

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

| | | |
|--|-------------------------------|---|
| Your first name and middle initial KARTHIK | Last name ASHA | Your social security number 007-65-8741 |
| If joint return, spouse's first name and middle initial TEJASWINI | Last name VANIPENTA | Spouse's social security number 315-99-5822 |
| Home address (number and street). If you have a P.O. box, see instructions. 24250 N 23RD AVE | | Apt. no. 2247 |
| City, town, or post office. If you have a foreign address, also complete spaces below. PHOENIX | State AZ | ZIP code 85085 |
| 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 No

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

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

Dependents (see instructions):

| | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit | Credit for other dependents |
|--|----------------|-------------|----------------------------|-------------------------|--|-----------------------------|
| If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> | NAINIKA | ASHA | 086-73-5633 | Daughter | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--|--|------------|------------|------------|----------------|
| | 1 Wages, salaries, tips, etc. Attach Form(s) W-2 | | | 1 | 76,517. |
| Attach Sch. B if required. | 2a Tax-exempt interest | 2a | | 2b | |
| | 3a Qualified dividends | 3a | 14. | 3b | 14. |
| | 4a IRA distributions | 4a | | 4b | |
| | 5a Pensions and annuities | 5a | | 5b | |
| | 6a Social security benefits | 6a | | 6b | |
| | 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | | | 7 | 1,574. |
| | 8 Other income from Schedule 1, line 9 | | | 8 | -7,180. |
| | 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | | | 9 | 70,925. |
| Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction, see instructions. | 10 Adjustments to income: | | | | |
| | a From Schedule 1, line 22 | 10a | | | |
| | b Charitable contributions if you take the standard deduction. See instructions | 10b | | | |
| | c Add lines 10a and 10b. These are your total adjustments to income ▶ | | | 10c | |
| | 11 Subtract line 10c from line 9. This is your adjusted gross income ▶ | | | 11 | 70,925. |
| | 12 Standard deduction or itemized deductions (from Schedule A) | | | 12 | 24,800. |
| | 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A | | | 13 | |
| | 14 Add lines 12 and 13 | | | 14 | 24,800. |
| | 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | | | 15 | 46,125. |

| | | | |
|----|---|-----|--------|
| 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 | 5,140. |
| 17 | Amount from Schedule 2, line 3 | 17 | 0. |
| 18 | Add lines 16 and 17 | 18 | 5,140. |
| 19 | Child tax credit or credit for other dependents | 19 | 2,000. |
| 20 | Amount from Schedule 3, line 7 | 20 | |
| 21 | Add lines 19 and 20 | 21 | 2,000. |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 3,140. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 23 | 0. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 3,140. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 3,954. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 3,954. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) NO | 27 | |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 3,954. |

Refund

| | | | |
|-----|---|-----|------|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 814. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 814. |
| b | Routing number 0 2 1 2 0 0 3 3 9 | | |
| c | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number 3 8 1 0 4 4 6 0 6 1 0 5 | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |

Amount You Owe

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

Third Party Designee

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

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

Sign Here

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

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

Paid Preparer Use Only

| | | | | |
|---------------------------------------|-----------------------------------|------------|-----------|--|
| Preparer's name | Preparer's signature | Date | PTIN | Check if: |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA RAM SAGAR GUPTA TALLAM | 02/23/2021 | 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 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
KARTHIK ASHA & TEJASWINI VANIPENTA

Your social security number
007-65-8741

Part I Additional Income

| | | | |
|-----------|---|-----------|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | |
| 2a | Alimony received | 2a | |
| b | Date of original divorce or separation agreement (see instructions) ▶ _____ | | |
| 3 | Business income or (loss). Attach Schedule C | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | -7,180. |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income. List type and amount ▶ _____ | 8 | |
| 9 | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 9 | -7,180. |

Part II Adjustments to Income

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

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2020

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return
KARTHIK ASHA & TEJASWINI VANIPENTA

Your social security number
007-65-8741

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

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

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| 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 | 150,172. | 152,091. | 3,659. | 1,740. |
| 2 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 | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | 7 1,740. |

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

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| 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 Box D checked | 349. | 675. | 160. | -166. |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back | | | | 15 -166. |

Part III Summary

| | | |
|---|---------------|--------|
| <p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • 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 line 22. • 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. | 16 | 1,574. |
| <p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> | | |
| <p>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 ▶</p> | 18 | |
| <p>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 ▶</p> | 19 | |
| <p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p> | | |
| <p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> | 21 () | |
| <p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p> | | |

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form8949 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.

Name(s) shown on return

Social security number or taxpayer identification number

KARTHIK ASHA & TEJASWINI VANIPENTA

007-65-8741

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

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

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

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

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

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|--|--|---|--|--|--|---|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | Robinhood Securities LLC | 03/21/20 | 05/12/20 | 118,779. | 122,082. | W | 3,500. | 197. |
| | AMERITRADE | 01/01/20 | 12/31/20 | 31,393. | 30,009. | W | 159. | 1,543. |
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| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your 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) ▶ | | | | 150,172. | 152,091. | | 3,659. | 1,740. |

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

KARTHIK ASHA & TEJASWINI VANIPENTA

007-65-8741

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

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

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

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

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

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|---|--|---|--|--|--|---|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | Robinhood Securities LLC | 02/15/20 | 09/04/20 | 349. | 675. | W | 160. | -166. |
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| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶ | | | | 349. | 675. | | 160. | -166. |

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

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

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 for instructions and the latest information.

Name(s) shown on return

Your social security number

KARTHIK ASHA & TEJASWINI VANIPENTA

007-65-8741

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

| | |
|-----------|---|
| 1a | Physical address of each property (street, city, state, ZIP code) |
| A | HNO:63, LANE 2, ROAD 3 MALAKPET, HYDERABAD TELANGANA IN 500036 |
| B | |
| C | |

| 1b | Type of Property (from list below) | 2 | Fair Rental Days | Personal Use Days | QJV |
|-----------|------------------------------------|---|------------------|-------------------|--------------------------|
| A | 3 | For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | A 365 | 0 | <input type="checkbox"/> |
| B | | | B | | <input type="checkbox"/> |
| C | | | C | | <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 |
|------------------|---|--------------------|--|-------------|----------|----------|
| 3 | Rents received | 3 | | 450. | | |
| 4 | Royalties received | 4 | | | | |
| Expenses: | | | | | | |
| 5 | Advertising | 5 | | 80. | | |
| 6 | Auto and travel (see instructions) | 6 | | 200. | | |
| 7 | Cleaning and maintenance | 7 | | 150. | | |
| 8 | Commissions. | 8 | | | | |
| 9 | Insurance | 9 | | | | |
| 10 | Legal and other professional fees | 10 | | | | |
| 11 | Management fees | 11 | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | |
| 13 | Other interest. | 13 | | 7,000. | | |
| 14 | Repairs. | 14 | | 200. | | |
| 15 | Supplies | 15 | | | | |
| 16 | Taxes | 16 | | | | |
| 17 | Utilities. | 17 | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | |
| 19 | Other (list) ▶ | 19 | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 7,630. | | |
| 21 | 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 Form 6198 | 21 | | -7,180. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | | (-7,180.) | () | () |
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | | | 450. | |
| b | Total of all amounts reported on line 4 for all royalty properties | 23b | | | | |
| c | Total of all amounts reported on line 12 for all properties | 23c | | | | |
| d | Total of all amounts reported on line 18 for all properties | 23d | | | | |
| e | Total of all amounts reported on line 20 for all properties | 23e | | | 7,630. | |
| 24 | Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | | (7,180.) | | |
| 26 | Total rental real estate and royalty income or (loss). 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 | 26 | | | | -7,180. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

2020

Department of the Treasury
Internal Revenue Service

▶ **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**
▶ **Go to www.irs.gov/Form8867 for instructions and the latest information.**

Attachment
Sequence No. **70**

| | |
|--|--|
| Taxpayer name(s) shown on return KARTHIK ASHA & TEJASWINI VANIPENTA | Taxpayer identification number 007-65-8741 |
| Enter preparer's name and PTIN SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703 | |

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

| | Yes | No | N/A |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 1 Did you complete the return based on information for tax year 2020 provided by the taxpayer or reasonably obtained by you? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| a Did you make reasonable inquiries to determine the correct, complete, and consistent information? | <input type="checkbox"/> | <input type="checkbox"/> | |
| b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a Did you complete the required recertification Form 8862? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

| | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? | <input type="checkbox"/> | <input type="checkbox"/> | |
| c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

| | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

| | Yes | No |
|--|--------------------------|--------------------------|
| 13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? | <input type="checkbox"/> | <input type="checkbox"/> |

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

| | Yes | No |
|--|--------------------------|--------------------------|
| 14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? | <input type="checkbox"/> | <input type="checkbox"/> |

Part VI Eligibility Certification

- ▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
 - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
 - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - C. Submit Form 8867 in the manner required; **and**
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

▶ **If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

| | | |
|---|-------------------------------------|--------------------------|
| 15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|

DO NOT STAPLE ANY ITEMS TO THE RETURN.
Place any required federal and AZ schedules or other documents after Form 140.

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 2020 AND ENDING 66F

1 KARTHIK ASHA 007 65 8741
1 TEJASWINI VANIPENTA 315 99 5822
2 24250 N 23RD AVE 2247 94
3 PHOENIX AZ 85085 97

4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment
5 Head of household. Enter name of qualifying child or dependent on next line:
6 Married filing separate return. Enter spouse's name and Social Security Number above.
7 Single
8 Age 65 or over (you and/or spouse) If completing lines 8, 9, and 11a, also complete lines 38, 39, and 41. For lines 10a and 10b, also complete line 49.
9 Blind (you and/or spouse)
10a 1 Dependents: Under age of 17. 10b Dependents: Age 17 and over.
11a Qualifying parents and grandparents

(Box 10a and 10b): Dependent Information. See instructions. For more space, check the box and complete page 4, Part 1.

| | (a) FIRST AND LAST NAME (Do not list yourself or spouse.) | (b) SOCIAL SECURITY NO. | (c) RELATIONSHIP | (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2020 | (e) Dependent Age included in: | | (f) IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL RETURN DUE TO EDUCATIONAL CREDITS |
|-----|---|-------------------------|------------------|--|-------------------------------------|--------------------------|--|
| | | | | | 1 (Box 10a) | 2 (Box 10b) | |
| 10c | NAINIKA ASHA | 086-73-5633 | Daughter | 12 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10d | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10e | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(Box 11a): Qualifying parents and grandparents. See instructions. For more space, check the box and complete page 4, Part 2.

| | (a) FIRST AND LAST NAME (Do not list yourself or spouse.) | (b) SOCIAL SECURITY NO. | (c) RELATIONSHIP | (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2020 | (e) IF AGE 65 OR OVER | (f) IF DIED IN 2020 |
|-----|---|-------------------------|------------------|--|--------------------------|--------------------------|
| 11b | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 11c | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|--|--|-----|--------|------|
| 12 | Federal adjusted gross income (from your federal return) | 12 | 70,925 | 00 |
| 13 | Non-Arizona municipal interest | 13 | | 00 |
| 14 | Partnership Income adjustment. See instructions | 14 | | 00 |
| 15 | Total federal depreciation | 15 | | 00 |
| 16 | Net capital (loss) derived from the exchange of legal tender: See instructions | 16 | | 00 |
| 17 | Other Additions to Income: Complete Adjustments to Arizona Gross Income schedule on page 5 | 17 | | 00 |
| 18 | Subtotal: Add lines 12 through 17 and enter the total | 18 | 70,925 | 00 |
| 19 | Total net capital gain or (loss). See instructions | 19 | 1,574 | 00 |
| 20 | Total net short-term capital gain or (loss). See instructions | 20 | 1,740 | 00 |
| 21 | Total net long-term capital gain or (loss). See instructions | 21 | -166 | 00 |
| 22 | Net long-term capital gain from assets acquired after December 31, 2011. See instructions | 22 | 0 | 00 |
| 23 | Multiply line 22 by 25% (.25) and enter the result | 23 | | 0 00 |
| 24 | Net capital gain derived from investment in qualified small business | 24 | | 00 |
| This box may be blank or may contain a printed barcode of data from your return. | | | | |
| 25 | Net capital gain exchange of legal tender | 25 | | 00 |
| 26 | Recalculated Arizona depreciation | 26 | | 00 |
| 27 | Partnership Income adjustment | 27 | | 00 |
| 28 | Interest on U.S. obligations | 28 | | 00 |
| 29a | Exclusion for fed., AZ state or local govt. pensions | 29a | | 00 |
| 29b | Pensions-Uniformed Services retired/retainer pay | 29b | | 00 |
| 30 | U.S. Social Security or Railroad Retirement Act | 30 | | 00 |
| 31 | Certain wages of American Indians | 31 | | 00 |
| 32 | Pay received for being an active service member | 32 | | 00 |
| 33 | Net operating loss adjustment | 33 | | 00 |
| 34 | Contributions to 529 College Savings Plans | 34 | | 00 |
| 35 | Subtract lines 23 through 34 from line 18 | 35 | 70,925 | 00 |

Your Name (as shown on page 1) **KARTHIK ASHA & TEJASWINI VANIPENTA** Your Social Security Number **007-65-8741**

| | | | | | | | | | |
|---------------------------------------|--|---|---|--|-----------------------|---------------------------------|---------------------------------|----|---------------------------------|
| Exemptions | 36 | Other Subtractions from Income. Complete <i>Adjustments to Arizona Gross Income</i> schedule on page 5..... | 36 | | 00 | | | | |
| | 37 | Subtract line 36 from line 35 and enter the difference..... | 37 | 70,925 | 00 | | | | |
| | 38 | Age 65 or over: Multiply the number in box 8 by \$2,100..... | 38 | | 00 | | | | |
| | 39 | Blind: Multiply the number in box 9 by \$1,500..... | 39 | | 00 | | | | |
| | 40 | Other Exemptions. See instructions..... 40E <input type="checkbox"/> Multiply the number in box 40E by \$2,300..... | 40 | | 00 | | | | |
| Balance of Tax | 41 | Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000..... | 41 | | 00 | | | | |
| | 42 | Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0"..... | 42 | 70,925 | 00 | | | | |
| | 43 | Deductions: Check box and enter amount. See instructions..... 43I <input type="checkbox"/> ITEMIZED ... 43S <input checked="" type="checkbox"/> STANDARD | 43 | 24,800 | 00 | | | | |
| | 44 | If you checked box 43S and claim charitable deductions, check 44C <input type="checkbox"/> Complete page 3. See instructions..... | 44 | | 00 | | | | |
| | 45 | Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"..... | 45 | 46,125 | 00 | | | | |
| | 46 | Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables..... | 46 | 1,195 | 00 | | | | |
| | 47 | Tax from recapture of credits from Arizona Form 301, Part 2, line 31..... | 47 | | 00 | | | | |
| | 48 | Subtotal of tax: Add lines 46 and 47 and enter the total..... | 48 | 1,195 | 00 | | | | |
| | 49 | Dependent Tax Credit. See instructions..... | 49 | 100 | 00 | | | | |
| | 50 | Family income tax credit (from the worksheet - see instructions)..... | 50 | | 00 | | | | |
| Total Payments and Refundable Credits | 51 | Nonrefundable Credits from Arizona Form 301, Part 2, line 61..... | 51 | | 00 | | | | |
| | 52 | Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, enter "0"..... | 52 | 1,095 | 00 | | | | |
| | 53 | 2020 AZ income tax withheld..... | 53 | 2,066 | 00 | | | | |
| | 54 | 2020 AZ estimated tax payments.. 54a <input type="text" value="00"/> Claim of Right 54b <input type="text" value="00"/> Add 54a and 54b.. | 54c | | 00 | | | | |
| | 55 | 2020 AZ extension payment (Form 204)..... | 55 | | 00 | | | | |
| | 56 | Increased Excise Tax Credit (from the worksheet - see instructions)..... | 56 | | 00 | | | | |
| | 57 | Property Tax Credit from Arizona Form 140PTC..... | 57 | | 00 | | | | |
| | 58 | Other refundable credits: Check the box(es) and enter the total amount..... 581 <input type="checkbox"/> 308-I 582 <input type="checkbox"/> 349 | 58 | | 00 | | | | |
| | 59 | Total payments and refundable credits: Add lines 53 through 58 and enter the total..... | 59 | 2,066 | 00 | | | | |
| | Tax Due or Overpayment | 60 | TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52 and enter amount of tax due. Skip lines 61, 62 and 63..... | 60 | | 00 | | | |
| 61 | | OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59 and enter amount of overpayment..... | 61 | 971 | 00 | | | | |
| 62 | | Amount of line 61 to be applied to 2021 estimated tax..... | 62 | | 00 | | | | |
| 63 | | Balance of overpayment: Subtract line 62 from line 61 and enter the difference..... | 63 | 971 | 00 | | | | |
| Voluntary Gifts | 64 - 74 Voluntary Gifts to: | | | | | | | | |
| | | Solutions Teams Assigned to Schools..... | 64 | <input type="text" value="00"/> | Arizona Wildlife..... | 65 | <input type="text" value="00"/> | | |
| | Child Abuse Prevention..... | 66 | <input type="text" value="00"/> | Domestic Violence Services..... | 67 | <input type="text" value="00"/> | Political Gift..... | 68 | <input type="text" value="00"/> |
| | Neighbors Helping Neighbors.. | 69 | <input type="text" value="00"/> | Special Olympics..... | 70 | <input type="text" value="00"/> | Veterans' Donations Fund..... | 71 | <input type="text" value="00"/> |
| | I Didn't Pay Enough Fund..... | 72 | <input type="text" value="00"/> | Sustainable State Parks and Road Fund..... | 73 | <input type="text" value="00"/> | Spay/Neuter of Animals.. | 74 | <input type="text" value="00"/> |
| | 75 | Political Party (if amount is entered on line 68 - check only one): 751 <input type="checkbox"/> Democratic 752 <input type="checkbox"/> Libertarian 753 <input type="checkbox"/> Republican | | | | | | | |
| | 76 | Estimated payment penalty..... | 76 | | 00 | | | | |
| Penalty | 77 | 771 <input type="checkbox"/> Annualized/Other 772 <input type="checkbox"/> Farmer or Fisherman 773 <input type="checkbox"/> Form 221 included | | | | | | | |
| | 78 | Add lines 64 through 74 and 76; enter the total..... | 78 | | 00 | | | | |
| | 79 | REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80..... | 79 | 971 | 00 | | | | |
| Refund or Amount Owed | Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account ; see instructions. 79A <input type="checkbox"/> | | | | | | | | |
| | <input checked="" type="checkbox"/> C Checking or <input type="checkbox"/> S Savings | ROUTING NUMBER <input type="text" value="021200339"/> | ACCOUNT NUMBER <input type="text" value="381044606105"/> | | | | | | |
| 80 | AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment; and include with your return..... | 80 | | 00 | | | | | |

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

PLEASE SIGN HERE

YOUR SIGNATURE _____ DATE _____ OCCUPATION **SOFTWARE ENGINEER1**

SPOUSE'S SIGNATURE _____ DATE _____ SPOUSE'S OCCUPATION **HOME MAKER**

SYAM PRIYA RAM SAGAR GUPTA TALLAM **02232021** GLOBAL TAXES LLC
PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

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

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

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

2020 Form 140 Dependent and Other Exemption Information

Include page 4 with your return if:

- You are listing additional dependents (for box 10a and 10b) from page 1.
- You are listing additional qualifying parents and grandparents (for box 11a) from page 1.
 - You are claiming *Other Exemptions* on page 2, line 40.

Part 1: Dependents (Box 10a and 10b) continued from page 1

Information used to compute your allowable **Dependent Tax Credit** on page 2, line 49.

NOTE: If you have more than three qualifying dependents, you **must** complete Part 1 and the worksheet in the instructions, to compute your Dependent Tax Credit on line 49.

| | (a) FIRST AND LAST NAME (Do not list yourself or spouse.) | (b) SOCIAL SECURITY NO. | (c) RELATIONSHIP | (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2020 | (e) ✓ Dependent Age included in: | | (f) ✓ IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL RETURN DUE TO EDUCATIONAL CREDITS |
|-----|---|----------------------------|---------------------|---|--|--------------------------|--|
| | | | | | 1 (Box 10a) | 2 (Box 10b) | |
| 10f | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10g | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10h | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10i | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10j | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10k | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10l | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10m | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10n | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10o | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10p | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part 2: Qualifying parents and grandparents (Box 11a) continued from page 1

Additional qualifying parents and grandparents information used to compute your allowable exemption on page 2, line 41.

| | (a) FIRST AND LAST NAME (Do not list yourself or spouse.) | (b) SOCIAL SECURITY NO. | (c) RELATIONSHIP | (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2020 | (e) ✓ IF AGE 65 OR OVER | (f) ✓ IF DIED IN 2020 |
|-----|---|----------------------------|---------------------|---|-------------------------------|-----------------------------|
| 11d | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 11e | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 11f | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 11g | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 11h | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 11i | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Part 3: Other Exemptions

Information used to compute your allowable **Other Exemptions** on page 2, line 40.

| | (a) FIRST AND LAST NAME (Do not list yourself or spouse.) | (b) SOCIAL SECURITY NO. | (c) ✓ AGE 65 OR OVER (see instructions) | | (d) ✓ STILLBORN CHILD IN 2020 |
|----|---|----------------------------|---|--------------------------|-------------------------------------|
| | | | C1 | C2 | |
| 1 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Enter the total number of individuals listed in Part 3 in box 40E on page 2, line 40.