

# IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name LOHITA REDDY VANGA	Social security number 802-79-4186
Spouse's name	Spouse's social security number

## Part I Tax Return Information – Tax Year Ending December 31, (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	71,307.
2 Total tax . . . . .	2	8,754.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	10,415.
4 Amount you want refunded to you . . . . .	4	3,461.
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 

9	4	1	8	6
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 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ 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.

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 [X] 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: LOHITA REDDY
Last name: VANGA
Your social security number: 802-79-4186
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.
2030 8TH AVENUE UNIT 3505
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
SEATTLE
State: WA
ZIP code: 98121
Foreign country name:
Foreign province/state/county:
Foreign postal code:
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.
[ ] You [ ] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [ ] Yes [X] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with columns for line numbers and amounts. Includes sections for Attach Sch. B if required, Standard Deduction for, and final taxable income calculation.

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

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	8,754.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	8,754.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	8,754.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	8,754.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	10,415.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	10,415.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) <b>NO</b>	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 <b>total other payments and refundable credits</b>	32	1,800.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	12,215.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	3,461.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,461.
b	Routing number 1 0 1 0 0 0 1 8 7		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 1 4 5 5 7 3 7 9 5 8 2 3		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	
<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> 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	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/24/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Phone no.			
GLOBAL TAXES LLC	(678) 965-9522			
Firm's address	Firm's EIN			
2530 Pebble Creek Ln Cumming GA 30041	30-1017196			

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

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

OMB No. 1545-0074

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

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

Your social security number  
802-79-4186

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-5,050.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-5,050.

**Part II Adjustments to Income**

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

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

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2020**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

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

Name(s) shown on return

Your social security number

LOHITA REDDY VANGA

802-79-4186

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

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

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

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	BALKAMPET HYDERABAD TELANGANA IN 500016				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	3		<b>A</b> 365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>		<input type="checkbox"/>
<b>C</b>			<b>C</b>		<input type="checkbox"/>

**Type of Property:**

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

Income:		Properties:		A	B	C
<b>3</b>	Rents received . . . . .	<b>3</b>		300.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>				
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		600.		
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>		800.		
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>				
<b>14</b>	Repairs. . . . .	<b>14</b>		1,200.		
<b>15</b>	Supplies . . . . .	<b>15</b>		1,350.		
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>		1,400.		
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		5,350.		
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b>		-5,050.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	(	-5,050.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		300.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		5,350.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	(	5,050.)		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>		-5,050.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020



Income

	Yourself (Y)		Spouse (S)	
1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions) . . . . .	1Y	71307 .00	1S	.00
2. Total additions (from <b>Form MO-A</b> , Part 1, Line 7) . . . . .	2Y	.00	2S	.00
3. Total income - Add Lines 1 and 2 . . . . .	3Y	71307 .00	3S	.00
4. Total subtractions (from Form MO-A, Part 1, Line 18) . . . . .	4Y	.00	4S	.00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3 . . . . .	5Y	71307 .00	5S	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S . . . . .	6	71307 .00		
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%) . . . . .	7Y	100 %	7S	%

Exemptions and Deductions

8. Pension, Social Security, Social Security Disability, and Military exemption (from Form MO-A, Part 3, Section E) . . . . .	8	.00
9. Tax from federal return . . . . .	9	8754 .00
10. Other tax from federal return . . . . .	10	.00
11. Total tax from federal return. Do not enter federal income tax withheld. . . . .	11	8754 .00
12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage . . . . .	12	15.00 %

Missouri Adjusted Gross Income Range, Line 6:	Federal Tax Percentage:
\$25,000 or less . . . . .	35%
\$25,001 to \$50,000 . . . . .	25%
\$50,001 to \$100,000 . . . . .	15%
\$100,001 to \$125,000 . . . . .	5%
\$125,001 or more . . . . .	0%

13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers. . . . .	13	1313 .00
14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$12,400      • Head of Household-\$18,650 • Married Filing Combined or Qualifying Widow(er)-\$24,800 Note: If age 65 or older, blind, or claimed as a dependent, see page 6. . . . .	14	12400 .00
15. Long-term care insurance deduction . . . . .	15	.00
16. Health care sharing ministry deduction . . . . .	16	.00
17. Active Duty Military income deduction . . . . .	17	.00
18. Inactive Duty Military income deduction . . . . .	18	.00
19. Bring jobs home deduction . . . . .	19	.00
20. Transportation facilities deduction . . . . .	20	.00

A. Port Cargo Expansion     B. International Trade Facility     C. Qualified Trade Activities



Deductions Continued

21. First Time Home Buyers deduction.	A.	<input type="text"/>	B.	<input type="text"/>	21	<input type="text"/>	.00
22. Total deductions - Add Lines 8 and 13 through 21					22	13713	.00
23. Subtotal - Subtract Line 22 from Line 6					23	57594	.00
24. Multiply Line 23 by appropriate percentages (%) on Lines 7Y and 7S	24Y	57594	.00	24S	<input type="text"/>	<input type="text"/>	.00
25. Enterprise zone or rural empowerment zone income modification	25Y	<input type="text"/>	.00	25S	<input type="text"/>	<input type="text"/>	.00

Tax

26. Taxable income - Subtract Line 25 from Line 24	26Y	57594	.00	26S	<input type="text"/>	<input type="text"/>	.00
27. Tax (see tax chart on page 22 of the instructions)	27Y	2926	.00	27S	<input type="text"/>	<input type="text"/>	.00
28. Resident credit - Attach <b>Form MO-CR</b> and other states' income tax return(s)	28Y	<input type="text"/>	.00	28S	<input type="text"/>	<input type="text"/>	.00
29. Missouri income percentage - Enter 100% unless you are completing <b>Form MO-NRI</b> . Attach Form MO-NRI and a copy of your federal return if less than 100%	29Y	7	%	29S	<input type="text"/>	<input type="text"/>	%
30. Balance - Subtract Line 28 from Line 27; OR multiply Line 27 by percentage on Line 29	30Y	205	.00	30S	<input type="text"/>	<input type="text"/>	.00
31. Other taxes - Select box and attach federal form indicated.							
<input type="checkbox"/> Lump sum distribution (Form 4972)							
<input type="checkbox"/> Recapture of low income housing credit (Form 8611)	31Y	<input type="text"/>	.00	31S	<input type="text"/>	<input type="text"/>	.00
32. Subtotal - Add Lines 30 and 31	32Y	205	.00	32S	<input type="text"/>	<input type="text"/>	.00
33. Total Tax - Add Lines 32Y and 32S				33	205	<input type="text"/>	.00

Payments and Credits

34. MISSOURI tax withheld - Attach Forms W-2 and 1099	34	217	<input type="text"/>	<input type="text"/>	.00
35. 2020 Missouri estimated tax payments - Include overpayment from 2019 applied to 2020	35	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
36. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms <b>MO-2NR</b> and <b>MO-NRP</b>	36	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
37. Missouri tax payments for nonresident entertainers - Attach <b>Form MO-2ENT</b>	37	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
38. Amount paid with Missouri extension of time to file ( <b>Form MO-60</b> )	38	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
39. Miscellaneous tax credits (from <b>Form MO-TC</b> , Line 13) - Attach Form MO-TC	39	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
40. Property tax credit - Attach <b>Form MO-PTS</b>	40	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
41. Total payments and credits - Add Lines 34 through 40	41	217	<input type="text"/>	<input type="text"/>	.00





**Skip Lines 42 through 44 if you are not filing an amended return.**

42. Amount paid on original return. . . . .   .

43. Overpayment as shown (or adjusted) on original return . . . . .   .

**Indicate Reason for Amending**

A. Federal audit. . . . .    Enter date of IRS report (MM/DD/YY)

B. Net Operating Loss carryback . . . . .  Enter year of loss (YY)

C. Investment tax credit carryback . . . . .  Enter year of credit (YY)

D. Correction other than A, B, or C . . . . .    Enter date of federal amended return, if filed. (MM/DD/YY)

44. Amended return total payments and credits - Add Lines 41 and 42; subtract from Line 43. Enter on Line 44. . . . .   .

45. If Line 41, or if amended return, Line 44, is larger than Line 33, enter the difference. Amount of OVERPAYMENT . . . . .   .

46. Amount of Line 45 to be applied to your 2021 estimated tax . . . . .   .

47. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

47a. Children's Trust Fund  .  47b. Veterans Trust Fund  .  47c. Elderly Home Delivered Meals Trust Fund  .  47d. Missouri National Guard Trust Fund  .

47e. Workers' Memorial Fund  .  47f. Childhood Lead Testing Fund  .  47g. Missouri Military Family Relief Fund  .  47h. General Revenue Fund  .

47i. Organ Donor Program Fund  .  47j. Kansas City Regional Law Enforcement Memorial Foundation Fund  .  47k. Soldiers Memorial Military Museum in St. Louis Fund  .

47l. Additional Fund Code  Additional Fund Amount  .  47m. Additional Fund Code  Additional Fund Amount  .

Total Donation - Add amounts from Boxes 47a through 47m and enter here . . . . .   .

48. Amount of Line 45 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from [Form 5632](#). . . . .   .

49. **REFUND** - Subtract Lines 46, 47, and 48 from Line 45 and enter here . . . . .   .

a. Routing Number  c.  Checking  Savings

b. Account Number



Amount Due

50. If Line 33 is larger than Line 41 or Line 44, enter the difference.  
 Amount of UNDERPAYMENT ..... 50 [ ] [ ] . 00

51. Underpayment of estimated tax penalty - Attach [Form MO-2210](#). Enter penalty amount here ... 51 [ ] [ ] . 00

Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

52. **AMOUNT DUE** - Add Lines 50 and 51.  
 If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically ..... 52 [ ] [ ] . 00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under [Section 143.561, RSMo](#). Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in [Chapter 143, RSMo](#), a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

Signature

Signature	Date (MM/DD/YY)		
[ ]	[ ]	[ ]	[ ]
Spouse's Signature (If filing combined, BOTH must sign)	Date (MM/DD/YY)		
[ ]	[ ]	[ ]	[ ]
E-mail Address	Daytime Telephone		
SYAM@GTAXFILE.COM	[ ]		
Preparer's Signature	Date (MM/DD/YY)		
SYAM PRIYA RAM SAGAR GUPTA TALLAM	02	24	21
Preparer's FEIN, SSN, or PTIN	Preparer's Telephone		
30-1017196	6789659522		
Preparer's Address	State	ZIP Code	
2530 PEBBLE CREEK LN CUMMING	GA	30041	

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm .....  Yes  No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. ....  Yes  No

Department Use Only

A  FA  E10  DE  F [ ] [ ]

(Revised 12-2020)

**Mail To: Balance Due:**  
 Missouri Department of Revenue  
 P.O. Box 329  
 Jefferson City, MO 65105-0329

**Refund or No Amount Due:**  
 Missouri Department of Revenue  
 P.O. Box 500  
 Jefferson City, MO 65105-0500

**Phone (Balance Due):** (573) 751-7200  
**Phone (Refund or No Amount Due):** (573) 751-3505  
**Fax:** (573) 522-1762  
**E-mail:** [income@dor.mo.gov](mailto:income@dor.mo.gov)





**Resident/Nonresident Status - Select your status in the appropriate box below.**

Social Security Number

802 - 79 - 4186

Name

VANGA, LOHITA REDDY

Address

2030 8TH AVENUE UNIT 3505

City, State, ZIP Code

SEATTLE WA 98121

1. Nonresident of Missouri  
State of residence during 2020 WASHINGTON

Remote Work (See instructions on Form MO-NRI, page 3)

2. Part-Year Missouri Resident

Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2020.

A. Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

B. Indicate the other state of residence and dates you resided there \_\_\_\_\_

Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Spouse's Social Security Number

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse's Name

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, ZIP Code

\_\_\_\_\_

1. Nonresident of Missouri  
State of residence during 2020 \_\_\_\_\_

Remote Work (See instructions on Form MO-NRI, page 3)

2. Part-Year Missouri Resident

Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2020.

A. Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

B. Indicate the other state of residence and dates you resided there \_\_\_\_\_

Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Part A

Based on the **Military Spouse's Residency Relief Act**, if you are the spouse of a military servicemember residing outside of Missouri solely because your spouse is there on military orders, and Missouri is your state of residence, any income you earn is taxable to Missouri. **Do not complete Form MO-NRI.** You must report 100% on Line 29 of Form MO-1040.

3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

Missouri Home of Record  
I did not at any time during the tax year 2020 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of \_\_\_\_\_.

Non-Missouri Home of Record  
I resided in Missouri during 2020 solely because my spouse or I was stationed at \_\_\_\_\_ on military orders. My home of record is in the state of \_\_\_\_\_.

3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

Missouri Home of Record  
I did not at any time during the tax year 2020 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of \_\_\_\_\_.

Non-Missouri Home of Record  
I resided in Missouri during 2020 solely because my spouse or I was stationed at \_\_\_\_\_ on military orders. My home of record is in the state of \_\_\_\_\_.

**Worksheet for Missouri Source Income**

**Part B**

Adjusted Gross Income Computations	Federal Form 1040 or Federal Form 1040-SR Line No.	Yourself or One Income Filer		Spouse (On A Combined Return)	
		Missouri Sources		Missouri Sources	
A. Wages, salaries, tips, etc. ....	1	A	5241.00	A	00
B. Taxable interest income. ....	2b	B	00	B	00
C. Dividend income ....	3b	C	00	C	00
D. State and local income tax refunds (from schedule 1, part 1) ....	1	D	00	D	00
E. Alimony received (from schedule 1, part 1) ....	2a	E	00	E	00
F. Business income or (loss) (from schedule 1, part 1) ....	3	F	00	F	00
G. Capital gain or (loss) ....	7	G	00	G	00
H. Other gains or (losses) (from schedule 1, part 1) ....	4	H	00	H	00
I. Taxable IRA distributions ....	4b	I	00	I	00
J. Taxable pensions and annuities ....	5b	J	00	J	00
K. Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1) ....	5	K	0.	K	00
L. Farm income or (loss) (from schedule 1, part 1) ....	6	L	00	L	00
M. Unemployment compensation (from schedule 1, part 1) ....	7	M	00	M	00
N. Taxable social security benefits ....	6b	N	00	N	00
O. Other income (from schedule 1, part 1) ....	8	O	00	O	00
P. Total - Add Lines A through O ....		P	5241.00	P	00
Q. Less: federal adjustments to income ....	10c	Q	00	Q	00
R. SUBTOTAL (Line P - Line Q) If no modifications to income, enter this amount on Part C, Line 1. ....	11	R	5241.00	R	00
S. Missouri modifications - additions to federal adjusted gross income (Missouri source from Form MO-1040, Line 2) ....		S	00	S	00
T. Missouri modifications - subtractions from federal adjusted gross income (Missouri source from Form MO-1040, Line 4) ....		T	00	T	00
U. MISSOURI INCOME (Missouri sources) Line R plus Line S, less Line T. Enter this amount on Part C, Line 1. ....		U	00	U	00

**Missouri Income Percentage**

**Part C**

	Yourself or One Income Filer		Spouse (On A Combined Return)	
1. <b>Missouri Income</b> - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600) ....	1Y	5241.00	1S	00
2. Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y and 5S or from your federal form if you are a military nonresident and you are not required to file a Missouri return) ....	2Y	71307.00	2S	00
3. <b>Missouri Income Percentage</b> - Divide Line 1 by Line 2. If greater than 100%, enter 100%. (Round to a whole percent such as 91% instead of 90.5% and 90% instead of 90.4%. However, if percentage is less than 0.5%, use the exact percentage.) Enter percentage here and on Form MO-1040, Lines 29Y and 29S ....	3Y	7 %	3S	0 %

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and believe it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.

**Signature**

Signature Date (MM/DD/YY)

\_\_\_\_\_  
Date (MM/DD/YY)

Spouse's Signature (if filing combined, BOTH must sign) Date (MM/DD/YY)

\_\_\_\_\_  
Date (MM/DD/YY)



208453 11555

# State of Colorado Individual Income Tax Declaration for Electronic Filing

Do not mail this form to the IRS or the Colorado Department of Revenue. Retain with your records.

Taxpayer SSN or ITIN		Spouse SSN or ITIN (If Joint Return)		Submission ID	
802-79-4186					
Taxpayer Last Name			Taxpayer First Name		Middle Initial
VANGA			LOHITA REDDY		
Spouse Last Name (If Joint Return)			Spouse First Name (If Joint Return)		
Street Address				Phone Number	
2030 8TH AVENUE UNIT 3505					
City				State	Zip
SEATTLE				WA	98121

### Part I — Tax Return Information

1. Total Income, line 9 from your federal Form 1040	1	\$	71307
2. Taxable Income, line 15 on federal Form 1040	2	\$	58907
3. Colorado Tax, line 19 on Colorado Form 104	3	\$	2673
4. Colorado Tax Withheld, line 20 on Colorado Form 104	4	\$	3124
5. Refund, line 32 Colorado Form 104	5	\$	451
6. Amount You Owe, line 37 on Colorado Form 104	6	\$	

### Part II — Declaration of Tax Payer

Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my 2020 Federal/Colorado income tax returns, and that said tax returns, statements, schedules and attachments are true, correct, and complete to the best of my knowledge and belief. I understand that I (or my Electronic Return Originator (ERO) if applicable) may be required to provide paper copies of this declaration, my returns, withholding statements, schedules, and attachments upon request by the Colorado Department of Revenue at any time during the period covered by the Colorado statute of limitations.

Signature	Date	Spouse's Signature (If Joint Return, Both Must Sign)	Date

### Part III — Declaration of ERO/Preparer/Transmitter

If the transmitter did not prepare the tax return, check here

If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's 2020 Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's 2020 Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8453) for the period covered by the Colorado statute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during this period.

ERO's Signature	Preparer Identification Number or Your SSN
SYAM PRIYA RAM SAGAR GUPTA TALLAM	P02082703

Check if also Preparer

Date (MM/DD/YY)
02/24/21



200104 11555



DR 0104 (10/19/20)  
COLORADO DEPARTMENT OF REVENUE  
Tax.Colorado.gov  
Page 1 of 4  
(0013)

## 2020 Colorado Individual Income Tax Return

Full-Year  Part-Year or Nonresident (or resident, part-year, non-resident combination)  Mark if Abroad on due date – see instructions  
\*Must include DR 0104PN

Your Last Name		Your First Name		Middle Initial
VANGA		LOHITA REDDY		
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased		
09/24/1994	802-79-4186	<input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.		
Enter the following information from your current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
If Joint, Spouse's Last Name		Spouse's First Name		Middle Initial
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceased		
		<input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.		
Enter the following information from your spouse's current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
Mailing Address			Phone Number	
2030 8TH AVENUE UNIT 3505				
City	State	Zip Code	Foreign Country (if applicable)	
SEATTLE	WA	98121		
<b>Round To The Nearest Dollar</b>				
1. Enter Federal Taxable Income from your federal income tax form: 1040 line 15 or 1040 SR line 15			• 1	58907 00
Include W-2s and 1099s with CO withholding.				
<b>Additions to Federal Taxable Income</b>				
2. State Addback, enter the state income tax deduction from your federal form 1040 or 1040 SR schedule A, line 5a (see instructions)			• 2	00
3. Business Interest Expense Deduction Addback (see instructions)			• 3	00



200104 21555

Name		SSN or ITIN
LOHITA REDDY VANGA		802-79-4186
4. Excess Business Loss Addback (see instructions)	• 4	00
5. Net Operating Loss Addback (see instructions)	• 5	00
6. Other Additions, explain (see instructions)	• 6	00
Explain:		
7. Subtotal, sum of lines 1 through 6	7	58907 00
<b>Colorado Subtractions</b>		
8. Subtractions from the DR 0104AD Schedule, line 20, you must submit the DR 0104AD schedule with your return.	• 8	00
9. Colorado Taxable Income, subtract line 8 from line 7	• 9	58907 00
<b>Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year DR 0104PN Schedule</b>		
10. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable.	• 10	2673 00
11. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return.	• 11	00
12. Recapture of prior year credits	• 12	00
13. Subtotal, sum of lines 10 through 12	13	2673 00
14. Nonrefundable Credits from the DR 0104CR line 43, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 0104CR with your return.	• 14	00
15. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the DR 1366 line 87, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 1366 with your return.	• 15	00
16. Strategic Capital Tax Credit from DR 1330, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 1330 with your return.	• 16	00
17. Net Income Tax, sum of lines 14, 15, and 16. Subtract that sum from line 13.	17	2673 00
18. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return.	• 18	00
19. Net Colorado Tax, sum of lines 17 and 18	19	2673 00
20. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return.	• 20	3124 00
21. Prior-year Estimated Tax Carryforward	• 21	00
22. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year	• 22	00
23. Extension Payment remitted with the DR 0158-I	• 23	00
24. Other Prepayments: <input type="checkbox"/> • DR 0104BEP <input type="checkbox"/> • DR 0108 <input type="checkbox"/> • DR 1079 • 24		00



200104 31555

Name	SSN or ITIN
LOHITA REDDY VANGA	802-79-4186

25. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return. ● 25		00
26. Innovative Motor Vehicle Credit from the DR 0617, you must submit each DR 0617 with your return. ● 26	0	00
27. Refundable Credits from the DR 0104CR line 9, you must submit the DR 0104CR with your return. ● 27		00
28. Subtotal, sum of lines 20 through 27 ● 28	3124	00
29. Federal Adjusted Gross Income from your federal income tax form: 1040 line 11, or 1040 SR line 11 ● 29	71307	00
30. Overpayment, if line 28 is greater than line 19 then subtract line 19 from line 28 ● 30	451	00
31. Estimated Tax Credit Carryforward to 2021 first quarter, if any. ● 31		00

If you have an overpayment on line 32 below and would like to donate all or a portion of your overpayment to a qualified Colorado charity, include Form DR 0104CH to contribute.

32. Refund, subtract line 31 from line 30 (see instructions) ● 32	451	00
---	-----	----

**Direct Deposit**

Routing Number  Type:  Checking  Savings  CollegeInvest 529  
 Account Number

For questions regarding CollegeInvest direct deposit or to open an account, visit [CollegeInvest.org](http://CollegeInvest.org) or call 800-448-2424.

33. Net Tax Due, subtract line 28 from line 19 ● 33		00
34. Delinquent Payment Penalty (see instructions) ● 34		00
35. Delinquent Payment Interest (see instructions) ● 35		00
36. Estimated Tax Penalty, you must submit the DR 0204 with your return. (see instructions) ● 36		00
37. Amount You Owe, sum of lines 33 through 36 ● 37		

The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.





200104 41555

Name		SSN or ITIN	
LOHITA REDDY VANGA		802-79-4186	
<b>Third Party Designee</b>			
Do you want to allow another person to discuss this return and any related information with the Colorado Department of Revenue? See the instructions.			
• <input checked="" type="checkbox"/> No		• <input type="checkbox"/> Yes. Complete the following:	
Designee's Name		Phone Number	
•		•	
<b>Sign Below</b> Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct and complete.			
Your Signature		Date (MM/DD/YY)	
Spouse's Signature. If joint return, BOTH must sign.		Date (MM/DD/YY)	
Paid Preparer's Name		Paid Preparer's Phone	
GLOBAL TAXES LLC		( 678 ) 965-9522	
Paid Preparer's Address		City	State   Zip
2530 PEBBLE CREEK LN		CUMMING	GA   30041

**File and pay at: [Colorado.gov/RevenueOnline](http://Colorado.gov/RevenueOnline)**

<p>If you are filing this return <b>with</b> a check or payment, please mail the return to:</p> <p>COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0006</p>	<p>If you are filing this return <b>without</b> a check or payment, please mail the return to:</p> <p>COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0005</p>
<p>These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.</p>	



200104PN11555



DR 0104PN (01/11/21)  
COLORADO DEPARTMENT OF REVENUE  
Tax.Colorado.gov  
Page 1 of 3

# Form 104PN

## Part-Year Resident/Nonresident Tax Calculation Schedule 2020

Taxpayer's Name	SSN or ITIN
LOHITA REDDY VANGA	802-79-4186

Use this form if you and/or your spouse were a resident of another state for all or part of 2020. This form apportions your gross income so that Colorado tax is calculated for only your Colorado income. Complete this form after you have filled out lines 1 through 9 of the DR 0104. If you filed federal form 1040NR, see the instructions.

1. Taxpayer is (mark one):  Full-Year Nonresident  Part-Year Resident from 

Beginning (MM/YY)	Ending (MM/YY)

Full-Year Resident  Nonresident 305-day rule Military

2. Spouse is (mark one):  Full-Year Nonresident  Part-Year Resident from 

Beginning (MM/YY)	Ending (MM/YY)

Full-Year Resident  Nonresident 305-day rule Military

3. Mark the federal form you filed:  1040  1040 NR  1040 SR  Other

	Federal Information	Colorado Information
4. Enter all income from form 1040 line 1 or 1040 SR line 1. ● 4	76357 00	
5. Enter income from line 4 that was earned while working in Colorado and/or earned while you were a Colorado resident. Part-year residents should include moving expense reimbursements only if paid for moving into Colorado. ● 5		71116 00
6. Enter the sum of all interest/dividend income from form 1040 lines 2b and 3b or form 1040 SR lines 2b and 3b. ● 6		
7. Enter income from line 6 that was earned while you were a resident of Colorado or derived from the ownership of real or tangible personal property located in Colorado. ● 7		
8. Enter all income from form 1040, Schedule 1, line 7 or 1040 SR, Schedule 1, line 7. ● 8		
9. Enter income from line 8 that is from State of Colorado unemployment benefits; and/or is from another state's benefits that were received while you were a Colorado resident. ● 9		
10. Enter all income from line 7 of form 1040 or 1040 SR and line 4 of Schedule 1 of form 1040 or 1040 SR. ● 10		
11. Enter income from line 10 that was earned during that part of the year you were a Colorado resident and/or was earned on property located in Colorado. ● 11		



200104PN21555

Name		SSN or ITIN	
LOHITA REDDY VANGA		802-79-4186	
		<b>Federal Information</b>	<b>Colorado Information</b>
<b>12.</b> Enter the sum of all income from form 1040 lines 4b, 5b and 6b or 1040 SR lines 4b, 5b and 6b. ● 12	00		
<b>13.</b> Enter income from line 12 that was received during that part of the year you were a Colorado resident. ● 13			00
<b>14.</b> Enter the sum of all business and farm income from form 1040, Schedule 1, lines 3 and 6 or 1040 SR, Schedule 1, lines 3 and 6. ● 14	00		
<b>15.</b> Enter income from line 14 that was earned during that part of the year you were a Colorado resident and/or was earned from Colorado sources. ● 15			00
<b>16.</b> Enter all Schedule E income from form 1040, Schedule 1, line 5 or 1040 SR, Schedule 1, line 5. ● 16	-5050	00	
<b>17.</b> Enter income from line 16 that was earned from Colorado sources; and/or rent and royalty income received or credited to your account during the part of the year you were a Colorado resident; and/or partnership/S corporation/fiduciary income that is taxable to Colorado during the tax year. ● 17			0 00
<b>18.</b> Enter the sum of all other income from form 1040, Schedule 1, lines 1, 2a and 8 or 1040 SR, Schedule 1, lines 1, 2a and 8. ● 18		00	
List Type			
<b>19.</b> Enter income from line 18 that was earned during that part of the year you were a Colorado resident and/or was derived from Colorado sources. ● 19			00
List Type			
<b>20.</b> Total Income. Enter amount from form 1040, line 9 or 1040 SR, line 9. ● 20	71307	00	
<b>21.</b> Total Colorado Income. Enter the total from the Colorado column, lines 5, 7, 9, 11, 13, 15, 17 and 19. ● 21			71116 00
<b>22.</b> Enter all federal adjustments from form 1040, line 10c or 1040 SR, line 10c. ● 22		00	
List Type			
<b>23.</b> Enter adjustments from line 22 as follows ● 23			00
List Type			
<ul style="list-style-type: none"> <li>• Educator expenses, IRA deduction, business expenses of reservists, performing artists and fee-basis government officials, health savings account deduction, self-employment tax, self-employed health insurance deduction, SEP and SIMPLE deductions are allowed in the ratio of Colorado wages and/or self-employment income to total wages and/or self-employment income.</li> <li>• Student loan interest deduction, alimony, and tuition and fees deduction are allowed in the Colorado to federal total income ratio (line 21 / line 20).</li> <li>• Penalty paid on early withdrawals made while a Colorado resident.</li> <li>• Moving expenses for members of the Armed Forces.</li> </ul> <p><b>For treatment of other adjustments reported on federal form 1040, line 10c or 1040 SR, line 10c, see the Colorado Individual Income Tax Guide and/or the Income Tax Topics: Part-Year Residents &amp; Nonresidents.</b></p>			



200104PN31555



Name		SSN or ITIN	
LOHITA REDDY VANGA		802-79-4186	
		Federal Information	Colorado Information
24. Adjusted Gross Income. Enter amount from form 1040 line 11 or 1040 SR line 11. <b>24</b>	71307	00	
25. Colorado Adjusted Gross Income. Subtract the amount on line 23 of Form 104PN from the amount on line 21 of Form 104PN. <b>25</b>			71116 00
26. Additions to Adjusted Gross Income. Enter the sum of lines 3, 4, 5, and 6 of Colorado Form 104 excluding any charitable contribution adjustments. • <b>26</b>		00	
27. Additions to Colorado Adjusted Gross Income. Enter any amount from line 26 that is from non-Colorado state or local bond interest earned while a Colorado resident.* • <b>27</b>			00
28. Total of lines 24 and 26 <b>28</b>	71307	00	
29. Total of lines 25 and 27 <b>29</b>			71116 00
30. Subtractions from Adjusted Gross Income. Enter the amount from line 8 of Colorado Form 104 excluding any qualifying charitable contributions. • <b>30</b>		00	
31. Subtractions from Colorado Adjusted Gross Income. Enter any amount from line 30 as follows: • <b>31</b>			00
<ul style="list-style-type: none"> <li>• The state income tax refund subtraction to the extent included on line 19 above</li> <li>• The federal interest subtraction to the extent included on line 7 above</li> <li>• The pension/annuity subtraction and the PERA or DPS retirement subtraction to the extent included on line 13 above</li> <li>• The Colorado capital gain subtraction to the extent included on line 20 above</li> </ul> <p><b>For treatment of other subtractions, see the Individual Income Tax Guide and/or the Income Tax Topics: Part-Year Residents &amp; Nonresidents.</b></p>			
32. Modified Adjusted Gross Income. Subtract line 30 from line 28. <b>32</b>	71307	00	
33. Modified Colorado Adjusted Gross Income. Subtract line 31 from line 29. <b>33</b>			71116 00
34. Divide line 33 by line 32. Round to four significant digits, e.g. xxx.xxxx <b>34</b>	99.7321	%	
35. Tax from the tax table based on income reported on the DR 0104 line 9 <b>35</b>			2680 00
36. Apportioned tax. Multiply line 35 by the percentage on line 34. Enter here and on DR 0104 line 10. <b>36</b>	2673	00	

\* See the Individual Income Tax Guide and/or the Income Tax Topics: Part-Year Residents & Nonresidents for treatment of other additions.

