Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submission Identification Number (SID)							
Taxpayer's name	Social security number						
SURESH SILLA	340-11-7486						
Spouse's name	Spouse's soci	al secu	rity numb	er			
SRAVANI ANDHAVARAPU	775-73-	-3284	ļ.				
Part I Tax Return Information — Tax Year Ending December 31, 2020 (Ente	r year you aı	re aut	horizin	g.)			
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		8,71			
2 Total tax		2	2	2,45	55.		
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	2	6,06	6.		
4 Amount you want refunded to you		4		4,01	.1.		
5 Amount you owe		5					
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended							
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmost on send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejet or any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account ind payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requirements between the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I a Electronic Funds Withdrawal Consent.	nitter, or electro- ection of the trails. Treasury are licated in the tate on to debit the e the authorizates uests must be processing of payment. I furtion	nic returnismismismid its distributed its dist	urn origir sion, (b) esignate aration so this acorevoke ed no la ectronic panother tronded to the construction of the construc	nator (E the read Final oftware count. (cance ter that payments	ero) ason incial re for This cel) a an 2 ent of t the		
Taxpayer's PIN: check one box only				٦			
I authorize GLOBAL TAXES LLC to enter or generate	my PIN 1	7 4	8 6] as	my		
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent		ligits, but all zeros		iiiy		
I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and our return is filed using the Practitioner PIN methodolow.							
Your signature ▶ Date ▶	03/13/202	21					
Spouse's PIN: check one box only							
· <u> </u>	mv PIN 3	3 2	8 4]	2001 /		
X I authorize GLOBAL TAXES LLC to enter or generate	,		ligits, but	_	my		
signature on the income tax return (original or amended) I am now authorizing.			all zeros				
I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN methods.							
Syabon.	03/13/20	101					
Spouse's signature ▶ Date ▶		JZ I					
Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only							
Certification and Addientication — Practitioner Pilv Method Only		\top					
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8	7 2 7 8 Don't ente	8 6 er all zei		8 9			
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income to authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submrequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	nitting this retu	rn in a	ccordanc				
ERO's signature ▶ Date ▶							
FRO Must Retain This Form — See Instructions					—		

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

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

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

Check only one hox	✓ Married filing jointly Cked the MFS box, enter the rate of a child but not your dependent.	name of y									
Your first name and middle in	iitial	Last nar	me					Your social security number			
SURESH		SILL	A					340-	11-748	6	
If joint return, spouse's first n	ame and middle initial	Last nar	me					Spouse'	s social sec	curity number	
SRAVANI		ANDH	AVARAPU					775-	73-328	4	
Home address (number and s	street). If you have a P.O. box, see	instruction	ons.			Apt. no).	Preside	ntial Election	on Campaign	
16880 MADISON C	:IR							Check h	nere if you,	or your	
City, town, or post office. If yo	ou have a foreign address, also co	mplete s	paces below.	State		ZIP code				ntly, want \$3 Checking a	
Clive				IA		50325			ow will not		
Foreign country name		F	oreign province/state	county		Foreign post			or refund.	•	
									You	Spouse	
At any time during 2020, d	id you receive, sell, send, exc	hange, o	r otherwise acquire	any fina	ncial intere	st in any vir	tual cur	rency?	Yes	⊠ No	
otaliaai a	can claim: You as a de e itemizes on a separate retur		•		ependent						
Age/Blindness You:	Were born before January 2, 1	956	Are blind Sp	ouse:	☐ Was bor	n before Ja	nuarv 2	. 1956	☐ Is bl	ind	
Dependents (see instruc	• •		(2) Social securit		Relationsh			-	r (see instru		
(4) First non	·		number	, (to you	1	ld tax cre			her dependents	
If more than four						0		20.1]		
dependents,							$\overline{}$		[
see instructions ————and check							Ħ		[
here >							$\overline{\Box}$		[
1 Wag	es, salaries, tips, etc. Attach I	Form(s) \	N-2					1	1 16	63,140.	
^++aab	1	2a		h Tava	ble interest			2b		1.	
Sch. B if	· –	3a	1.		nary divider			3b		1.	
required.	_	4a			ble amoun			4b			
	<u> </u>	5a			ble amoun			5b		5,719.	
	<u> </u>	6a			ble amoun			6b			
Doduction for—	ital gain or (loss). Attach Sche		required If not rea				<u>.</u>	7		-150.	
Single or	er income from Schedule 1, lin			unou, on	CONTION			8		0.	
separately,	lines 1, 2b, 3b, 4b, 5b, 6b, 7,			ome				9	16	68,711.	
Ψ12,400	stments to income:		,							,	
jointly or					. 10a						
widow(er), h Char	itable contributions if you take			· · · ·							
Φ24,000	lines 10a and 10b. These are				101	·		100			
household,	tract line 10c from line 9. This	•	-					11		68,711.	
Ψ10,030		•									
any box under	idard deduction or itemized	deducti	ons (from Schedule	(A e				12		/X . 3h4	
Otaridard	idard deduction or itemized lified business income deduct		•	,	-A			12 13		28,369.	
Deduction, see instructions. 14 Add	Idard deduction or itemized ified business income deduct lines 12 and 13		•	,	-A		 			28,369.	

Form 1040 (2020))									Page	2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	22,455.	
	17	Amount from Schedule 2, lin	ne 3						17		
	18	Add lines 16 and 17							18	22,455.	,
	19	Child tax credit or credit for	other dependen	ts					19		
	20	Amount from Schedule 3, lin	ne7						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0					22	22,455.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.	
	24	Add lines 22 and 23. This is	your total tax					. ▶	24	22,455.	
	25	Federal income tax withheld	I from:								
	а	Form(s) W-2				25a	24	,350.			
	b	Form(s) 1099				25b	1	,716.			
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c							25d	26,066.	,
If you have a	26	2020 estimated tax paymen	ts and amount a	pplied from 20	119 return				26		
qualifying child,	27	Earned income credit (EIC)			No	27					
attach Sch. EIC.	28	Additional child tax credit. A				28					
nontaxable	29	American opportunity credit	from Form 8863	3, line 8		29					
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .			30		400.			
	31	Amount from Schedule 3, lir				31					
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and refund	able cred	dits	. ▶	32	400.	,
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. ▶	33	26,466.	
Refund	34	If line 33 is more than line 24							34	4,011.	
neiulia	35a	Amount of line 34 you want				•	-		35a	4,011.	
Direct deposit?	▶b	Routing number 0 5 3			▶ c Type: 🛛						
See instructions.	►d	Account number 8 7 0					ľ	Ü			
	36	Amount of line 34 you want				<u> </u>	-				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe	now			. ▶	37		
You Owe		Note: Schedule H and Sch									
For details on		2020. See Schedule 3, line 1	·	•	•	or the ta	koo you	0 101			
how to pay, see instructions.	38	Estimated tax penalty (see in	nstructions) .		🕨	38					
Third Party	Do	you want to allow another				? See					
Designee	ins	structions				. ▶ [Yes. Co	omplete	below.	X No	
		signee's		Phone				onal ident			\neg
		me ►		no. ►				per (PIN)			_
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here		anj signanture ∖		Date						nt you an Identity	
	, Z	L. Gules.		Date	Tour occupation					IN, enter it here	
Joint return?				03/13/2021	PROGRAMME	R		(see	inst.) ▶		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	tion				nt your spouse an	
your records.	, _	Syalow, 1)		03/13/2021	PROGRAMME	ъ		- 1	itity Prote inst.) ▶	ection PIN, enter it he	re
					PROGRAMME	K		(000			_
-		one no. eparer's name	Preparer's signat	Email address		Date		PTIN		Check if:	_
Paid			'		רווחת האדד איי		2/2021	P0208	2702	Self-employed	
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAPI DAGAK	GUPTA TALLAM	1 03/12	./2021				
Use Only		m's name ► GLOBAL TA		n Cummin	~ CN 20041					(678)965-9522	
		m's address ▶ 2530 Pebb		ii Cummin					ı's EIN ▶		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 03	3/06/21 PRC)		Form 1040 (20)	20)

SCHEDULE A (Form 1040)

Itemized Deductions

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

Attachment Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Sequence No. 07

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on Form 1040 or 1040-SR Your social security number 340-11-7486 SURESH SILLA & SRAVANI ANDHAVARAPU Caution: Do not include expenses reimbursed or paid by others. Medical and 1 Medical and dental expenses (see instructions) 1 3,700. **Dental** 2 Enter amount from Form 1040 or 1040-SR, line 11 | 2 | 168,711. **Expenses 3** Multiply line 2 by 7.5% (0.075) 3 12,653. 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . 0. **Taxes You** 5 State and local taxes. **Paid** a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, 5a 8,015. **b** State and local real estate taxes (see instructions) 5_b 6,168. **c** State and local personal property taxes 5с 5d 14,183. e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing 5e 10,000. 6 Other taxes. List type and amount ▶ 6 10,000. 8 Home mortgage interest and points. If you didn't use all of your home Interest You Paid mortgage loan(s) to buy, build, or improve your home, see Caution: Your mortgage interest a Home mortgage interest and points reported to you on Form 1098. deduction may be limited (see See instructions if limited 8a 18,069. instructions). b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., _____ 8b c Points not reported to you on Form 1098. See instructions for special 8c d Mortgage insurance premiums (see instructions) 8d 0. 8e 18,069. 9 Investment interest. Attach Form 4952 if required. See instructions . 9 18,069. Gifts to 11 Gifts by cash or check. If you made any gift of \$250 or more, see Charity 11 300. Caution: If you 12 Other than by cash or check. If you made any gift of \$250 or more, made a gift and see instructions. You must attach Form 8283 if over \$500. . . . 12 got a benefit for it, see instructions. 13 300. Casualty and theft loss(es) from a federally declared disaster (other than net qualified Casualty and 15 Theft Losses disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See 15 16 Other—from list in instructions. List type and amount ▶ _____ Other Itemized **Deductions** 16 Total 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on 17 Itemized 28,369. Deductions 18 If you elect to itemize deductions even though they are less than your standard deduction,

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

▶ Go to 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.

2020

OMB No. 1545-0074

Attachment Sequence No. **12**

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

SURESH SILLA & SRAVANI ANDHAVARAPU

Your social security number 340-11-7486

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. with column (g) line 2. column (a) 1a 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 . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked 762. 912. -150. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -150. 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a 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 . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

14

15

Schedule D (Form 1040) 2020 Page 2

Part III **Summary** -150. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 150.) 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Sales and Other Dispositions of Capital Assets

► Go to 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.

OMB No. 1545-0074

2020

Attachment Sequence No. 12A

Internal Revenue Service

Name(s) shown on return

Part I

Department of the Treasury

Social security number or taxpayer identification number

340-11-7486

SURESH SILLA & SRAVANI ANDHAVARAPU

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.

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. X (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 Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss). (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired (sales price) from column (d) and disposed of and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (a) instructions ROBINHOOD SECURITIES LLC 07/29/20 08/06/20 762. 912. -150.2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

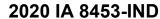
Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

762.

-150.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶

912.





Iowa Individual Income Tax Declaration for an e-File Return

tax.iowa.gov

r first name, middle initial, and last nam	ne SURESH SILLA		Spouse's first na	me, middle	initial, and last name	SRAVANI	ANDHAVARAPU
r Social Security number 340-11	-7486	;	Spouse's Social	Security nur	mber 775-73	-3284	
ne address, City, State, ZIP 16880	MADISON CIR		CLIV	E IA 50	325		
Part I Tax Return Information					B. Spouse (filing status 3)		A. You or Joint
	e 26 A & B)				,		
				· · · · · · · · · · · · · · · · · · ·		-	
5. Total Amount Due (IA 1040, lin	ne 73)					5.	.00
Part Tax Return Information							
6. I do not want direct de7. X I consent that my refu	eposit or direct debit. und be directly deposited as desig		v. If I have filed a	ı joint return	, this is an irrevocabl	e appointmei	nt of the other spouse
financial institution ac to this account on electronic payment c authorization is to ren (515) 281-3114 or idr date. Note: This elect block on this account,	count indicated below for paymen (the paying taxes to receive confidential in the paying taxes to receive confidential in the paying taxes to receive and effect until I seft@iowa.gov. Payment cancellate tronic withdrawal from your bank contact your financial institution the paying taxes.	nt of my indi ment/settlem information notify IDR to tion requests account will	vidual lowa taxes nent date). I also necessary to an o terminate the a s must be receive be identified wit	s owed on t authorize the swer inquire authorization ed no later the the ACH (his return, and the fir he financial institution ries and resolve issu n. To revoke (cancel) than five business da Company ID 442600	nancial institution involved in ues related to a payment, ys prior to the 4574. If you of	tion to debit the entry the processing of the to the payment. This I must contact IDR at e payment/settlement currently have a debit
		The first tw	n digits must h	e 01 throug	ah 12 or 21 through	1 32	
<u>. —</u>				l I	gii 12 di 21 tillougi	1 02.	
· ·		,					
the amounts in Part I above are the attachments, and statements be se (ERO). In addition, by using softwatransmission of my tax return electrous rejected, I authorize IDR to idenunderstand that if IDR does not reconsent that my refund be directly or fund, or direct debit is delayed.	amounts shown on the copy of nnt to the lowa Department of Reare to prepare and transmit my onically. I authorize IDR to inform tify the reasons for rejection so eive full and timely payment of medeposited as designated in Part I I authorize IDR to disclose to me	ny electronic venue (IDR) return electr my ERO and that the retuny tax liability II and declar	income tax retures through the Interior through the Interior tanks of transmitter varn can be correduced by I will remain lial the that the inform thor transmitter the transmitter the transmitter through the Information that the information	rn. I consent rmal Revenuent to the divident my elected and reble for the transition shows the reason(s	t that my return, incluse Service (IRS) by resclosure to IDR of a ctronic return has be that and its liability and all apparain Part II is correct.	iding accomp my Electronic all information en accepted. re filed a bal blicable pena If the proces	canying schedules, c Return Originator n pertaining to the In the event that it ance due return, I lities and interest. I ssing of my return,
J. [].	03/1	3/2021	Syal	ω Δ.:.Δ		(02/12/2021
Your Signature					nt return, both must s		
I declare that I have reviewed the a only a collector, I am not responsi taxpayer's signature before submitti followed all other requirements desi 8453-IND should not be sent to IDF later, to which the IA 8453-IND relater to the IA 8453-IND relater to which the IA 8453-IND relater.	above taxpayer's return and that ble for reviewing the return and ing this return to the IRS. I have cribed in the lowa Modernized e- R, but must be retained by the EF tes was filed. I will make a copy payer's return and accompanying	entries on for only declare provided the File (MeF) ligger available to g schedules,	orm IA 8453-IND that this form taxpayer with a information for e- tod of three year IDR upon reque attachments, an	accurately r copy of all File Provide s from the c est. If I am a	eflects the data on the forms and informations of the publication. I under the date of the return a paid preparer, under	the return. I n to be filed or erstand that to n or the filing er penalties o	have obtained the with IDR and have he original form IA date, whichever is f perjury, I declare
ERO				Check	c if self-		
Signature			•			TIN	
Firm's name (or yours if GLOBA: self-employed)					FEIN Phone	30-101	
Address, City, State, ZIP2530	PEBBLE CREEK LN CUM	MMING G	A 30041		Numbe	r (678)9	65-9522
Paid Preparer Signature SYAM PRIYA R	AM SAGAR GUPTA TALLAM	Date 03	/12/2021	Check if s employed	elf- ☐ Prepare	er PTIN PO	2082703
Firm's name (or yours if Self-employed)	BAL TAXES LLC				FEIN	30-101	7196
A L L . O'L . O'L L . ZID	O PEBBLE CREEK LN (CUMMING	GA 30041		Phone Numbe	r (678)9	65-9522

The content of the process of the content of the			1040 Iowa Individual Income Tax Retu	rn						
STILLA SURES SUR		-				II NICA NATE NA			LOUING NO	NAMES OF STREET
Report Principal States Pr			, , , , , ,						MANAR	MARKED MICH.
ADDIACY Community of district income and person and clearly secure in the person and									e Crean	a Bahatia
Electric files (BS M DATS CATE 1			·			l naeme			BOUNK	SABASHASHAK 🛮 📗
Sept 2 Fining Status: Nant one box entry	Curren 168	t mailing a	address (number and street, apartment, lot, or suite number) or PO Box:			II 07 60 80 70 10	TO BE THE LOCK COMMON!	.18787 7776 7861 1784 1.1087 -		"MP-11EPY EILM MIIII
Separate			A 50325							
Sep 2 Fining Status Mark one box only										
Single, Wee you dained as a dependent on another person's loan return? Yee										
2 Named Sing a pint return. (Time-rooms families may benefit by using status 3 or 4.) Check this back 9 you or your speace were 6 for other soil 1201/00.	-i -	T		No	Email Add	dress:				
Manifed filing securate returns Spouse's name Spouse's name A SNN							or your spouse were	e 65 or older as of 12/3	1/20.	
Married Hirtog Separation Residency Separation Residency Separation Married Hirtog Separation Residency Separation Married Hirtog Separa										576
Substitution Subs	4	Married	filing separate returns. Spouse's name:				. 20			.5 7 0
Supp Exemplement Center	5	Head of	household with qualifying person. If qualifying person is not claimed as a dependent	ent on this	return, enter the pers	son's name a	and SSN below.			
Left in the cent tapeoper with oil 50 and 10 and 1	6	Qualifyir	ng widow(er) with dependent child. Name:			SSN:				
Description Comparison Co	Step 3	Exemption	ons		B. Spouse (Filing	Status 3 ON	LY)	A. You or Joint		
C. Departedate. Efter 1 for each dependent. d. Eiter first rame of dependents here story 4 Reportable Social Security brothsheet B. Spouse/Statuts 3 A. You or Joint Cross To Africa Marketin Income. If more than \$1,500, complete Sch. B 3 Go 1. 1.00 1.00	a. P	ersonal Cı	redit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3		1	X \$ 40 =	\$ 40	A 1	X \$ 40 =	\$ 40
Enter first names of dependents beog. 1. Wages, salaries, tips, etc. 1. September 1. Sep					-		'	_	•	<u>-</u>
Step 4 Reportable Social Security benefits as calculated on line 13 of lows Social Security Worksheet B. Spouse/Status 3			·		<u> </u>			_		<u> </u>
Supple Cooks 1. Wages, salaries, tips, etc. 1. 86,305 76,835 0			<u> </u>	Vauleahaa4	D Chaus					ш ў
NOTE: Use only Note:	Step 4	керопац	one Social Security benefits as calculated on line 13 or lowa Social Security v		<u>'</u>					A Vou or loint
Taxable Informer 1		1.	Wages, salaries, tips, etc		•	Α.		B. Spouse/Status C		A. Tod of John
4. Taxable alimony received 5. Business income(loss) See instructions 6. Capital gain/(loss) See instructions 7. Other gains/(losses). See instructions 7. Other gains/(losses). See instructions 8. Taxable (IRA distributions) 8. Taxable (IRA distributions) 8. Taxable (IRA distributions) 9. Taxable persions and annuities 9. Taxable persions and annuities 9. Taxable persions in structions 10. Rents, royalties, partnerships, estates, etc. See instructions 11. Farm income/(loss). See instructions 12. Unemployment compensation. See instructions 13. Gambling winnings 14. Other income, borsus depreciation, and section 179 adjustment 15. Gross income. Add lines 1-14 16. Payments to an IRA, Keogh, or SEP 17. Deductible part of self-employment tax 17. Deductible part of self-employment tax 18. Deductible part of self-employment tax 19. Penalty on early withdrawal of savings 19. Penalty on early withdrawal of savings 20. Alimony paid. 21. Pension/rettrement income exclusion. 22. Moving expense deduction from federal form 3903. 22. Moving expense deduction from federal form 3903. 22. Other adjustments. 23. Self-employment/busehold employment/other federal taxes 24. Other adjustments. 25. Total adjustments. 26. Pederal income ax refund/overpayment received in 2020. 27. Total adjustments. 28. Self-employment/busehold employment/other federal taxes 29. 1,076,00 78,131 or 78,13		2.	Taxable interest income. If more than \$1,500, complete Sch. B	.2.						
4. Taxable alimony received 4.	_	3.	Ordinary dividend income. If more than \$1,500, complete Sch. B	.3.	.00	· <u></u>	1.00			
6. Capital gain/(loss). See instructions.		4.	Taxable alimony received	.4.			.00			
Capital gaint(loss) see instructions		5.	Business income/(loss). See instructions	.5.	.00		.00			
8. Taxable IRA distributions		6.	Capital gain/(loss). See instructions	.6.	.00		-150 .00			
9. Taxable pensions and annuties		7.	• ,		.00		.00	О	r red ink.	
10 Rents, royalties, partnerships, estates, etc. See instructions						-	.00			
11. Farm income/(loss). See instructions			•				.00			
12 Unemployment compensation. See instructions 12 00 0.						-				
13. Gambling winnings			, ,							
14. Other income, bonus depreciation, and section 179 adjustment 14. 00 00 00 00 00 00 00				—			-			
15 Gross Income. Add lines 1-14 15 92,024 00 76,687 00 30 30 30 30 30 30 30					00	-				
Adjust- ments to Income 17. Deductible part of self-employment tax. 17. 00 00 00 00 00 00 00 00 00 00 00 00 00		15.						92,024 .00	_	76,687 _{.00}
March Marc		16.	Payments to an IRA, Keogh, or SEP	.16.	.00		.00			
18. Health insurance premium	ments	to 17.	Deductible part of self-employment tax.	.17.	.00		.00			
20. Alimony paid	income		Health insurance premium	.18.	.00		.00			
21 Pension/retirement income exclusion		19.	Penalty on early withdrawal of savings	.19.	.00		.00			
22. Moving expense deduction from federal form 3903							.00			
23. lowa capital gain deduction; Include corresponding IA 100 23. 00 00 00 00 00 00 00					.	_				
Step 7 Federal Taxes and Qualified Deductions 24 25 30 4 26 30 30 30 30 30 30 30 3			•		.00		.00			
25. Total adjustments. Add lines 16-24		23.	schedule	·	.00	<u> </u>	.00			
26. Net Income. Subtract line 25 from line 15			-							
Step 7 Federal from tax refund/overpayment received in 2020			•							.00
28. Self-employment/household employment/other federal taxes 28. 00 00 00 00 00 00 0	Step 7							92,024.00		70,007.00
29 Addition for federal taxes. Add lines 27 and 28 29 1,076.00 1,444.00	Federa	l	Self-employment/household employment/other federal taxes	.28.	1, 0 / 0 .00	<u>_</u>	1,444.00			
20. Total. Add lines 26 and 29 30. Total. Add lines 26 and 29 31. Federal tax withheld in 2020, federal estimated tax payments made in 2020, and federal taxes paid in 2020 for 2019 and prior years 15,686 0 10,380 0 32. Qualified business income deduction. 25.0% (.25) of federal amount. See instructions 32. 00 00 00 00 00 00 00	and	20	Addition for federal taxes. Add lines 27 and 28	· · · · · · · · · · · · · · · · · · ·	.00		00	1,076.00)	1,444.00
31. Federal tax withheld in 2020, federal estimated tax payments made in 2020, and federal taxes paid in 2020 for 2019 and prior years	Deduc-									
in 2020, and federal taxes paid in 2020 for 2019 and prior years		31.		31.	15 606	•	10 200	23,100.00		, 5 , 15 1 .00
amount. See instructions		32.		•	15,686.00	- —	10,380.00			
34. Total federal tax and other qualified deductions. Add lines 31, 32, and 33			amount. See instructions	·			.00			
<u> </u>			. ,	. 33.	.00	_				40
			•							10,380.00

REV 03/02/21 PRO





		1040, page 2	line 2F								e/Status		A. You o			use/Status		A.	You or Joint
Step 8 Taxable	36.	BALANCE. From side 1, Deduction. Check one bo							Standa					-		7,414.0			67,751.00
Income	37.			,			,							-		3,373 4,041		·	11,164.00
Step 9	38.	TAXABLE INCOME. SUE														4,041	00	_	56,587 _{.00}
Tax, Credits,	39.	Tax from tables or alterna									<u>82</u> .00			3,028.	00				
and	40.	Iowa lump-sum tax. See									.00	A			00				
Check- off	41.	lowa alternative minimun	n tax. Incl	ude IA 6	6251			41			.00	A .			00				
Contri- butions	42.	Total tax. ADD lines 39, 4												42.		3 , 582	00		3,028 _{.00}
	43.	Total exemption credit ar												40.	00				
	44.	Tuition and textbook cred													00				
	45.	Volunteer firefighter/EMS													00				
	46.	Total credits. ADD lines 4												-		40 .0			40 .00
	47.	BALANCE. SUBTRACT					,							-		3,542.0	0 🛦		2,988 .00
	48.	Credit for nonresident or	part-year	residen	nt. Mus	t include	e IA 1	26 and f	ederal r	eturn				48.		0			.00
	49.	BALANCE. SUBTRACT	ine 48 fro	om 47. lf	f less tl	han zer	o, ente	er zero						49.		3,542.0	0 🛦		2,988 .00
	50.	Out-of-state tax credit. M	ust includ	le IA 13	0									50.		.0	0 🛦		.00
	51.	BALANCE. SUBTRACT	ine 50 fro	om 49. lf	f less tl	han zer	o, ente	er zero						51.		3,542.0	0 🛦		2,988 .00
	52.	Other nonrefundable low	a credits.	Must in	clude	IA 148 T	Tax Cı	edits So	chedule.					52.		.0	0 🛦		.00
	53.	BALANCE. SUBTRACT	ine 52 fro	om line 5	51. If le	ess than	zero,	enter ze	ero					53.		3,542.0	0 🛦		2,988 .00
	54.	School district surtax or E	EMS surta	ax. Take	e perce	ntage fr	om ta	ble; mul	tiply by	line 53.				54.		0 .0	0 🛦		<u>0</u> .00
	55.	Total state and local tax.	ADD line	s 53 and	d 54									55.		3,542.0	0 🛦		2,988 .00
	56.	TOTAL state and local ta	x before	contribu	itions. (Combin	e colu	mns A a	and B or	line 55	and ent	er her	re			56	i.		6,530 .00
	57.	Contributions will reduce	your refu	ınd or ad	dd to th	ne amou	ınt yo	ı owe. A	Amounts	must b	e in who	le doll	lars.						
	Fish	/Wildlife 57a: A St	ate Fair 57	b: 🔺 _		Firefigh	ters/Ve	eterans 57	7c: 🔺 _		Child Abu	se Prev	vention 57d	: 🔺	Enter	here 57			.00
	58.	TOTAL STATE AND LOC								ne 57 a	nd enter	here.				58	. 🛦		6,530 _{.00}
Step 10 Credits	59.	lowa fuel tax credit. Inclu	de IA 413	36				5	9.		.00	A			00				
	60.	Check One: Child and	depende	nt care o	credit	0	R												
		▲ Early child						60			.00	A			00				_
	61.	Iowa earned income tax		•	,						.00	A .		0 .	00				
	62.	Other refundable credits.										A			00				
	63.	lowa income tax withheld								4,2	<u>220</u> .00	A	3	<u>,795</u> .	00				
	64.	Estimated and voucher p	•		•										00				
	65.	TOTAL ADD lines 59 thr	•										3						0.015
Step 11	66.	TOTAL CREDITS. ADD																	8,015.00
Refund	67.	If line 66 is more than line Amount of line 67 to be F								•							_		1,485.00
	68.	Amount of line 67 to be F	KEFUNDE	Ξυ											KE	FUND 68.	•	_	1,485 _{.00}
	68	a. Routing number:	0	5	3	0	0	0	2	1	9	68b.	Туре	Checking	×		Savin	gs	
	68	c. Account number:	8	7	0	4	2	0	6	8	9	8							7
	69.	Amount of line 67 to be a	pplied to	vour 20	21 esti	imated t	ах	6	9.		.00	A			00				_
Step 12	70.	If line 66 is less than line	• •	-						T OF T									.00
Pay	71.	Penalty for underpaymen	t of estim	nated tax	x from	IA 2210), IA 2	210S, or	r IA 221	0F. Che	ck if ann	nualize	ed income	method is	s used.	▲ 71.			.00
	72.	Penalty and interest	▲ 72a. Pe	enalty			.00		▲ 72	b. Intere	est		.00	ADD. E	nter tot	al 72			.00
	73.	TOTAL AMOUNT DUE.	ADD lines	s 70, 71	, and 7	2. Ente	_							PAY T	HIS AN	MOUNT 73			.00
Step 13	I, the	undersigned, declare und	er penalti	ies of pe	erjury c	or false o	certific	ate, tha	t I have	examin	ed this r	eturn,	and, to th	e best of	my kno	wledge and	d belie	ef, it is t	
otop io	comp	ete.		·											•	ū			
SIGN		5. Mure	*//	•															
HERE		1 12 '			03/	13/202	21 🛦						S	YAM PRIY	A RAM S	SAGAR GUPT	'A TAL	LAM O	3/12/2021
	Your	signature			Da	te	Ch	eck if de	eceased	i	Date of c	death		Preparer's					Date
SIGN HERE	\supset	8abui.h			03/1	13/202	21 🛦							P0208	<u> 2</u> 703	3	3	0-1	017196
	Spou	se's signature			Da	te	Ch	eck if de	eceased	i	Date of c	death		reparer's				Fi	rm's FEIN
																(678)	9 <u>65</u> -	-952	2

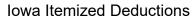
Daytime telephone number

This return is due April 30, 2021. Sign, enclose W-2s, and verify SSNs. MAILING ADDRESS: lowa Income Tax Document Processing, PO BOX 9187, Des Moines IA 50306-9187 Make check payable to lowa Department of Revenue

Daytime telephone number









tax.iowa.gov

If you itemize deductions, include this schedule with your return. Use whole dollar amounts.

Name(s): S	URESH SILLA & SRAVANI ANDHAVARAPU Social Security Nu	mber:	340-11-74	186	
ledical and	Medical and dental expenses (Exclude health insurance premiums claimed on IA 1040, line 18)		1.		3,700
ental xpenses	Multiply the amount on federal form 1040, line 11, as modified for lowa purposes, by 7.5% See IA 1040 expanded instructions.	(.075). Er	nter result here.	·	12,653
	3. Subtract line 2 from line 1. If less than zero, enter 0.				
Faxes You Paid (Not subject to dederal deduction dollar imitations)	4. State and local taxes. Check only one box. a □ Other state and local income taxes. Do not include any general sales tax or lowa Income Include School District Surtax and EMS Surtax from prior years paid in 2020, OR b □ General sales tax from federal form 1040, Schedule A, line 5a	4 5 6 7	6,168	_ _ _	6,168
nterest You Paid	9. Home mortgage interest and points. a. Interest and points reported on federal form 1098 b. Interest not reported on federal form 1098 10. Points not reported on federal form 1098 11. Mortgage insurance premiums 12. Investment interest. Include federal form 4952 if required 13. Add lines 9a-12. Enter total here	9b 10 11 12	0	-	18,069
Bifts to Charity	Contributions by cash or check Contributions other than by cash or check. Include federal form 8283 if more than \$500 Contributions carryover from prior year. See IA 1040 expanded instructions Add lines 14-16. Enter total here	15 16		- - -	300
asualty/ heft Loss	18. Casualty or theft loss(es). Include federal form 4684. See IA 1040 expanded instructions.			18	
Other temized Deductions	19. Other expenses. List type and amount:			- _ 19	
Fotal Itemized Deductions	20. Other lowa deductions. See IA 1040 expanded instructions. 21. Total deductions. Add lines 3, 8, 13, 17 through 20. If using filing statuses 1, 2, 5, or 6, ent Step 8, line 37 of the IA 1040	ter the amo	ount on		
Proration of Deductions Between Spouses	Complete lines 22-26 only if you are using filing status 3 or 4. 22. Net income of both spouses from IA 1040, line 26	rcent	92,024	22a. 23. ₋ 24. ₋	168,711 45.5
	26. Subtract line 25 from line 21. Enter here and on IA 1040, line 37, column B. If you are using filing status 4, enter this amount on line 37, column A of your spouse's return		(Spouse)	26	13,373





tax.iowa.gov

Name(s): SURESH SILLA Social Security number: 340–11–7486 PART I - Iowa Adjustments and Preferences. See instructions. If you itemized deductions on Schedule A (IA 1040), start on line 1. If you did not itemize on your IA 1040, start on line 2. 5. Exercise of incentive stock options (excess of AMT income over regular tax income) . 5. 6. Estates and trusts [amount from federal Schedule K-1 (Form 1041)] 6._____ 8. Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)8. 10. Loss limitations (difference between AMT and regular tax income or loss) 10. 14. Research and experimental costs (difference between regular tax and AMT)...... 14._____14. 15. Income from certain installment sales before January 1, 198715.(PART II - Iowa Alternative Minimum Taxable Income 21. Iowa Alternative Minimum Tax net operating loss deduction. See instructions........... 21.



PART III - Iowa Exemption Amount and Iowa Alternative Minimum Tax Based on Iowa Filing Status 23. Enter the applicable amount below based on your lowa filing status: • If filing status 1, 5, or 6, enter \$26,000. • If filing status 2, enter \$35,000. 24. Enter the applicable amount below based on your lowa filing status: • If filing status 1, 5, or 6, enter \$112,500. • If filing status 2, enter \$150,000. 31. Iowa Alternative Minimum Tax. Subtract line 30 from 29; enter here and on IA 1040, line 41. If zero or less, enter zero. See instructions for Iowa Alternative PART IV - Nonresidents and Part-Year Residents Only - Complete Lines 32-35. 32. Enter lowa net income plus lowa adjustments and preferences. If zero or less, 34. Divide line 32 by line 33 and enter the result to three decimal places. If greater than 35. Iowa Alternative Minimum Tax. Multiply line 31 by 34. Enter here and on



REV 03/02/21 PRO