard deduction will not be increased.**

Taxpayers electing to take the Standard Deduction on their Arizona tax return may *increase* the standard deduction amount by 25% (.25) of the total amount of the taxpayer's charitable deductions that would have been allowed if the taxpayer elected to claim itemized deductions on the Arizona tax return.

Charitable contributions (lines 1C, 2C, and 3C) are those gifts allowed on federal 1040 Schedule A (Gifts to Charity) that you would have claimed had you elected to take itemized deductions on your federal return.

**NOTE 1:** If you did not itemize deductions on your federal return and reported the allowable deduction (not to exceed \$300) for qualifying charitable contributions on your federal return, you **must** reduce the total 2020 contributions by the amount for which you took the allowable deduction on your federal return. Enter the amount of your federal deduction on line 5C.

**NOTE 2:** You **must** reduce your contribution amount by the total 2020 contributions for which you are claiming an Arizona tax credit on Form 321 (line 20) and/or Form 352 (line 20) for the current tax year (2020) or claimed on your return for the prior tax year (2019). The prior tax year amounts can be found on line 10 of your 2019 Forms 321 and 352. Enter this amount on line 6C.

**NOTE 3:** If you itemized deductions on your federal return (1040 Schedule A) and were required to adjust the amount of your allowable contributions on your federal 1040 Schedule A for the amount claimed as a tax credit on your Arizona income tax return, include the amount of the federal contribution adjustment to line 1C and enter the amount of the Arizona tax credit on line 6C.

Complete the worksheet to determine your allowable increased standard deduction for charitable contributions.

<b>1C</b>	2020 Gifts by cash or check.....	<b>1C</b>	300	00
<b>2C</b>	2020 Other than by cash or check.....	<b>2C</b>		00
<b>3C</b>	Carryover from prior year.....	<b>3C</b>		00
<b>4C</b>	Add lines 1C through 3C and enter the total.....	<b>4C</b>	300	00
<b>5C</b>	If you did not itemize deductions on your federal return (1040 Schedule A) and took a deduction for charitable contributions on your federal return, enter the amount of charitable contribution deduction reported on your federal return. (See <b>Note 1</b> ).....	<b>5C</b>	300	00
<b>6C</b>	Total charitable contributions made in 2020 for which you are claiming a credit under Arizona law for the current (2020) or prior (2019) tax year.....	<b>6C</b>		00
<b>7C</b>	Subtract lines 5C and 6C from line 4C and enter the difference. If less than zero, enter "0".....	<b>7C</b>	0	00
<b>8C</b>	Multiply line 7C by 25% (.25) and enter the result.....	<b>8C</b>	0	00

- Enter the amount shown on line 8C on page 2, line 44.
- Be sure to check box **43S** for Standard Deduction on line 43.
- Check box **44C** for charitable deductions on line 44. If you do not check this box, you may be denied the increased standard deduction.



Include with your return.

For the calendar year 2020 or fiscal year beginning | | | | 2, 0, 2, 0 | and ending | | | | | | | | | | .

Your Name as shown on Form 140, 140PY, 140NR or 140X SUNDEEP YARLAGADDA	Your Social Security Number 853   83   4235
Spouse's Name as shown on Form 140, 140PY, 140NR or 140X (if a joint return) SPANDANA KADIYALA	Spouse's Social Security Number 973   96   9784

**Part 1 Nonrefundable Individual Tax Credits Available:** Enter total available tax credits.

	(a) Current Year Credit	(b) Available Carryover	(c) Total Available Credit (a) + (b)
1 Military Reuse Zone Credit..... Form 306 ▶	1		00
2 Credit for Increased Research Activities – Individuals..... Form 308-I ▶	2		00
3 Credit for Taxes Paid to Another State or Country..... Form 309 ▶	3 2,647		2,647 00
4 Credit for Solar Energy Devices..... Form 310 ▶	4		00
5 Agricultural Water Conservation System Credit..... Form 312 ▶	5		00
6 Pollution Control Credit..... Form 315 ▶	6		00
7 Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets..... Form 319 ▶	7		00
8 Credit for Employment of TANF Recipients..... Form 320 ▶	8		00
9 Credit for Contributions to Qualifying Charitable Organizations.. Form 321 ▶	9		00
10 Credit for Contributions Made or Fees Paid to Public Schools.... Form 322 ▶	10		00
11 Credit for Contributions to Private School Tuition Organizations Form 323 ▶	11		00
12 Agricultural Pollution Control Equipment Credit..... Form 325 ▶	12		00
13 Credit for Donation of School Site..... Form 331 ▶	13		00
14 Credit for Employment by Healthy Forest Enterprises..... Form 332 ▶	14		00
15 Credit for Employing National Guard Members..... Form 333 ▶	15		00
16 Credit for Business Contributions by an S Corporation to School Tuition Organization - Individual..... Form 335-I ▶	16		00
17 Credit for Solar Energy Devices – Commercial and Industrial Applications..... Form 336 ▶	17		00
18 Credit for Investment in Qualified Small Businesses..... Form 338 ▶	18		00
19 Credit for Donations to the Military Family Relief Fund..... Form 340 ▶	19		00
20 Credit for Business Contributions by an S Corporation to School Tuition Organizations for Displaced Students or Students with Disabilities - Individual..... Form 341-I ▶	20		00
21 Renewable Energy Production Tax Credit..... Form 343 ▶	21		00
22 Credit for New Employment..... Form 345 ▶	22		00
23 Additional Credit for Increased Research Activities for Basic Research Payments..... Form 346 ▶	23		00
24 Credit for Contributions to Certified School Tuition Organization (for contributions that exceed the allowable credit on Arizona Form 323). Form 348 ▶	24		00
25 Credit for Contributions to Qualifying Foster Care Charitable Organizations..... Form 352 ▶	25		00
26 Reserved for future use.....	26		
27 Total available nonrefundable tax credits: Add lines 1 through 25.....	27	2,647	2,647 00

Continued on page 2 →



**You must include Form 301 and the corresponding credit form(s) for which you computed your credit(s) with your individual income tax return.**



Your Name (as shown on page 1) SUNDEEP YARLAGADDA & SPANDANA KADIYALA	Your Social Security Number 853-83-4235
--	--

**Part 2 Application of Tax Credits and Recapture: Enter tax, recapture tax, and tax credits used this taxable year.**

28 Tax from Form 140, line 46; or Form 140PY, line 56; or Form 140NR, line 56; or Form 140X, line 35.....	28	2,647	00
29 Tax from recapture of Credits for Healthy Forest Enterprises from Form 332, Part 9, line 39, and Part 10, line 45.....	29	00	
30 Tax from recapture of Credit for Qualified Facilities from Form 349, Part 7, line 19.....	30	00	
31 Recapture Total: Add lines 29 and 30. Enter here and on Form 140, line 47; or Form 140PY, line 57; or Form 140NR, line 57; or Form 140X, line 36.....	31		00
32 Subtotal: Add lines 28 and 31.....	32	2,647	00
33 Family Income Tax Credit from Form 140, line 50; or Form 140PY, line 60; or Form 140X, line 38a; <i>plus</i> Dependent Tax Credit from Form 140, line 49; or Form 140PY, line 59; or Form 140NR, line 59; or Form 140X, box 38b .....	33		00
34 Subtract line 33 from line 32. Enter the difference. If less than zero, enter "0" .....	34	2,647	00

**Nonrefundable Tax Credits Used This Taxable Year: Enter amounts actually used from Part 1.**

35 Military Reuse Zone Credit.....Form 306 ▶	35		00
36 Credit for Increased Research Activities – Individuals..... Form 308-I ▶	36		00
37 Credit for Taxes Paid to Another State or Country.....Form 309 ▶	37	2,647	00
38 Credit for Solar Energy Devices.....Form 310 ▶	38		00
39 Agricultural Water Conservation System Credit.....Form 312 ▶	39		00
40 Pollution Control Credit.....Form 315 ▶	40		00
41 Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets.....Form 319 ▶	41		00
42 Credit for Employment of TANF Recipients.....Form 320 ▶	42		00
43 Credit for Contributions to Qualifying Charitable Organizations.....Form 321 ▶	43		00
44 Credit for Contributions Made or Fees Paid to Public Schools.....Form 322 ▶	44		00
45 Credit for Contributions to Private School Tuition Organizations.....Form 323 ▶	45		00
46 Agricultural Pollution Control Equipment Credit.....Form 325 ▶	46		00
47 Credit for Donation of School Site.....Form 331 ▶	47		00
48 Credit for Employment by Healthy Forest Enterprises.....Form 332 ▶	48		00
49 Credit for Employing National Guard Members.....Form 333 ▶	49		00
50 Credit for Business Contribution by an S Corporation to School Tuition Organization - Individual.....Form 335-I ▶	50		00
51 Credit for Solar Energy Devices – Commercial and Industrial Applications.....Form 336 ▶	51		00
52 Credit for Investment in Qualified Small Businesses.....Form 338 ▶	52		00
53 Credit for Donations to the Military Family Relief Fund: Enter the smaller of Form 301, Part 1, line 19 or Part 2, line 32.....Form 340 ▶	53		00
54 Credit for Business Contributions by an S Corporation to School Tuition Organizations for Displaced Students or Students with Disabilities - Individual.. Form 341-I ▶	54		00
55 Renewable Energy Production Tax Credit.....Form 343 ▶	55		00
56 Credit for New Employment.....Form 345 ▶	56		00
57 Additional Credit for Increased Research Activities for Basic Research Payments..Form 346 ▶	57		00
58 Credit for Contributions to Certified School Tuition Organization (for contributions that exceed the maximum allowable credit on Arizona Form 323) ..Form 348 ▶	58		00
59 Credit for Contributions to Qualifying Foster Care Charitable Organizations.....Form 352 ▶	59		00
60 Reserved for future use.....	60		
61 <b>Total Tax Credits Used:</b> Add lines 35 through 59. <b>Total cannot be more than line 34.</b> Enter this amount on Form 140, line 51; or Form 140PY, line 61; or Form 140NR, line 60; or Form 140X, line 39.....	61	2,647	00



Include with your return. A separate form must be filed for each state or country for which a credit is claimed.

For the calendar year 2020 or fiscal year beginning 2,0,2,0 and ending

Your Name as shown on Form 140, 140NR, 140PY or 140X SUNDEEP YARLAGADDA	Your Social Security Number 853   83   4235
Spouse's Name as shown on Form 140, 140NR, 140PY or 140X (if joint return) SPANDANA KADIYALA	Spouse's Social Security Number 973   96   9784

**Part 1 Computation of Income Subject to Tax by Both Arizona and the Other State or Country During 2020**

**A. Other State:** If claiming a credit for taxes paid to another state, enter the two-letter abbreviation for that state.  
See last page of the instructions for a list of state abbreviations ..... OH

**B. Other Country:** If claiming a credit for taxes paid to another country, enter the country name  
If claiming a credit for taxes paid to more than one country, see instructions.

	(a)	(b)	(c)
<b>1</b> Description of income item(s). List each income item separately. WAGES			

	(a)	(b)	(c)
<b>2</b> Amount of income from item listed on line 1 reportable to both Arizona and the other state or country.....	2 \$ 113,832 00	\$ 00	\$ 00
<b>3</b> Portion of income on line 2 included in Arizona adjusted gross income .....	3 \$ 125,133 00	\$ 00	\$ 00
<b>4</b> Portion of income on line 2 included in the other state or country's equivalent of Arizona adjusted gross income.....	4 \$ 125,133 00	\$ 00	\$ 00
<b>5</b> Income subject to tax by both Arizona and the other state or country. Enter the smaller of the amount entered on line 3 or line 4	5 \$ 125,133 00	\$ 00	\$ 00
<b>6</b> Total income subject to tax in both Arizona and the other state or country. Add line 5, columns (a), (b), and (c). Include total from additional schedules. If less than zero, enter "0". See instructions.	6 \$ 125,133 00		

**Part 2 Computation of Other State or Country Tax Credit**

(Read specific line instructions for Part 2 before completing this part.)

<b>7</b> Arizona tax liability less any credits (except other state tax credit) .....	7	2,647	00
<b>8</b> Amount from Part 1, line 6.....	8	125,133	00
<b>9</b> Entire income upon which Arizona tax is imposed. See instructions.....	9	116,303	00
<b>10</b> Divide the amount on line 8 by the amount on line 9 (cannot be greater than one).....	10	1.0000	
<b>11</b> Multiply the amount on line 7 by the decimal on line 10.....	11	2,647	00
<b>12</b> Income tax paid to: Name of other state or country. See Instructions. <b>12a</b> <u>OHIO</u>	<b>12b</b>	3,271	00
<b>13</b> Amount from Part 1, line 6.....	13	125,133	00
<b>14</b> Entire income upon which other state or country's income tax is imposed. See instructions.....	14	113,832	00
<b>15</b> Divide the amount on line 13 by the amount on line 14 (cannot be greater than one).....	15	1.0000	
<b>16</b> Multiply the amount on line 12 by the decimal on line 15.....	16	3,271	00
<b>17</b> Allowable credit for taxes paid to the above named other state or country: If claiming a credit from more than one state or country, see instructions. Enter the smaller of line 11 or line 16, and on Arizona Form 301, Part 1, line 3, column (a).....	17	2,647	00



### Schedule of Income Allocation

Complete this schedule only if you are an Arizona resident who is also considered to be a resident of another state under the laws of that other state (dual resident); otherwise skip this schedule. See pages 2 and 9 of the instructions.

	(a)	(b)	(c)	(d)
	Amount reported on your 2020 federal return	Amount entered in column (a) reported on your 2020 Form 140	Amount entered in column (a) reported on your 2020 return filed to your statutory state of residence	Amount entered in column (c) that would be sourced to your statutory state of residence as income of a nonresident of that state
<b>1</b> Wages, salaries, tips, etc.....	\$ 00	\$ 00	\$ 00	\$ 00
<b>2</b> Interest.....	\$ 00	\$ 00	\$ 00	\$ 00
<b>3</b> Dividends.....	\$ 00	\$ 00	\$ 00	\$ 00
<b>4</b> Business income or (loss) from federal Schedule C.....	\$ 00	\$ 00	\$ 00	\$ 00
<b>5</b> Gains or (losses) from federal Schedule D.....	\$ 00	\$ 00	\$ 00	\$ 00
<b>6</b> Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E	\$ 00	\$ 00	\$ 00	\$ 00
<b>7</b> Other income reported on your federal return .....	\$ 00	\$ 00	\$ 00	\$ 00
<b>8</b> Total Income: Add lines 1 through 7.	\$ 00	\$ 00	\$ 00	\$ 00
<b>9</b> Other federal adjustments: List on lines 9a through 9c:				
<b>9a</b>	\$ 00	\$ 00	\$ 00	\$ 00
<b>9b</b>	\$ 00	\$ 00	\$ 00	\$ 00
<b>9c</b>	\$ 00	\$ 00	\$ 00	\$ 00
<b>9d</b> Total adjustments: Add lines 9a through 9c for each column.....	\$ 00	\$ 00	\$ 00	\$ 00
<b>10</b> Adjusted Gross Income: Subtract line 9d from line 8 for each column....	\$ 00	\$ 00	\$ 00	\$ 00