

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name AMUKTHA MALYADA PAPANI	Social security number 149-35-6945
Spouse's name	Spouse's social security number

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	42,003.
2 Total tax	2	2,177.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	6,584.
4 Amount you want refunded to you	4	6,207.
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

5	6	9	4	5
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

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

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

Your first name and middle initial AMUKTHA MALYADA	Last name PAPANI	Your social security number 149-35-6945
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 11247 CASTLEMALN CIR		Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. JACKSONVILLE	State FL	ZIP code 32256	
Foreign country name	Foreign province/state/county	Foreign postal code	

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

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

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

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. Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	42,003.	
	2a	Tax-exempt interest	2a	b Taxable interest	2b	
	3a	Qualified dividends	3a	b Ordinary dividends	3b	
	4a	IRA distributions	4a	b Taxable amount	4b	
	5a	Pensions and annuities	5a	b Taxable amount	5b	
	6a	Social security benefits	6a	b Taxable amount	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			7	
	8	Other income from Schedule 1, line 9			8	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶			9	42,003.
	10	Adjustments to income:				
	a	From Schedule 1, line 22	10a			
	b	Charitable contributions if you take the standard deduction. See instructions	10b			
	c	Add lines 10a and 10b. These are your total adjustments to income ▶			10c	
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶			11	42,003.
	12	Standard deduction or itemized deductions (from Schedule A)			12	12,400.
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A			13		
14	Add lines 12 and 13			14	12,400.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15	29,603.	

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	3,358.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	3,358.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	1,181.
21	Add lines 19 and 20	21	1,181.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	2,177.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	2,177.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	6,584.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	6,584.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,800.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,800.
33	Add lines 25d, 26, and 32. These are your total payments	33	8,384.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	6,207.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	6,207.
b	Routing number 051000017		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 435035844877		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe now	37	
Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

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

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

Sign Here

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

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

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 04/01/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522 Firm's EIN 30-1017196

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

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **03**

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

Your social security number
149-35-6945

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	1,181.
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	6	
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	7	1,181.

Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962	8	
9	Amount paid with request for extension to file (see instructions)	9	
10	Excess social security and tier 1 RRTA tax withheld	10	
11	Credit for federal tax on fuels. Attach Form 4136	11	
12	Other payments or refundable credits:		
a	Form 2439	12a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b	
c	Health coverage tax credit from Form 8885	12c	
d	Other: _____	12d	
e	Deferral for certain Schedule H or SE filers (see instructions)	12e	
f	Add lines 12a through 12e	12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	13	

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

BAA

REV 03/25/21 PRO

Schedule 3 (Form 1040) 2020

Education Credits
(American Opportunity and Lifetime Learning Credits)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

2020
Attachment
Sequence No. **50**

Name(s) shown on return

AMUKTHA MALYADA PAPANI

Your social security number

149-35-6945



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4	
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)	6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below.	8	

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	5,905.
11	Enter the smaller of line 10 or \$10,000	11	5,905.
12	Multiply line 11 by 20% (0.20)	12	1,181.
13	Enter: \$138,000 if married filing jointly; \$69,000 if single, head of household, or qualifying widow(er)	13	69,000.
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	42,003.
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	26,997.
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	10,000.
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18	1,181.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3	19	1,181.

Name(s) shown on return AMUKTHA MALYADA PAPANI	Your social security number 149-35-6945
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Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

20 Student name (as shown on page 1 of your tax return) AMUKTHA MALYADA PAPANI	21 Student social security number (as shown on page 1 of your tax return) 149-35-6945
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22 Educational institution information (see instructions)	
a. Name of first educational institution UNIVERSITY OF THE CUMBERLANDS	b. Name of second educational institution (if any)

(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. WILLIAMSBURG WILLIAMSBURG KY 40769	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
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(2) Did the student receive Form 1098-T from this institution for 2020? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(2) Did the student receive Form 1098-T from this institution for 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No
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(3) Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(3) Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
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(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3) . You can get the EIN from Form 1098-T or from the institution. 61-0470593	(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3) . You can get the EIN from Form 1098-T or from the institution.
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23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020?	<input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.
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24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2020 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	<input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — Stop! Go to line 31 for this student.
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25 Did the student complete the first 4 years of postsecondary education before 2020? See instructions.	<input checked="" type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input type="checkbox"/> No — Go to line 26.
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26 Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance?	<input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input type="checkbox"/> No — Complete lines 27 through 30 for this student.
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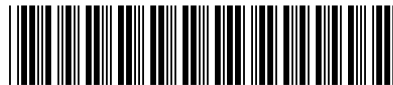
You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27	
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28	
29 Multiply line 28 by 25% (0.25)	29	
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30	

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	5,905.
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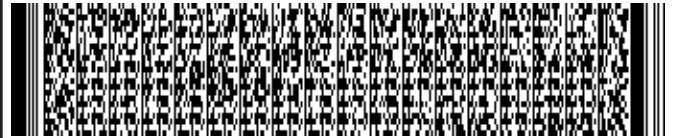
2 0 0 0 0 4 1 5 5 5

**KENTUCKY INDIVIDUAL
INCOME TAX RETURN**
Nonresident or Part-Year Resident

2020

Check if deceased: Spouse Taxpayer For calendar year or other taxable year beginning _____, and ending _____.

A. Spouse's Social Security Number	B. Your Social Security Number 482-55-6945
Name—Last, First, Middle Initial (Joint return, give both names and initials.) PAPANI AMUKTHA MALYADA	
Mailing Address (Number and Street including Apartment Number or P.O. Box) 11247 CASTLEMAIN CIR	
City, Town or Post Office JACKSONVILLE FL 32256	State ZIP Code



FILING STATUS (see instructions)

1 Single

2 Married, filing joint return.

3 Married, filing separate returns. Enter spouse's Social Security number above and full name here. _____

Check if applicable:

Amended
(Enclose copy of 1040X, if applicable.)

Military Spouse

POLITICAL PARTY FUND
Designating \$2 will not change your refund or tax due.

	A. Spouse	B. Yourself
Democratic	(1) <input type="checkbox"/>	(4) <input type="checkbox"/>
Republican	(2) <input type="checkbox"/>	(5) <input type="checkbox"/>
No Designation	(3) <input type="checkbox"/>	(6) <input checked="" type="checkbox"/>

RESIDENCY STATUS (check one box)

4 Full-year nonresident. I did not live in Kentucky during the year. Enter state of residence as of December 31, 2020 FL.

5 Part-year resident. Complete appropriate line(s) below.
 Moved into Kentucky _____ State moved from _____
 Moved out of Kentucky _____ State moved to _____

6 You must file a 740-NP-R if you are a full-year resident of a reciprocal state (IL, IN, MI, OH, VA, WV or WI) with Kentucky income of wages and salaries only.

COMPLETE SECTION B ON PAGE 4 BEFORE COMPLETING SECTION A.

SECTION A		7	0.0 %	
7	Enter percentage from Section B, line 33.....	7	0.0 %	
8	Enter amount from Section B, line 32, Column A. This is your Federal Adjusted Gross Income	8	42,003.	00
9	Enter amount from Section B, line 32, Column B. This is your Kentucky Adjusted Gross Income	9	0.	00
10	Nonitemizers: Enter \$2,650 (do not prorate). Skip lines 11 and 12.....	10	2,650.	00
11	Itemizers: Enter itemized deductions from Kentucky Schedule A, Form 740-NP.....	11	00	
12	Multiply line 11 by the percentage on line 7.....	12	00	
13	Subtract line 10 or 12 from line 9. This is your Taxable Income	13	0.	00
14	Tax Computation: Multiply line 13 by 5% (.05) enter tax.....	14	0.	00
15	Enter amount from Schedule ITC, Section A, line 25.....	15		00
16	Subtract line 15 from line 14.....	16	0.	00
17	Enter personal tax credit amounts from Schedule ITC, Section B.....	17	00	
18	Multiply line 17 by the percentage on line 7.....	18	00	
19	Subtract line 18 from line 16 and enter here, continue to page 2.....	19	0.	00



2 0 0 0 0 5 1 5 5 5

20	Check the box that represents your total family size (see instructions for lines 20 and 21).....	20	1 <input checked="" type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
21	Multiply line 19 by Family Size Tax Credit decimal amount <u>0.00</u> (<u>0</u> %) from Schedule ITC.....	21			0.	00
22	Subtract line 21 from line 19.....	22			0.	00
23	Enter the Education Tuition Tax Credit from Form 8863-K.....	23				00
24	Enter Child and Dependent Care Credit from worksheet (see instructions).....	24				00
25	Enter Income Gap Tax Credit from Schedule ITC.....	25				00
26	Income Tax Liability. Subtract lines 23 through 25 from line 22. If zero or less, enter zero.....	26			0.	00
27	Enter KENTUCKY USE TAX due on Internet, mail order, or other out-of-state purchases (see instructions)....	27				00
28	Add lines 26 and 27. This is your TOTAL TAX LIABILITY	28			0.	00
29	For amended return; overpayment, if any, shown on original return.....	29				00
30	Add lines 28 and 29, enter here.....	30			0.	00
31	a Enter Kentucky income tax withheld as shown on enclosed Schedule KW-2.....	31a			281.	00
	b Enter 2020 Kentucky estimated tax/extension payments.....	31b				00
	c Enter 2020 refundable certified rehabilitation credit.....	31c				00
	d Enter Nonresident Withholding from Form PTE-WH, line 9.....	31d				00
	e For amended return; enter amount paid with original return plus additional payment(s) made after it was filed.....	31e				00
32	Add lines 31(a) through 31(e).....	32			281.	00
33	If line 30 is larger than line 32, subtract line 32 from line 30, enter ADDITIONAL TAX DUE	33				00
34	a Estimated tax penalty <input type="checkbox"/> Check if Form 2210-K attached	34a				00
	b Interest.....	34b				00
	c Late payment penalty.....	34c				00
	d Late filing penalty.....	34d				00
35	Add lines 34(a) through 34(d). Enter here.....	35				00
36	If the total of lines 30 and 35 is more than line 32, subtract line 32 from the total of lines 30 and 35. This is the AMOUNT YOU OWE , continue to page 3..... OWE	36				00
37	If line 32 is more than line 30, subtract lines 30 and 35 from line 32. This is the AMOUNT YOU OVERPAID , continue to page 3.....	37			281.	00



38 FUND CONTRIBUTIONS; see instructions.

a Nature and Wildlife Fund.....	38a	00
b Child Victims' Trust Fund.....	38b	00
c Veterans' Program Trust Fund.....	38c	00
d Breast Cancer Research/Education Trust Fund.....	38d	00
e Farms to Food Banks Trust Fund.....	38e	00
f Local History Trust Fund.....	38f	00
g Special Olympics Kentucky.....	38g	00
h Pediatric Cancer Research Trust Fund.....	38h	00
i Rape Crisis Center Trust Fund.....	38i	00
j Court Appointed Special Advocate Trust Fund.....	38j	00
k YMCA Youth Association Fund.....	38k	00

39 Add lines 38(a) through 38(k).....	39	00
40 Amount of line 37 to be CREDITED TO YOUR 2021 ESTIMATED TAX CREDIT FORWARD	40	00
(Credit forwards not available for amended returns)		
41 Subtract lines 39 and 40 from line 37. Amount to be REFUNDED TO YOU REFUND	41	281.00

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

Sign Here	Signature of Taxpayer	Driver's License/State Issued ID No.	Date	Telephone Number (daytime) (440) 650-6223
	Signature of Spouse	Driver's License/State Issued ID No.	Date	
Paid Preparer Use	Signature of Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM		Date 04/01/2021	
	Name of Preparer or Firm GLOBAL TAXES LLC		ID Number P02082703	
	Email	Telephone No.	May the DOR discuss this return with this preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Enclose	Include a complete copy of federal Form 1040, if you received farm, business, or rental income or loss. If not required, check here. <input type="checkbox"/>		Refund or No Payment	Kentucky Department of Revenue Frankfort, KY 40618-0006
Payment	Check Payable: Kentucky State Treasurer E-Pay Options: www.revenue.ky.gov Include: Your Social Security number and "KY Income Tax—2020"		With Payment	Kentucky Department of Revenue Frankfort, KY 40619-0008



**SECTION B
INCOME**

	A. Total from Enclosed Federal Return		B. Kentucky	
1 Enter all wages, salaries, tips, etc. (<i>enclose Kentucky Schedule KW-2</i>) Do not include moving expense reimbursements	1	42,003.00	0.	00
2 Moving expense reimbursement	2	00		00
3 Interest	3	00		00
4 Dividends	4	00		00
5 Taxable refunds, credits or offsets of state and local income taxes	5	00		00
6 Alimony received	6	00		00
7 Business income or loss (<i>enclose federal Schedule C or C-EZ</i>)	7	00		00
8 Capital gain or loss (<i>enclose federal Schedule D</i>)	8	00		00
9 Other gains or losses (<i>enclose federal Form 4797</i>)	9	00		00
10 a Federally taxable IRA distributions, pensions and annuities	10a	00		00
b Pension income exclusion (<i>enclose Schedule P if more than \$31,110 per taxpayer</i>)	10b		(00
11 Rents, royalties, partnerships, estates, trusts, etc. (<i>enclose federal Schedule E</i>)	11	00		00
12 Farm income or loss (<i>enclose federal Schedule F</i>)	12	00		00
13 Unemployment compensation (see instructions)	13	00		00
14 Taxable Social Security benefits	14	00		
15 Gambling winnings	15	00		00
16 Other income (list type and amount) _____	16	00		00
17 Combine lines 1 through 16. This is your Total Income	17	42,003.00	0.	00
ADJUSTMENTS TO INCOME				
18 Educator expenses	18	00		00
19 Certain business expenses of reservists, performing artists and fee-basis government officials (<i>enclose federal Form 2106 or 2106-EZ</i>)	19	00		00
20 Health savings account deduction (<i>enclose federal Form 8889</i>)	20	00		00
21 Moving expenses for members of the armed forces	21	00		
22 Deductible part of self-employment tax	22	00		00
23 Self-employed SEP, SIMPLE, and qualified plans deduction	23	00		00
24 Self-employed health insurance deduction	24	00		00
25 Penalty on early withdrawal of savings	25	00		00
26 Alimony paid (enter recipient's name and Social Security number) _____	26	00		00
27 IRA deduction	27	00		00
28 Student loan interest deduction	28	00		00
29 Tuition and fees deduction	29	0.00		00
30 Other deductions (list type and amount) _____	30	00		00
31 Add lines 18 through 30. Total Adjustments to Income	31	0.00		00
32 Subtract line 31 from line 17. This is your Adjusted Gross Income	32	42,003.00	0.	00
33 Divide line 32, Column B, by line 32, Column A. If amount is equal to or greater than 100%, enter 100%. This is your Percentage of Kentucky Adjusted Gross Income to Federal Adjusted Gross Income	33		0	%



2 0 0 3 4 9 1 5 5 5

**KENTUCKY INDIVIDUAL
TAX CREDIT SCHEDULE**

2020

➤ **Enclose with Form 740 or 740-NP**

Enter name(s) as shown on tax return.

Your Social Security Number

PAPANI, AMUKTHA MALYADA

482-55-6945

SECTION A—BUSINESS INCENTIVES AND OTHER TAX CREDITS

A	B Preapproval Required	C Credit Name	D Required Attachment	E		F	
				Spouse		Yourself	
1	No	Nonrefundable Limited Liability Entity	Kentucky Limited Liability Entity Tax Credit Worksheet/Schedule K-1		00		00
2	Yes	Kentucky Small Business	Schedule K-1		00		00
3	Yes	Kentucky Selling Farmers	Schedule K-1		00		00
4	Yes	Skills Training Investment	Schedule K-1		00		00
5	Yes	Certified Rehabilitation	Certification Copies		00		00
6	No	Tax Paid to Another State	Copy(ies) of Other State(s) return or Worksheet A		00		00
7	No	Unemployment	Schedule UTC		00		00
8	Yes	Recycling/Composting Equipment	Schedule RC		00		00
9	Yes	Kentucky Investment Fund	KEDFA notification		00		00
10	No	Qualified Research Facility	Schedule QR		00		00
11	No	GED Incentive	Form DAEL-31		00		00
12	Yes	Voluntary Environmental Remediation	Schedule VERB		00		00
13	Yes	Biodiesel	Schedule BIO		00		00
14	Yes	Clean Coal Incentive	Schedule CCI		00		00
15	Yes	Ethanol	Schedule ETH		00		00
16	Yes	Cellulosic Ethanol	Schedule CELL		00		00
17	No	Railroad Maintenance & Improvement	Schedule RR-I		00		00
18	Yes	Endow Kentucky	Schedule ENDOW		00		00
19	Yes	New Markets Development Program	Form 8874(K)-A		00		00
20	No	Food Donation (Carryover only)	Schedule FD		00		00
21	No	Distilled Spirits	Schedule DS		00		00
22	Yes	Angel Investor	Certification Letter		00		00
23	Yes	Film Industry	Film Office Certification		00		00
24	No	Inventory	Schedule INV		00		00
25	Total of Other Tax Credits (add lines 1 through 24). Enter here and on Form 740, page 1, line 15, Columns A and B, or enter combined totals of Columns E and F on Form 740-NP, page 1, line 15				00		00



SECTION B—PERSONAL TAX CREDITS

Taxpayer

Spouse

Complete only if filing joint or married,
filing separately on a combined return

Enter your date of birth (MM/DD/YYYY)	06/26/1993		Enter your date of birth (MM/DD/YYYY)		
1 If you were 65 on or before 12/31/2020, enter 40.....	1		5 If you were 65 on or before 12/31/2020, enter 40...	5	
2 If you were legally blind on 12/31/2020, enter 40.....	2		6 If you were legally blind on 12/31/2020, enter 40...	6	
3 If you were a member of the Kentucky National Guard on 12/31/2020, enter 20.....	3		7 If you were a member of the Kentucky National Guard on 12/31/2020, enter 20.....	7	
4 Allowable Taxpayer Credit—Add lines 1 through 3...	4		8 Allowable Spouse Credit—Add lines 5 through 7..	8	

Assignment of Personal Tax Credits

9 For filing status Single or Married, filing separate returns , enter the amount from line 4 here and in Column B of Form 740, line 17 or Form 740-NP, line 17 (Not to exceed 100).....	9	
10 For filing status Married, filing separately on this combined return , enter the amount from line 4 here and in column B of Form 740, line 17 (Not to exceed 100).....	10	
11 For filing status Married, filing separately on this combined return , enter the amount from line 8 here and in column A of Form 740, line 17. (Not to exceed 100).....	11	
12 For filing status Married, filing jointly , add line 4 and line 8 and enter here and in Column B of Form 740, line 17 or Form 740-NP, line 17. (Not to exceed 200).....	12	

SECTION C—FAMILY SIZE TAX CREDIT AND INCOME GAP CREDIT

Enter dependents qualifying for family size credit and income gap credit. See instructions to determine family size and your qualifying dependents. Your family size will be used to determine your family size tax credit percentage and the amount of your income gap credit.

First and Last Name	Dependent's Social Security number	Dependent's relationship to you	Check if qualifying child for family size tax credit
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Use this **Family Size Table** to determine the percentage of family size credit and the amount of income gap credit. You will need to know your family size and your modified gross income (a worksheet is located within the instructions). You will enter the percentage for the family size tax credit on Form 740 or 740-NP, line 21 and you will enter the income gap credit on Form 740 or 740-NP, line 25.

Family Size:	One		Two		Three		Four or More		Credit Percentage is	Income Gap Credit		
	If MGI . . . is over	is not over	is over	is not over	is over	is not over	is over	is not over		One	Two	Three
Tax Year 2020	\$ ---	\$12,760	\$ ---	\$17,240	\$ ---	\$21,720	\$ ---	\$26,200	100%			
	12,760	13,270	17,240	17,930	21,720	22,589	26,200	27,248	90%	\$11	\$ 7	\$ 3
	13,270	13,781	17,930	18,619	22,589	23,458	27,248	28,296	80%	\$20	\$13	\$ 6
	13,781	14,291	18,619	19,309	23,458	24,326	28,296	29,344	70%	\$29	\$18	\$ 6
	14,291	14,802	19,309	19,998	24,326	25,195	29,344	30,392	60%	\$37	\$22	\$ 6
	14,802	15,312	19,998	20,688	25,195	26,064	30,392	31,440	50%	\$45	\$24	\$ 4
	15,312	15,822	20,688	21,378	26,064	26,933	31,440	32,488	40%	\$51	\$26	
	15,822	16,205	21,378	21,895	26,933	27,584	32,488	33,274	30%	\$58	\$27	
	16,205	16,588	21,895	22,412	27,584	28,236	33,274	34,060	20%	\$64	\$28	
	16,588	16,971	22,412	22,929	28,236	28,888	34,060	34,846	10%	\$69	\$28	
16,971	---	22,929	---	28,888	---	34,846	---	0%				

Multiply tax from Form 740 or 740-NP, line 19, by the applicable family size tax credit percentage and enter on Form 740 or 740-NP line 21. This is your **Family Size Tax Credit**.



Complete this Schedule KW-2 to determine the total Kentucky income tax withholding to be entered on Kentucky Form 740, 740-NP, or 740-NP-R. This schedule must be fully completed in order to receive proper credit for Kentucky income tax withheld. Include multiple Schedule KW-2(s) as needed to report all Kentucky income tax withholdings. Do not send in your W-2, 1099, or W2-G forms; keep them with your tax records.

NAME(S) AS SHOWN ON THE TAX RETURN

SPOUSE'S SOCIAL SECURITY NUMBER

YOUR SOCIAL SECURITY NUMBER

PAPANI, AMUKTHA MALYADA

482-55-6945

Part I-Form W-2 Enter all W-2s with Kentucky income tax withheld (round to the nearest whole dollar). Do not include other state withholding or local income tax.

A Employee's Social Security Number	B Employer's Identification Number (EIN)	C State	D Employer's State I.D. Number (Box 15 of Form W-2)	E KY State Wages (Box 16 of Form W-2)		F KY Income Tax Withheld (Box 17 of Form W-2)	
1 482-55-6945	83-3519424	KY	942354	0.	00	281.	00
2					00		00
3					00		00
4					00		00
5					00		00
6					00		00
7					00		00
8					00		00
9					00		00
10					00		00
11 TOTAL FROM ALL W-2s				0.	00	281.	00

Part II-Form 1099 and W-2G Enter all 1099s and W-2Gs with Kentucky income tax withheld (round to the nearest whole dollar).

A Recipient's Social Security Number	B Payer's Identification Number (EIN)	C State	D Payer's State I.D. Number	E KY Income Amount		F KY Income Tax Withheld	
12					00		00
13					00		00
14					00		00
15					00		00
16					00		00
17 TOTAL FROM ALL 1099s AND W-2Gs					00		00

Part III-Totals Enter total Kentucky income tax withheld (round to the nearest whole dollar) from line 18, Column F on your Kentucky income tax return (Form 740 and 740-NP, line 31(a) or 740-NP-R, line 1).

		F Total Kentucky Income Tax Withheld
18	Enter combined totals from Column F, lines 11 and 17.	281.00

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STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

SC8453 (Rev. 11/16/20) 3299

Personal information section including name (AMUKTHA MALYADA PAPANI), social security number (482-55-6945), home address (11247 CASTLEMALN CIR JACKSONVILLE FL 32256), and tax year (2020).

Table with 4 columns: Line number, Description, Amount, and Total. Rows include Federal taxable income (29,603.00), Net SC tax (790.00), Use Tax (0.00), Total Tax (790.00), SC Income Tax Withheld (1,350.00), Tuition Tax Credit (0.00), Refund (560.00), and Amount you owe (0.00).

Part II: Direct Deposit of Refund or EFW Payment of Tax Due. Includes fields for routing transit number (RTN), bank account number (BAN), type of account (Checking/Savings), and withdrawal date/amount.

Part III: Declaration of Taxpayer. Includes checkboxes for consent to direct deposit and authorization of electronic funds withdrawal.

If I have filed a balance due return, I understand that if the SC Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

I declare that I have compared the information (including direct deposit or EFW data) on my return with the information I have provided to my electronic return originator (ERO) and the amounts agree with the amounts on my SC tax return. To the best of my knowledge, my return is true and complete.

Sign Here section with lines for taxpayer and spouse signatures and dates.

Part IV: Declaration of Electronic Return Originator (ERO) and Paid Preparer. Includes a declaration of accuracy and a three-year retention requirement.

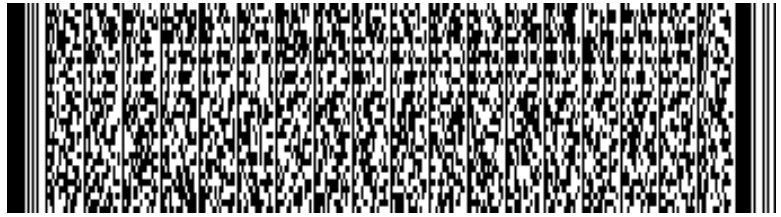
ERO's Use Only section with fields for signature, date (04-01-2021), firm name (GLOBAL TAXES LLC), and address (2530 Pebble Creek Ln, Cumming, GA).

Paid Preparer's Use Only section with fields for signature, date (04-01-2021), firm name (SYAM PRIYA RAM SAGAR GUPTA TALLAM), and address (2530 Pebble Creek Ln Cumming GA).



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2020 INDIVIDUAL INCOME TAX RETURN

Your Social Security Number 482 55 6945 Check if deceased [] Spouse's Social Security Number Check if deceased []



For the year January 1 - December 31, 2020, or fiscal tax year beginning _____, 2020 and ending _____, 2021

First name and middle initial AMUKTHA MALYADA Last name PAPANI Suffix Spouse's first name, if married filing jointly Last name Suffix Mailing address (number and street, PO Box) 11247 CASTLEMAIN CIR County code 46 City JACKSONVILLE State FL ZIP 32256 Daytime phone number with area code Check if address is outside US Foreign country address including postal code

- Amended Return: Check if this is an Amended Return. (Attach Schedule AMD) []
Check this box if you are a part-year or nonresident filing an SC Schedule NR [X]
Check this box only if you are filing a composite return on behalf of a Partnership or S Corporation. Do not check this box if you are an individual []
Check this box if you have filed a federal or state extension. []
Check this box if you served in a military combat zone during the filing period. []
Name of the combat zone: _____

CHECK YOUR FEDERAL FILING STATUS (1) [X] Single (3) [] Married filing separately - enter spouse's SSN: _____ (2) [] Married filing jointly (4) [] Head of household (5) [] Qualifying widow(er)

Number of dependents claimed on your 2020 federal return 0
Number of dependents claimed that were under the age of 6 years as of December 31, 2020
Number of taxpayers age 65 or older as of December 31, 2020

DEPENDENTS

Table with 5 columns: First name, Last name, Social Security Number, Relationship, Date of birth (MM/DD/YYYY)



INCOME AND ADJUSTMENTS

Your SSN 482-55-6945

2020

1 Enter federal taxable income from your federal form. If zero or less, enter zero here Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 below ▶	1	Dollars 29,603	00
--	----------	--------------------------	-----------

ADDITIONS TO FEDERAL TAXABLE INCOME

a State tax addback, if itemizing on federal return (see instructions) ▶	a		00
b Out-of-state losses Type: _____ ▶	b		00
c Expenses related to National Guard and Military Reserve Income ▶	c		00
d Interest income on obligations of states and political subdivisions other than South Carolina ▶	d		00
e Other additions to income. (attach explanation - see instructions) ▶	e		00
2 Total additions (add line a through line e) ▶	2		00
3 Add line 1 and line 2 and enter the total here ▶	3		00

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

f State tax refund, if included on your federal return ▶	f		00
g Total and permanent disability retirement income, if taxed on your federal return ▶	g		00
h Out-of-state income/gain (do not include personal service income) Check type of income/gain: <input type="checkbox"/> Rental <input type="checkbox"/> Business <input type="checkbox"/> Other _____ ▶	h		00
i 44% of net capital gains held for more than one year ▶	i		00
j Volunteer deductions (see instructions) Type: _____ ▶	j		00
k Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program ▶	k		00
l Active Trade or Business Income deduction (see instructions) ▶	l		00
m Interest income from obligations of the US government ▶	m		00
n Certain nontaxable National Guard or Reserve pay ▶	n		00
o Social Security and/or railroad retirement, if taxed on your federal return . . ▶	o		00
p Retirement Deduction (see instructions)			
p-1 Taxpayer (date of birth: _____) ▶	p-1		00
p-2 Spouse (date of birth: _____) ▶	p-2		00
p-3 Surviving spouse (date of birth of deceased spouse: _____) ▶	p-3		00
Military Retirement Deduction (see instructions)			
p-4 Taxpayer (date of birth: _____) ▶	p-4		00
p-5 Spouse (date of birth: _____) ▶	p-5		00
p-6 Surviving spouse (date of birth of deceased spouse: _____) ▶	p-6		00
q Age 65 and older deduction (see instructions)			
q-1 Taxpayer (date of birth: _____) ▶	q-1		00
q-2 Spouse (date of birth: _____) ▶	q-2		00
r Negative amount of federal taxable income ▶	r		00
s Subsistence allowance (multiply _____ days by \$8) ▶	s		00
t Dependents under the age of 6 years on December 31 of the tax year . . . ▶	t		00
u Consumer Protection Services ▶	u		00
v Other subtractions (see instructions) ▶	v		00
w South Carolina Dependent Exemption (see instructions) ▶	w		00
4 Total subtractions (add line f through line w) ▶	4	<	00 >
5 Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter amount from Schedule NR, line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOME SUBJECT TO TAX ▶	5		18,778 00
6 TAX on your South Carolina Income Subject to Tax (see SC1040TT) ▶	6	790	00
7 TAX on Lump Sum Distribution (attach SC4972) ▶	7		00
8 TAX on Active Trade or Business Income (attach I-335) ▶	8		00
9 TAX on excess withdrawals from Catastrophe Savings Accounts ▶	9		00
10 Add line 6 through line 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX ▶	10		790 00



NON-REFUNDABLE CREDITS

Table with 5 rows for non-refundable credits (lines 11-15). Line 15 total: 790.00

PAYMENTS AND REFUNDABLE CREDITS

Table with 11 rows for payments and refundable credits (lines 16-22e). Line 22 total: 0.00

AMENDED RETURN: Use Schedule AMD for line 23 calculation.

Table with 3 rows for amended return (lines 23-25). Line 23 total: 1,350.00; Line 24 total: 560.00

AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the amount from line 25 on line 31.

Table with 6 rows for tax due and refund (lines 26-30). Line 29 total: 0.00; Line 30 total: 560.00

REFUND OPTIONS (subject to program limitations)

Form for refund options including choice between Direct Deposit, Debit Card, and Paper Check, and routing/bank account numbers.

Table with 4 rows for tax due and balance due (lines 31-34). Line 34 total: 0.00

Pay online using our free tax portal, MyDORWAY, at dor.sc.gov/pay.

I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Signature and preparer information section including signature lines, dates, and preparer details for SYAM PRIYA RAM SAGAR GUPTA TALLAM.

MAIL TO: REFUNDS OR ZERO TAX: SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100
BALANCE DUE: Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105

1555



dor.sc.gov

STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2020 NONRESIDENT SCHEDULE

SCHEDULE NR (Rev. 10/15/20) 3081

For the year January 1 - December 31, 2020, or fiscal tax year beginning 2020 and ending 2021

Table with 4 columns: Your name (PAPANI, AMUKTHA MALYADA), Your Social Security Number (482-55-6945), Spouse's first name, Spouse's Social Security Number

Table with 3 columns: Dates of SC residency to, Schedule NR is for Nonresidents or Part-year residents, Attach to completed SC1040.

INCOME AND EXCLUSIONS

Main table with 4 columns: Line number, Description, Income as shown on Federal Return Column A, South Carolina Income Column B. Includes lines 1-16 with values like 42,003 and 26,643.

Attach to SC1040

ADJUSTMENTS TO INCOME

Table with 4 columns: Line number, Description, Federal Adjustment, SC Adjustment. Includes lines 17-21 with values like 00.

SC adjustment cannot exceed 100% of federal adjustment. Continued on next page.



SC adjustment continued

	COLUMN A	COLUMN B
22 Self-employed SEP, SIMPLE, and qualified plans	00	00
23 Self-employed health insurance deduction	00	00
24 Penalty on early withdrawal of savings	00	00
25 Alimony paid	00	00
26 IRA deduction	00	00
27 Student loan interest deduction	00	00
28 Tuition and fees deduction	0 00	0 00
29 Charitable contributions if you take the standard deduction	00	
30 Total adjustments: Add line 17 through line 29	0 00	0 00
31 Adjusted gross income: Subtract line 30 from line 16	42,003 00	26,643 00

SOUTH CAROLINA ADJUSTMENTS

ADDITIONS

32 South Carolina additions		00
-----------------------------	--	----

SUBTRACTIONS

33 South Carolina dependent exemption (see instructions)		0 00
34 44% of net capital gains held for more than one year		00
35 Retirement deduction (see instructions)		
a) Taxpayer (date of birth: _____)	35a	00
b) Spouse (date of birth: _____)	35b	00
c) Surviving spouse (date of birth of deceased spouse: _____)	35c	00
Military retirement deduction (see instructions)		
d) Taxpayer (date of birth: _____)	35d	00
e) Spouse (date of birth: _____)	35e	00
f) Surviving spouse (date of birth of deceased spouse: _____)	35f	00
36 Age 65 and older deduction (see instructions - must be resident for part of the year)		
a) Taxpayer (date of birth: _____)	36a	00
b) Spouse (date of birth: _____)	36b	00
37 Deductions for dependents under 6 years of age on December 31 of the tax year (see instructions - must be resident for part of the year)		
Date of birth: _____ SSN: _____		
Date of birth: _____ SSN: _____	37	00
38 Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program	38	00
39 Active Trade or Business Income deduction (see instructions)	39	00
40 Consumer Protection Services	40	00
41 Other subtractions (see instructions)	41	00
42 Total South Carolina subtractions: Add line 33 through line 41	42	0 00
43 Total South Carolina adjustments: Subtract line 42 from line 32	43	0 00
44 SC modified adjusted gross income: Add Column B, line 31 and line 43	44	26,643 00

45 PRORATION:
Line 31, Column B divided by line 31, Column A = 63.43 % (do not exceed 100%)

46 DEDUCTIONS ADJUSTMENT:
If using the standard deduction, enter the amount from federal form on line 46.
If itemizing, **use the Schedule NR instructions**, and enter the amount from Part IV on line 46.
Enter the following amounts from the instructions:

Part I (Itemized Deductions) _____
Part II, Worksheet, line 6 (State Taxes) _____
Part III (Other Expenses) _____

46	12,400	00
47	7,865	00
48	18,778	00

47 **Allowable deductions:** Multiply line 46 by 63.43 % (from line 45)

48 **South Carolina taxable income:** Subtract line 47 from line 44, Column B. Enter the difference **here and on SC1040, line 5**. If line 48 is a negative figure, enter zero on SC1040, line 5

Attach this form and a complete copy of your federal return to your SC1040. Check the **Schedule NR** box on the front of SC1040. Do not submit Schedule NR separately. We cannot process your return if this form is submitted separately.

DO NOT SEND THIS VA-8453 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virginia Submission Identification Number (SID)

First Name & Middle Initial (if joint or combined return, enter both)	Last Name	B Your Social Security Number
AMUKTHA MALYADA	PAPANI	482-55-6945
Present Home Address		A Spouse's Social Security Number
11247 CASTLEMALIN CIR		
City, State and Zip Code		Online Filed Return <input type="checkbox"/>
JACKSONVILLE FL 32256		

Part I Tax Return Information	A Spouse	B Yourself
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		42,003.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		42,003.
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		13,386.
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		539.
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		760.
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)		
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		221.

Part II Declaration of Taxpayer

8a. I consent that my refund be directly deposited as designated on my 2020 Virginia 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. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

8b. I do not want direct deposit of my refund or I am not receiving a refund. I choose to have a check mailed to me.

8c. I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on my 2020 Virginia income tax return for payment of my state taxes owed on this return and/or a payment of estimated tax. 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 certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

I declare under penalties of perjury that I have compared the information on my return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2020 Virginia individual income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return including this declaration and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my electronic return originator (ERO) and by the IRS to Virginia Tax. This declaration is to be retained by the ERO or transmitter as validation of my electronically filed Virginia income tax return. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

Your Signature	Date	Spouse's Signature (If Filing Status 2 or 4, BOTH must sign)	Date
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Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on Form VA-8453 before submitting this return to the Internal Revenue Service (IRS) and Virginia Tax. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and Virginia Tax and have followed all other requirements as described in Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2020) and any requirements specified by Virginia Tax. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which preparer has any knowledge. EROs and paid preparer can sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature GLOBAL TAXES LLC	Date 04-01-21	SSN/PTIN 301017196
Firm's name (or yours if self-employed) 2530 PEBBLE CREEK LN CUMMING GA 30041	Address, City, State and Zip	Paid Preparer? <input type="checkbox"/> Y <input type="checkbox"/> N Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N 301017196
Paid Preparer's Signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 04-01-21	SSN/PTIN P02082703
Firm's name (or yours if self-employed) 2530 PEBBLE CREEK LN CUMMING GA 30041	Address, City, State and Zip	Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N 301017196

2020 Virginia Nonresident Income Tax Return

Due May 1, 2021



Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

First Name AMUKTHA MALYADA	MI	Last Name PAPANI	Suffix	Your Social Security Number 482-55-6945	<input type="checkbox"/> Check if deceased
Spouse's First Name (Filing Status 2 Only)	MI	Last Name	Suffix	Spouse's Social Security Number	<input type="checkbox"/> Check if deceased
Present Home Address (Number and Street or Rural Route) 11247 CASTLEMAIN CIR				Your Birth Date (mm-dd-yyyy) 06 - 26 - 1993	
City, Town or Post Office JACKSONVILLE		State FL	ZIP Code 32256	Spouse's Birth Date (mm-dd-yyyy) - -	
State of Residence FL	Important - Name of Virginia City or County in which principal place of business, employment, or income source is located. ALLEGHANY				Locality Code 005
<input type="checkbox"/> City OR <input checked="" type="checkbox"/> County					

Check Applicable Boxes	<input type="checkbox"/> Amended Return Reason Code <input type="checkbox"/>	<input type="checkbox"/> Name(s) or Address Different than Shown on 2019 VA Return	<input type="checkbox"/> Overseas on Due Date
	<input type="checkbox"/> Dependent on Another's Return	<input type="checkbox"/> Qualifying Farmer, Fisherman, or Merchant Seaman	EIC Claimed on federal return \$ _____ .00

Filing Status Enter Filing Status Code in box below.

1	}	1 = Single. Federal head of household? YES <input type="checkbox"/>
		2 = Married, Filing Joint Return - both must have Virginia income
		3 = Married, Spouse Has No Income From Any Source
		4 = Married, Filing Separate Returns

If Filing Status 3 or 4, enter spouse's SSN in the Spouse's Social Security Number box at top of form and enter Spouse's Name _____

Exemptions Add Sections 1 and 2. Enter the sum on Line 12.

You		Spouse if Filing Status 2 or 3		Dependents		Total Section 1	
1	+	0	+	0	=	1	X \$930 = 930
You 65 or over		Spouse 65 or over		You Blind		Spouse Blind	
0	+	0	+	0	+	0	= 0 X \$800 = 0

1 Adjusted Gross Income from federal return - <i>Not federal taxable income</i>	1	42003	00
2 Additions from Schedule 763 ADJ, Line 3.....	2		00
3 Add Lines 1 and 2	3	42003	00
4 Age Deduction (See instructions and the Age Deduction Worksheet). You Enter Birth Dates above. Enter Your Age Deduction on Line 4a and Your Spouse's Age Deduction on Line 4b.....	4a		00
	4b		00
5 Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return.	5		00
6 State income tax refund or overpayment credit reported as income on your federal return.	6		00
7 Subtractions from Schedule 763 ADJ, Line 7.....	7		00
8 Add Lines 4a, 4b, 5, 6, and 7	8		00
9 Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3	9	42003	00
10 Itemized Deductions from Virginia Schedule A, if applicable. See instructions.	10		00
11 If you do not claim itemized deductions on Line 10, enter standard deduction. See instructions.	11	4500	00
12 Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above.	12	930	00
13 Deductions from Schedule 763 ADJ, Line 9.....	13		00
14 Add Lines 10, 11, 12 and 13	14	5430	00
15 Virginia Taxable Income computed as a resident. Subtract Line 14 from Line 9.....	15	36573	00
16 Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only).....	16	36.6	%
17 Nonresident Taxable Income. (Multiply Line 15 by percentage on Line 16).....	17	13386	00
18 Income Tax from Tax Table or Tax Rate Schedule.....	18	539	00



Your Name AMUKTHA MALYADA PAPANI	Your SSN 482-55-6945
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19a	Your Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.	19a	760	00
19b	Spouse's Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.	19b		00
20	2020 Estimated Tax Payments	20		00
21	2019 overpayment credited to 2020 estimated tax	21		00
22	Extension Payment - submitted using Form 7601P	22		00
23	Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 763 ADJ, Line 17	23		00
24	Total credits from Schedule OSC	24		00
25	Credits from Schedule CR, Section 5, Line 1A	25		00
26	Total payments and credits. Add Lines 19a through 25.	26	760	00
27	If Line 18 is larger than Line 26, enter the difference. This is the INCOME TAX YOU OWE.	27		00
28	If Line 26 is larger than Line 18, enter the difference. This is the OVERPAYMENT AMOUNT.	28	221	00
29	Amount of overpayment on Line 28 to be CREDITED TO 2021 ESTIMATED INCOME TAX	29		00
30	Virginia529 and ABLEnow Contributions from Schedule VAC, Part I, Line 6	30		00
31	Other Voluntary Contributions from Schedule VAC, Section II, Line 14	31		00
32	Addition to Tax, Penalty, and Interest from enclosed Schedule 763 ADJ, Line 21	32		00
33	Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions. <input checked="" type="checkbox"/> Check here if no sales and use tax is due.	33		00
34	Add Lines 29 through 33.	34		00
35	If you owe tax on Line 27, add Lines 27 and 34 - OR - If you have an overpayment on Line 28 and Line 34 is larger than Line 28, enter the difference. AMOUNT YOU OWE. Enclose payment or pay at www.tax.virginia.gov. Check here if paying by credit or debit card - See instructions. <input type="checkbox"/>	35		00
36	If Line 28 is larger than Line 34, subtract Line 34 from Line 28. This is the amount to be REFUNDED TO YOU.	36	221	00

If the Direct Deposit section below is not completed, your refund will be issued by check.

DIRECT BANK DEPOSIT	Your Bank Routing Transit Number	Your Bank Account Number	Checking <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>
Domestic Accounts Only	0 5 1 0 0 0 0 1 7	4 3 5 0 3 5 8 4 4 8 7 7		
No International Deposits				

Nonresident Allocation Percentage

		A - All Sources		B - Virginia Sources	
1. Wages, salaries, tips, etc.	1	42003	00	15360	00
2. Interest income	2		00		00
3. Dividends	3		00		00
4. Alimony received	4		00		00
5. Business income or loss	5		00		00
6. Capital gain or loss/capital gain distributions	6		00		00
7. Other gains or losses	7		00		00
8. Taxable pensions, annuities and IRA distributions	8		00		
9. Rents, royalties, partnerships, estates, trusts, S corporations, etc.	9		00		00
10. Farm income or loss	10		00		00
11. Other income	11		00		00
12. Interest on obligations of other states from Schedule 763 ADJ, Line 1	12		00		
13. Lump-sum and accumulation distributions included on Sch. 763 ADJ, Line 3	13		00		00
14. TOTAL - Add Lines 1 through 13 and enter each column total here	14	42003	00	15360	00
15. Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. Compute percentage to one decimal place (e.g., 5.4%). Enter on Page 1, Line 16	15			36.6%	

I (We) authorize the Dept. of Taxation to discuss this return with my (our) preparer. I agree to obtain my Form 1099-G at www.tax.virginia.gov.

I (We), the undersigned, declare under penalty provided by law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct, and complete return.

Your Signature	Your Phone Number	Date	
Spouse's Signature (If a joint return, both must sign)	Spouse's Phone Number	Preparer's PTIN P02082703	Vendor Code 1555
Preparer's Name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC	Preparer's Phone Number (678) 965-9522	Filing Election Code 7
			ID Theft PIN

2020 Schedule INC/CG

482556945

Report all W-2s, 1099s & VK-1s with VA Withholding



AMUKTHA MALY PAPANI

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
482556945	W	760.	833519424	30833519424F001	15360.

Total VA Withholding	SSN	VA Withholding
You	482556945	760.
Spouse		
Total # of W-2s, 1099s & VK-1s	01	

To avoid delays - be sure to enter all information, including the Employer's FEIN.