

**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 RAVI KUMAR	Last name PALASAMUDRAM	Your social security number 761-39-5872	
If joint return, spouse's first name and middle initial PADMAJA	Last name MANDEM	Spouse's social security number 959-94-1287	
Home address (number and street). If you have a P.O. box, see instructions. NO. 705 MINERAL SPRING AVE		Apt. no.	<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. PAWTUCKET		State RI	
Foreign country name		ZIP code 02860	
Foreign province/state/county		Foreign postal code	

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

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

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

**Dependents** (see instructions):

(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
RAGA RAMYA	PALASAMUDRAM	961-95-9384	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DEEPIKA	PALASAMUDRAM	961-95-9397	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b> 91,502.
	<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	<b>2b</b>
	<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	<b>3b</b> Taxable interest . . . . .
	<b>4a</b> IRA distributions . . . . .	<b>4a</b>	<b>3b</b> Ordinary dividends . . . . .
	<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>	<b>4b</b> Taxable amount . . . . .
	<b>6a</b> Social security benefits . . . . .	<b>6a</b>	<b>5b</b> Taxable amount . . . . .
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . <input type="checkbox"/>		<b>6b</b> Taxable amount . . . . .
	<b>8</b> Other income from Schedule 1, line 9 . . . . .		<b>7</b>
	<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶		<b>8</b> -6,470.
	<b>10</b> Adjustments to income:		<b>9</b> 85,032.
	<b>a</b> From Schedule 1, line 22 . . . . .	<b>10a</b>	
	<b>b</b> Charitable contributions if you take the standard deduction. See instructions . . . . .	<b>10b</b>	
	<b>c</b> Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶		<b>10c</b>
	<b>11</b> Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶		<b>11</b> 85,032.
	<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .		<b>12</b> 24,800.
<b>13</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .		<b>13</b>	
<b>14</b> Add lines 12 and 13 . . . . .		<b>14</b> 24,800.	
<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .		<b>15</b> 60,232.	

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	6,832.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	6,832.
19	Child tax credit or credit for other dependents	19	1,000.
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	1,000.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	5,832.
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	5,832.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	6,010.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	6,010.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	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	1,200.
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	1,200.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	7,210.

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	1,378.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,378.
b	Routing number 1 2 1 0 0 0 3 5 8		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 3 2 5 0 6 9 1 5 3 5 9 2		
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	02/04/2021	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			

**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  
RAVI KUMAR PALASAMUDRAM & PADMAJA MANDEM

Your social security number  
761-39-5872

**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>	-6,470.
<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>	-6,470.

**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**

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

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

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

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

Name(s) shown on return

RAVI KUMAR PALASAMUDRAM & PADMAJA MANDEM

Your social security number

761-39-5872

**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>	BANDARI LAYOUT NIZAMPET, HYDERABAD TELANGANA IN 500090				
<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		365	0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

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

Income:		Properties:		A	B	C
<b>3</b>	Rents received . . . . .	<b>3</b>		620.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				

Expenses:		A	B	C
<b>5</b>	Advertising . . . . .	<b>5</b>	100.	
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>	340.	
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>	250.	
<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>		
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>		
<b>13</b>	Other interest. . . . .	<b>13</b>	6,000.	
<b>14</b>	Repairs. . . . .	<b>14</b>	250.	
<b>15</b>	Supplies . . . . .	<b>15</b>		
<b>16</b>	Taxes . . . . .	<b>16</b>		
<b>17</b>	Utilities. . . . .	<b>17</b>	150.	
<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>	7,090.	

<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>	-6,470.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	( -6,470. )	( )	( )

<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>	620.	
<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>	7,090.	

<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>	( 6,470. )

<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>	-6,470.
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For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

**Health Savings Accounts (HSAs)**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.**

**2020**  
Attachment  
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
**RAVI KUMAR PALASAMUDRAM**

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **761-39-5872**

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

<b>1</b>	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions . . . . .	▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
<b>2</b>	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .	<b>2</b>		0.
<b>3</b>	If you were under age 55 at the end of 2020 and, on the first day of <b>every</b> month during 2020, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,550 (\$7,100 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	<b>3</b>		7,100.
<b>4</b>	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs . . . . .	<b>4</b>		0.
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>		7,100.
<b>6</b>	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter . . . . .	<b>6</b>		7,100.
<b>7</b>	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions . . . . .	<b>7</b>		
<b>8</b>	Add lines 6 and 7 . . . . .	<b>8</b>		7,100.
<b>9</b>	Employer contributions made to your HSAs for 2020 . . . . .	<b>9</b>		1,500.
<b>10</b>	Qualified HSA funding distributions . . . . .	<b>10</b>		
<b>11</b>	Add lines 9 and 10 . . . . .	<b>11</b>		1,500.
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b>		5,600.
<b>13</b>	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions. . . . .	<b>13</b>		0.

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

<b>14a</b>	Total distributions you received in 2020 from all HSAs (see instructions) . . . . .	<b>14a</b>	
<b>b</b>	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . .	<b>14b</b>	
<b>c</b>	Subtract line 14b from line 14a . . . . .	<b>14c</b>	
<b>15</b>	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	<b>15</b>	
<b>16</b>	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line . . . . .	<b>16</b>	
<b>17a</b>	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box . . . . .	<b>17b</b>	

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

<b>18</b>	Last-month rule . . . . .	<b>18</b>	
<b>19</b>	Qualified HSA funding distribution . . . . .	<b>19</b>	
<b>20</b>	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line . . . . .	<b>20</b>	
<b>21</b>	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box . . . . .	<b>21</b>	

**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](http://www.irs.gov/Form8867) for instructions and the latest information.**

Attachment  
Sequence No. **70**

Taxpayer name(s) shown on return <b>RAVI KUMAR PALASAMUDRAM &amp; PADMAJA MANDEM</b>	Taxpayer identification number <b>761-39-5872</b>
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Enter preparer's name and PTIN <b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b>	PTIN <b>P02082703</b>
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**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
<b>1</b> 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"/>	
<b>2</b> 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"/>
<b>3</b> 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"/>	
<b>4</b> 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"/>	
<b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</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"/>	
<b>5</b> 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) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____			
<b>6</b> 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"/>	
<b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . . <b>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b> Did you complete the required recertification Form 8862? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> 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
<b>9a</b> 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? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</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"/>	
<b>c</b> 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
<b>10</b> 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"/>	
<b>11</b> 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"/>
<b>12</b> 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
<b>13</b> 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
<b>14</b> 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.**

<b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? . . . . .	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

# Tax History Report

▶ Keep for your records

**2020**

Name(s) Shown on Return

RAVI KUMAR PALASAMUDRAM & PADMAJA MANDEM

Five Year Tax History:					
	2016	2017	2018	2019	2020
Filing status . . . . .					MFJ
Total income . . . . .					85,032.
Adjustments to income					
Adjusted gross income					85,032.
Tax expense . . . . .					4,329.
Interest expense . . .					
Contributions . . . . .					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					24,800.
Exemption amount . .					0.
QBI deduction . . . . .					
Taxable income . . . . .					60,232.
Tax . . . . .					6,832.
Alternative min tax . .					
Total credits . . . . .					1,000.
Other taxes . . . . .					
Payments . . . . .					7,210.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax . .					
Refund . . . . .					1,378.
Effective tax rate % . .					6.86
**Tax bracket % . . . .					12.0

\*\*Tax bracket % is based on Taxable income.



IRS e-file Authentication Statement

2020

Keep for your records

Table with 2 columns: Name(s) Shown on Return (RAVI KUMAR PALASAMUDRAM & PADMAJA MANDEM) and Social Security Number (761-39-5872)

A - Practitioner PIN Authorization

Note - PIN information is entered in Part VI of the Federal Information Worksheet. This worksheet only serves as a record of the PIN information transmitted in the electronic return.

QuickZoom to the Federal Information Worksheet to enter PIN information. Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, ERO entered Secondary Taxpayer's PIN, ERO entered PIN(s) on behalf of taxpayer(s) [X]

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) . . . . . EFIN587278 Self-Select PIN 61989

C - Signature of Taxpayer/Spouse

Perjury Statement:

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: (1) acknowledgment of receipt or reason for rejection of transmission; (2) refund offset; (3) reason for any delay in processing or refund; and, (4) date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, with my Self-Select PIN below.

QuickZoom to the Federal Information Worksheet to enter PIN numbers. Taxpayer's PIN (5 numbers) . . . . . 95872 Spouse's PIN (5 numbers) . . . . . 41287 Date . . . . . 02/02/2021

D - Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund (35 character limit) Date

Part I – Personal Information

**Taxpayer:**  
 Last name . . . . . PALASAMUDRAM  
 First name . . . . . RAVI KUMAR  
 Middle initial . . . . . Suffix . . . . .  
 Social security no. . . . . 761-39-5872  
 Occupation . . . . . SOFTWARE DEVELOPER  
 Date of birth . . . . . 05/16/1973 (mm/dd/yyyy)  
 Age as of 1-1-2021 . . . . . 47  
 Date of death . . . . .  
 Legally blind . . . . .  
 E-mail address . . . . . RAVI.PALA123@GMAIL.COM  
 Work phone . . . . . (510) 759-6807 Ext  
 Cell phone . . . . . (510) 759-6807  
 Home phone . . . . . (510) 759-6807  
 Fax number . . . . .

**Spouse:**  
 Last name (if different) . . . . . MANDEM  
 First name . . . . . PADMAJA  
 Middle initial . . . . . Suffix . . . . .  
 Social security no. . . . . 959-94-1287  
 Occupation . . . . . HOME MAKER  
 Date of birth . . . . . 02/01/1980 (mm/dd/yyyy)  
 Age as of 1-1-2021 . . . . . 40  
 Date of death . . . . .  
 Legally blind . . . . .  
 E-mail address . . . . .  
 Work phone . . . . . Ext  
 Cell phone . . . . .  
**Note:** Work phone is transmitted for electronic funds withdrawal.

Best contact phone number . . . . . Taxpayer work phone (510) 759-6807  
 Print phone number on Form 1040 . . .  Home  Taxpayer work  Spouse work  
 Print Form 1040-SR instead of Form 1040 . . . . .  Yes  No

**US Address:**  
 Address . . . . . NO. 705 MINERAL SPRING AVE Apt no. . . . .  
 City . . . . . PAWTUCKET State . . . . . RI ZIP code . . . . . 02860  
**Foreign Address:** Check this box to use foreign address . . .   
 Address . . . . . Apt no. . . . .  
 City . . . . .  
 Foreign code . . . . . Foreign country . . . . .  
 Foreign province/country . . . . . Foreign postal code . . . . .  
 Foreign phone . . . . .  
 APO/FPO/DPO address . . .  APO  FPO  DPO

Part II – Federal Filing Status

- 1 Single
- 2 Married filing jointly
- 3 Married filing separately
  - Taxpayer did **not** live with spouse at any time during year
  - Taxpayer eligible to claim spouse's exemption (state use), blind, or over age 65 (see Help)
- 4 Head of household
  - If qualifying person is child but not dependent:
  - Child's First name . . . . . MI . . . . . Last Name . . . . . Suff . . . . .
  - Child's social security number . . . . .
- 5 Qualifying widow(er)
  - Year spouse died  2018  2019
  - Enter the qualifying person's name:
  - Child's First name . . . . . MI . . . . . Last Name . . . . . Suff . . . . .
  - Child's social security number . . . . .

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

First name Last name	MI Suff	Social security number *Relationship	Date of birth (mm/dd/yyyy)  Date of death (mm/dd/yyyy)**	A G E  E I C	Dependent Identity Protection PIN (see tax help)		Qualified child/dep care exps incurred and paid 2020  Code	Not qual credit other dep  Not qual for child tax credit Or non U.S.***
					Lived with taxpyr in U.S.	Educ Tuition and Fees		
RAGA RAMYA PALASAMUDRAM		961-95-9384 Daughter	08/07/2008	12			L	X
DEEPTKA PALASAMUDRAM		961-95-9397 Daughter	10/28/2013	7			L	X

\* **Caution:** If claiming child other than taxpayer's see **Relationship** in Help  
 \*\* The health care shared responsibility payment calculation does not include individuals after date of death  
 \*\*\* **Caution:** If this person is NOT a U.S. citizen, U.S. national, or a U.S. resident check this box

Identity Verification Worksheet

2020

See tax help for more information on identity verification

Name(s) Shown on Return

RAVI KUMAR PALASAMUDRAM & PADMAJA MANDEM

Social Security Number

761-39-5872

Driver's License or State Id Information

Required for electronic filing, either complete the driver's license or state id detail information below or select the appropriate box for taxpayer and spouse to indicate why driver's license or state id information is not present.

Note: Providing identification numbers helps the IRS and states verify taxpayer identity which can prevent unnecessary delays in tax return processing.

All identity verification information should be entered here and will automatically flow to the state return.

Taxpayer/Spouse does not have a driver's license or state id

Input boxes for Taxpayer and Spouse

Taxpayer
Spouse

Note: Alabama does not allow this option

Taxpayer/Spouse did not provide driver's license or state id information

Input boxes for Taxpayer and Spouse, with Spouse checked

Taxpayer
Spouse

Note: Alabama, New York and Ohio do not allow this option

Check to confirm transferred driver's license or state id information (which appears in green) is correct

Note: Transfer not available for returns with Alabama, Iowa, or New York state taxes. See tax help for more information.

Driver's License Detail

Taxpayer:

Issuing state: RI
License number: 40167851
Issue date: 12/16/2020
Expiration date: 05/16/2022
Does not expire: [ ]
NY Document number (first 3 chars)\*: [ ]

Spouse:

Issuing state: [ ]
License number: [ ]
Issue date: [ ]
Expiration date: [ ]
Does not expire: [ ]
NY Document number (first 3 chars)\*: [ ]

State Identification Card Detail

Taxpayer:

Issuing state: [ ]
Identification number: [ ]
Issue date: [ ]
Expiration date: [ ]
Does not expire: [ ]
NY Document number (first 3 chars)\*: [ ]

Spouse:

Issuing state: [ ]
Identification number: [ ]
Issue date: [ ]
Expiration date: [ ]
Does not expire: [ ]
NY Document number (first 3 chars)\*: [ ]

\* Enter the first 3 characters of the NY document number, which is the 8 or 10 number/letter combination found at the bottom of the NY license (or NY state ID) or on the back if it was issued after January 28, 2014.

Additional Verification Information

Use these fields to record the client status and method used to verify the taxpayer and spouse identity.

**Identity Verification Method** (select one):

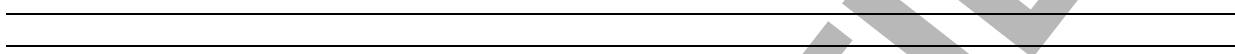
- In person
- Remote via email, phone, or fax
- Both in person and remote
- Identity not verified

**Documents Used to Verify Primary Taxpayer Identity:**

- Driver's license (complete detail above)
- State issued identification card (complete detail above)
- Passport
- Account statement from financial institution
- Utility billing statement
- Credit card billing statement

**Documents Used to Verify Spouse Identity** (If you file joint return):

- Driver's license (complete detail above)
- State issued identification card (complete detail above)



DO NOT FILE

Electronic Filing Information Worksheet

2020

Keep for your records

Name(s) Shown on Return

RAVI KUMAR PALASAMUDRAM & PADMAJA MANDEM

Social Security Number

761-39-5872

Payment by Check (Form 1040-V) – Federal Balance Due

Date Form 1040-V was given to client . . . . .

Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the Federal Information Worksheet.

Calculates to the EFIN for the ERO that is responsible for filing this return based on the preparer code. For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) can be changed but is required. . . . . 587278
For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return . . . . .

ERO Name: GLOBAL TAXES LLC; ERO Electronic Filers Identification Number (EFIN): 587278; ERO Address: 2530 Pebble Creek Ln; ERO Employer Identification Number: 30-1017196; City: Cumming, State: GA, ZIP Code: 30041; ERO Social Security Number or PTIN

Paid Preparer Information

Firm Name: GLOBAL TAXES LLC; Social Security Number or PTIN: P02082703; Name: SYAM PRIYA RAM SAGAR GUPTA TALLAM; Employer Identification Number: 30-1017196; Address: 2530 Pebble Creek Ln; Phone Number: (678)965-9522; Fax Number; City: Cumming, State: GA, ZIP Code: 30041; E-mail Address: SYAM@GTAXFILE.COM

Non Paid Preparer Information

If the return was prepared or reviewed through an IRS tax assistance program, self-prepared by the taxpayer, or was prepared by another person who was not paid to prepare the return, check one of the following boxes that applies to this return.

IRS-reviewed . . . . .
IRS-prepared . . . . .
Prepared by taxpayer or other non-paid preparer . . . . .

Amended Returns

- Check this box to file another federal amended return electronically
File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically

\* Select the state and/or city amended return(s) to file electronically.

Table with columns for State/City and checkboxes. Rows include Georgia, Michigan, New York, Vermont, and Wisconsin.

**Miscellaneous Electronic Filing Items**

If the return was rejected for dependent name and SSN mismatch (business rule R0000-504-01) or Schedule EIC qualifying child name and SSN mismatch (business rule SEIC-F1040-501-01), check this box to retransmit this return as an imperfect return. . . . .

Enter an 'in care of addressee' if applicable . . . . .

Name of personal representative for deceased returns . . . . .

If married filing joint and one spouse is deceased, is the surviving spouse also the personal representative? . . . . .  Yes  No

Check this box if your client is in the U.S. Armed Forces with a stateside address . . . . .

Select the appropriate combat zone from the picklist if the taxpayer (or spouse) last served in an area designated as a combat zone or qualified hazardous duty area. . . . .

Other combat zone deployment date . . . . .

**Option of Transmitting the Forms as PDF with the Electronic Submission or Mailing the Forms with Form 8453: U.S. Individual Income Tax Transmittal for an IRS e-file Return.**

**Note:** To Attach and Send a PDF file with this return, click on the "E-File" drop down menu, and then select "Attach PDF Files".

Check the applicable box(es) on forms to be attached and mail with form 8453	Transmit PDF	Print & Mail with 8453
Form 2848, Power of Attorney and Declaration of Representative . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 3468, Historic Structure Certificate . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 4136, Credit for Federal Tax Paid on Fuels . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 8283, Noncash Charitable Contributions (Declaration of Appraiser). . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 1098-C, Contributions of Motor Vehicles, Boats and Airplanes . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 8332, Release of Claim to Exemption for Child by Custodial Parent or Other Doc. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 8885, Health Coverage Tax Credit . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 8949, Sales and Other Disp of Capital Assets.(or a stmt w/the same information) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 3115, Change in Accounting Method. . . . .	<input type="checkbox"/>	<input type="checkbox"/>

These forms are not supported in ProSeries. You may print a completed form to mail with your Form 8453, please check the applicable box(es) .	Transmit PDF	Print & Mail with 8453
Form 5713, International Boycott Report . . . . .	N/A	<input type="checkbox"/>
Form 8858, Foreign Disregarded Entities. . . . .	N/A	<input type="checkbox"/>
Form 8864, attach the Certificate for Biodiesel . . . . .	N/A	<input type="checkbox"/>

► Keep for your records

Name(s) Shown on Return RAVI KUMAR PALASAMUDRAM & PADMAJA MANDEM	Social Security Number 761-39-5872
---	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
RJT COMPUQUEST INC		91,502.	6,010.	91,502.	3,389.
<b>Totals</b>		91,502.	6,010.	91,502.	3,389.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	91,502.		91,502.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.		0.
2	Total federal tax withheld . . . . .	6,010.		6,010.
3 & 7	Total social security wages/tips . . . . .	94,417.		94,417.
4	Total social security tax withheld . . . . .	5,854.		5,854.
5	Total Medicare wages and tips . . . . .	94,417.		94,417.
6	Total Medicare tax withheld . . . . .	1,369.		1,369.
8	Total allocated tips . . . . .			
9	Not used . . . . .			
10 a	Total dependent care benefits . . . . .			
b	Offsite dependent care benefits . . . . .			
c	Onsite dependent care benefits . . . . .			
11	Total distributions from nonqualified plans . . . . .			
12 a	Total from Box 12 . . . . .	8,276.		8,276.
b	Elective deferrals to qualified plans . . . . .	2,915.		2,915.
c	Roth contrib. to 401(k), 403(b), 457(b) plans . . . . .			
d	Deferrals to government 457 plans . . . . .			
e	Deferrals to non-government 457 plans . . . . .			
f	Deferrals 409A nonqual deferred comp plan . . . . .			
g	Income 409A nonqual deferred comp plan . . . . .			
h	Uncollected Medicare tax . . . . .			
i	Uncollected social security and RRTA tier 1 . . . . .			
j	Uncollected RRTA tier 2 . . . . .			
k	Income from nonstatutory stock options . . . . .			
l	Non-taxable combat pay . . . . .			
m	QSEHRA benefits . . . . .			
n	Total other items from box 12 . . . . .	5,361.		5,361.
14 a	Total deductible mandatory state tax . . . . .	940.		940.
b	Total deductible charitable contributions . . . . .			
c	Total state deductible employee expenses . . . . .			
d	Total RR Compensation . . . . .			
e	Total RR Tier 1 tax . . . . .			
f	Total RR Tier 2 tax . . . . .			
g	Total RR Medicare tax . . . . .			
h	Total RR Additional Medicare tax . . . . .			
i	Total RRTA tips. . . . .			
j	Total other items from box 14 . . . . .			
k	Total sick leave subject to \$511 limit . . . . .			
l	Total sick leave subject to \$200 limit . . . . .			
m	Total emergency family leave wages . . . . .			
16	Total state wages and tips . . . . .	91,502.		91,502.
17	Total state tax withheld . . . . .	3,389.		3,389.
19	Total local tax withheld. . . . .			

Name as shown on return RAVI KUMAR PALASAMUDRAM	Social Security Number 761-39-5872
--	---------------------------------------

**Employer EIN** . . . . . 33-0799296  
**Employer Name** . . . . . RJT COMPUQUEST INC  
 Name (continued) . . . . . DBA APOLIS  
**Street Address or P. O. Box** . . . . . 222 N PACIFIC COAST HWY  
**City** . EL SEGUNDO . . . . . **State** CA . . . . . **ZIP** . 90245  
**Foreign Province/County** . . . . .  
**Foreign Postal Code** . . . . .  
**Foreign Country** . . . . .

**Spouse's W-2**  **Do not transfer this W-2 to next year**  
 **Automatically calculate** lines 3 through 6 and line 16.  
**Caution:** Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

<b>1</b> Wages, tips, other comp . . . . . 91,502.	<b>2</b> Federal income tax withheld . . . . . 6,010.
<b>3</b> Social security wages . . . . . 94,417.	<b>4</b> Social sec tax withheld . . . . . 5,854.
<b>5</b> Medicare wages and tips . . . . . 94,417.	<b>6</b> Medicare tax withheld . . . . . 1,369.
<b>7</b> Social security tips . . . . .	<b>8</b> Allocated tips . . . . .

**13 b**  Retirement plan  
 Foreign source income eligible for exclusion on **Form 2555**  
 Active duty military pay

Box 12 Code	Box 12 Amount	If Box 12 code is:
C	427.	A: Enter amount attributable to RRTA Tier 2 tax . . . . .
D	2,915.	M: Enter amount attributable to RRTA Tier 2 tax . . . . .
W	1,500.	P: Double-click to link to Form 3903, line 4 . . . . .
DD	3,434.	R: Enter MSA contribution for Taxpayer . . . . .
		Spouse . . . . .
		W: Enter HSA contribution for Taxpayer . . . . . 1,500.
		Spouse . . . . .
		G: <input type="checkbox"/> Employer is <b>not</b> a state or local government

State	Box 15 Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
RI	33079929600	91,502.	3,389.

I confirm that the state withholding identification number(s) are accurate . . . . .

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

<b>9</b> Dependent care benefits (Check if employer furnished care at work) . . . . . <input type="checkbox"/>	<b>9</b>	
<b>10</b> Dependent care benefits — Amount forfeited from flexible spending account . . . . .	<b>10</b>	
<b>11</b> Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.) . . . . .	<b>11</b>	

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
SDI	940.	Rhode Island TDI tax



Keep for your records

RAVI KUMAR PALASAMUDRAM	761-39-5872	Page 2
Employer Name . . . . . RJT COMPUQUEST INC		

Part I – Statutory employees

A <input type="checkbox"/> Box 13a. Statutory employee	
B <input type="checkbox"/> Deducting expenses in connection with this income	
C <input type="checkbox"/> If deducting expenses, double-click to link to Schedule C . . . . .	C

Part II – Clergy, church employees, members of recognized religious sects

**Clergy only:**

D Enter your designated housing or parsonage allowance . . . . .	D
E Enter the smallest of (a) your designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value . . . . .	E
F If no FICA was withheld, check the applicable box below	
1 <input type="checkbox"/> Pay self-employment tax on housing or parsonage allowance only	
2 <input type="checkbox"/> Pay self-employment tax on W-2 income only	
3 <input type="checkbox"/> Pay self-employment tax on W-2 income and housing allowance	
4 <input type="checkbox"/> Exempt from SE tax and have an approved exemption Form 4361	

**Non-Clergy:**

G If no FICA was withheld, check the applicable box below	
1 <input type="checkbox"/> Pay self-employment tax on this W-2 income	
2 <input type="checkbox"/> Exempt from self-employment tax and have an approved Form 4029	

Part III – Unreported Tip Income

H 1 Tips \$20 or more in a month which were not reported to employer . . . . .	H1
2 Tips less than \$20 in a month which were not required to be reported . . . . .	H2
3 Value of non-cash tips, such as tickets or passes, not reported to employer . . . . .	H3
4 Actual amount of allocated tips if different than the amount in box 8 . . . . .	H4
5 Tips paid out through a tip-sharing arrangement . . . . .	H5
6 <input type="checkbox"/> Employer is a federal, state, or local government and tips are only subject to Medicare tax	

Part IV – Substitute Form W-2

a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 . . . . . ▶ \_\_\_\_\_

b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

\_\_\_\_\_

\_\_\_\_\_

c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

\_\_\_\_\_

\_\_\_\_\_

d QuickZoom to completed Form 4852 for reference . . . . . ▶ \_\_\_\_\_

Part V – Inmate in a Penal Institution

J a Pay from work performed while an inmate in a penal institution . . . . .

Part VI – Additional Information for Electronic Filing and Certain States (See Help)

13 c  Third-party sick pay

Non-standard W-2 (handwritten, typewritten, or altered in any way)

Corrected W-2

Income from Paid Family Leave

Control number (optional) . . . . . \_\_\_\_\_

Employee information: Correct to match employee information on W-2

Employee's SSN. . . . . 761-39-5872

First name RAVI KUMAR M.I. Last name PALASAMUDRAM Suff. \_\_\_\_\_

Address NO. 705 MINERAL SPRING AVE City PAWTUCKET St RI ZIP code 02860

Foreign Province/County \_\_\_\_\_ Foreign Postal Code \_\_\_\_\_

Foreign Country \_\_\_\_\_

Name as Shown on Return RAVI KUMAR PALASAMUDRAM & PADMAJA MANDEM	Social Security No. 761-39-5872
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- Note:**
- To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2020 and meet the other requirements listed in the instructions for Form 1040.
  - If applicable, first complete Form 2555, Foreign Earned Income and enter any exclusion of income from U.S. Possessions on the Federal Information Worksheet.

**Part 1**

1	Number of qualifying children under age 17 with the required social security number: <u>0</u> X \$2,000. Enter the result . . . . .	1		
2	Number of other dependents, including qualifying children without the required social security number: <u>2</u> X \$500. Enter the result . . . . .	2	1,000.	
3	Add lines 1 and 2 . . . . .	3		1,000.
4	Enter the amount from Form 1040 or 1040-SR, line 11 . . . . .	4	85,032.	
5	<b>1040 filers:</b> enter the total of any — • Exclusion of income from Puerto Rico, and • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15. . . . .	5	0.	
6	<b>1040-NR filers:</b> Enter -0-. Add lines 4 and 5. Enter the total . . . . .	6	85,032.	
7	Enter the amount shown below for your filing status. • Married filing jointly — \$400,000 • All other filing statuses — \$200,000 . . . . .	7	400,000.	
8	Is the amount on line 6 more than the amount on line 7? <input checked="" type="checkbox"/> <b>No.</b> Leave line 8 blank. Enter -0- on line 9. <input type="checkbox"/> <b>Yes.</b> Subtract line 7 from line 6 . . . . .	8		
9	Multiply the amount on line 8 by 5% (.05). Enter the result. . . . .	9		0.
10	Is the amount on line 3 more than the amount on line 9? <input type="checkbox"/> <b>No. Stop.</b> You cannot take the child tax credit or credit for other dependents on line 19 of Form 1040, 1040-SR or 1040-NR. You also cannot take the additional child tax credit on line 28 of Form 1040, 1040-SR or 1040-NR. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 9 from line 3. Enter the result. <i>Go to Part 2</i> . . . . .	10		1,000.

**Part 2**

11	Enter the amount from line 18 of Form 1040 or 1040-SR . . . . .	11		6,832.
12	Add the amounts from — Schedule 3, line 1 . . . . . Schedule 3, line 2 . . . . . + Schedule 3, line 3 . . . . . + Schedule 3, line 4 . . . . . + Form 5695, line 30 . . . . . + Form 8910, line 15 . . . . . + Form 8936, line 23 . . . . . + Schedule R, line 22 . . . . . + Enter the total . . . . .	12		0.
13	Subtract line 12 from line 11 . . . . .	13		6,832.
14	Are you claiming any of the following credits? • Mortgage interest credit, Form 8396 • Adoption Credit, Form 8839 • Residential energy efficient property credit, Form 5695, Part I • District of Columbia first-time homebuyer credit, Form 8859 <input checked="" type="checkbox"/> <b>No.</b> Enter -0- <input type="checkbox"/> <b>Yes.</b> If you are filing Form 2555, enter -0-. Otherwise, Complete the <i>Line 14 Worksheet</i> below to figure the amount to enter here. . . . .	14		0.
15	Subtract line 14 from line 13. Enter the result . . . . .	15		6,832.
16	Is the amount on line 10 of this worksheet more than the amount on line 15? <input checked="" type="checkbox"/> <b>No.</b> Enter the amount from line 10 <input type="checkbox"/> <b>Yes.</b> Enter the amount from line 15. See the <b>TIP</b> below. . . . .	16		1,000.

**This is your child tax credit and credit for other dependents**

Enter this amount on  
Form 1040, line 19  
Form 1040-SR, line 19  
Form 1040-NR, line 19

**TIP:** You may be able to take the **additional child tax credit** on line 28 of Form 1040, 1040-SR or 1040-NR only if you answered 'Yes' on line 16 and line 1 is more than zero.

- First, complete your Form 1040, 1040-SR or 1040-NR through line 27 (also complete Schedule 3, line 10)
- Then, use Schedule 8812 to figure any additional child tax credit.

# Tax Payments Worksheet

**2020**

▶ Keep for your records

Name(s) Shown on Return <b>RAVI KUMAR PALASAMUDRAM &amp; PADMAJA MANDEM</b>	Social Security Number <b>761-39-5872</b>
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**Estimated Tax Payments for 2020** (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	07/15/20		07/15/20			07/15/20		
2	07/15/20		07/15/20			07/15/20		
3	09/15/20		09/15/20			09/15/20		
4	01/15/21		01/15/21			01/15/21		
5								
<b>Tot Estimated Payments . . .</b>								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)	Federal	State	ID	Local	ID
6 Overpayments applied to 2020 . . . . .					
7 Credited by estates and trusts . . . . .					
8 <b>Totals</b> Lines 1 through 7 . . . . .					
9 2020 extensions . . . . .					

Taxes Withheld From:	Federal	State	Local
10 Forms W-2 . . . . .	6,010.	3,389.	
11 Forms W-2G . . . . .			
12 Forms 1099-R . . . . .			
13 Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G . . . . .			
14 Schedules K-1 . . . . .			
15 Forms 1099-INT, DIV and OID . . . . .			
16 Social Security and Railroad Benefits . . . . .			
17 Form 1099-B . . . . .			
18 a Other withholding . . . . .			
b Other withholding . . . . .			
c Other withholding . . . . .			
d Additional Medicare Tax . . . . .			
19 <b>Total Withholding</b> Lines 10 through 18d . . . . .	6,010.	3,389.	
20 <b>Total Tax Payments for 2020</b> . . . . .	6,010.	3,389.	

Prior Year Taxes Paid In 2020 (If multiple states or localities, see Tax Help)	State	ID	Local	ID
21 Tax paid with 2019 extensions . . . . .				
22 2019 estimated tax paid after 12/31/2019 . . . . .				
23 Balance due paid with 2019 return . . . . .				
24 Other (amended returns, installment payments, etc) . . . . .				

## Earned Income Worksheet

**2020**

▶ Keep for your records

Name(s) Shown on Return RAVI KUMAR PALASAMUDRAM & PADMAJA MANDEM	Social Security Number 761-39-5872
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### Part I – Earned Income Credit Worksheet Computation

	Taxpayer	Spouse	Total
<b>1 If filing Schedule SE:</b>			
<b>a</b> Net self-employment income . . . . .			
<b>b</b> Optional Method and Church Employee income . . . . .			
<b>c</b> Add lines 1a and 1b . . . . .			
<b>d</b> One-half of self-employment tax . . . . .			
<b>e</b> Subtract line 1d from line 1c . . . . .			
<b>2 If not required to file Schedule SE:</b>			
<b>a</b> Net farm profit or (loss) . . . . .			
<b>b</b> Net nonfarm profit or (loss) . . . . .			
<b>c</b> Add lines 2a and 2b . . . . .			
<b>3 If filing Schedule C as a statutory employee,</b> enter the amount from line 1 of that Schedule C . . . . .			
<b>4</b> Add lines 1e, 2c and 3. To EIC Wks, line 5 . . . . .			

### Part II – Form 2441 and Standard Deduction Worksheet Computations

<b>5</b> Net self-employment earnings (line 4 above) . . . . .			
<b>6</b> Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	91,502.		91,502.
<b>7 a</b> Taxable employer-provided adoption benefits . . . . .			
<b>b</b> Foreign earned income exclusion . . . . .			
<b>8</b> Add lines 5 through 7b. To Form 2441, lines 18 and 19 . . . . .	91,502.		91,502.
<b>9 a</b> Taxable dependent care benefits . . . . .			
<b>b</b> Nontaxable combat pay . . . . .			
<b>10</b> Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	91,502.		91,502.
<b>11</b> Scholarship or fellowship income not on W-2 . . . . .			
<b>12</b> SE exempt earnings less nontaxable income . . . . .			
<b>13</b> Distributions from nonqualified/Sec. 457 plans . . . . .			
<b>14</b> Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .	91,502.		91,502.

### Part III – IRA Deduction Worksheet Computation

<b>15</b> Net self-employment income or (loss) . . . . .			
<b>16</b> Wages, salaries, tips, etc . . . . .	91,502.		91,502.
<b>17</b> Net self-employment loss . . . . .			
<b>18</b> Alimony received . . . . .			
<b>19</b> Nontaxable combat pay . . . . .			
<b>20</b> Foreign earned income exclusion . . . . .			
<b>21</b> Keogh, SEP or SIMPLE deduction . . . . .			
<b>22</b> Combine lines 15 through 21. To IRA Wks, In 2. . . . .	91,502.		91,502.

### Part IV – Schedule 8812 and Child Tax Credit Line 14 Worksheet Computations

<b>23</b> Self-employed, church and statutory employees . . . . .			
<b>24</b> Wages, salaries, tips, etc . . . . .	91,502.		91,502.
<b>25</b> Nontaxable combat pay . . . . .			
<b>26</b> Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2. . . . .	91,502.		91,502.

Keep for your records

Name(s) shown on return
RAVI KUMAR PALASAMUDRAM & PADMAJA MANDEM

Social Security No.
761-39-5872

General Information:

Property description . . . . . G3, SRI KARTHIKEYA RESIDENCY
Property type . . 3 Vacation/Short-term If type is other, enter a description . .
Location (street address) . . . . . BANDARI LAYOUT
City . . . . . NIZAMPET, HYDERABAD State . . . . . ZIP code . . . . .
If a foreign address: Foreign province or state . . . . . TELANGANA
Foreign postal code . . . . . 500090 Foreign country . . . . . India

Complete For All Properties:

Did you make any payments that would require you to file Form(s) 1099? . . . . . Yes [ ] No [X]
If yes, did you or will you file all required Form(s) 1099? . . . . . Yes [ ] No [ ]

Complete For All Rental Properties:

Days rented at fair rental value . . . . . 365 Days of personal use . . . . . 0

Check All That Apply:

- A Owned by spouse [ ] B Owned jointly [ ]
C Active participation [X] D Material participation [ ]
E Qualified joint venture [ ] F Some investment is not at risk [ ]
G Other passive exceptions [ ] H Complete taxable disposition - See Help [ ]
I Treat all MACRS assets for this activity as qualified Indian reservation property? . . Yes [ ] No [X]
J Treat all assets acquired after August 27, 2005 as qualified GO Zone property? . . Regular [ ] Extension [ ] No [X]
K Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? . . Yes [ ] No [X]
L Was this activity located in a Qualified Disaster Area? . . . . . Yes [ ] No [X]
M Check this box if filing this Schedule E as an LLC in CA or TX [ ]

Ownership Percentage:

- N Check to allocate income and expenses using ownership percentage [ ]
O Enter ownership percentage . . . . . %

Owner-Occupied Rentals:

- P Check to allocate personal use items to Schedule A [ ]
Q Percentage of rental use . . . . . %

Vacation Home or Property with Personal Use Days:

- R Check to allocate interest and taxes using the Tax Court Method [ ]
S Number of days property owned if less than the entire year . . . . .

Income		% if Different	Total
<b>3 Enter rental income (not reported elsewhere) . . . . .</b>	620.		
Rental income from Form 1099-MISC . . . . .			
Rental income from Form 1099-K . . . . .			
Rental Income from Cancellation of Debt Wks . . . . .			
Total rents received . . . . .	620.	100.000000	620.
<b>4 Enter royalties received (not reported elsewhere) . . . . .</b>			
Royalty income from Form 1099-MISC . . . . .			
Royalty income from Form 1099-K . . . . .			
Royalty Income from Cancellation of Debt Wks . . . . .			
Royalty Income from Schedule K-1 . . . . .			
Total royalties received . . . . .			

Expenses	(a) Total	(b) Enter % if not 100.00	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
<b>5 Advertising . . . . .</b>	100.		100.		
<b>6 a Auto . . . . .</b>					
<b>b Travel . . . . .</b>	340.		340.		
<b>7 Cleaning and maint . . . . .</b>	250.		250.		
<b>8 Commissions . . . . .</b>					
<b>9 a Mort insur qualified . . . . .</b>					
From Form 1098 import					
Total mort insur qual . . . . .					
<b>b Other Insurance . . . . .</b>					
<b>10 Legal &amp; other prof fees . . . . .</b>					
<b>11 Management fees . . . . .</b>					
<b>12 a Mortgage int qualified . . . . .</b>					
From Form 1098 import					
Total mort int qualified . . . . .					
<b>b Mort int other . . . . .</b>					
From Form 1098 import					
Total mort int other . . . . .					
<b>13 Other interest . . . . .</b>	6,000.		6,000.		
<b>14 Repairs . . . . .</b>	250.		250.		
<b>15 Supplies . . . . .</b>					
<b>16 a Real estate taxes . . . . .</b>					
From Form 1098 import					
Total real estate taxes . . . . .					
<b>b Other taxes . . . . .</b>					
<b>17 Utilities . . . . .</b>	150.		150.		
<b>18 a Depreciation . . . . .</b>					
<b>b Depletion . . . . .</b>					
<b>c Depreciation carryover . . . . .</b>					
<b>19 Other expenses . . . . .</b>					
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e Indirect operating exp . . . . .</b>					
<b>f Operating exp carryover . . . . .</b>					
<b>g Vehicle rental . . . . .</b>					
<b>h Amortization . . . . .</b>					
<b>20 Add lines 5 through 19 . . . . .</b>	7,090.		7,090.		
<b>21 Income or (loss) . . . . .</b>			-6,470.		
<b>22 Deductible rental real estate loss . . . . .</b>			-6,470.		

# Federal Carryover Worksheet

**2020**

▶ Keep for your records

Name(s) Shown on Return RAVI KUMAR PALASAMUDRAM & PADMAJA MANDEM	Social Security Number 761-39-5872
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**2019 State and Local Income Tax Information**

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
<b>Totals . .</b>						

**2019 State Extension Information**

(a) State	(b) Paid With Extension

**2019 Locality Extension Information**

(a) Locality	(b) Paid With Extension

**2019 State Estimates Information**

(a) State	(c) Estimates Paid After 12/31

**2019 Locality Estimates Information**

(a) Locality	(c) Estimates Paid After 12/31

**2019 State Taxes Due Information**

(a) State	(e) Paid With Return

**2019 Locality Taxes Due Information**

(a) Locality	(e) Paid With Return

**2019 State Refund Applied Information**

(a) State	(g) Applied Amount

**2019 Locality Refund Applied Information**

(a) Locality	(g) Applied Amount

**2019 State Tax Refund Information**

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment

**2019 Locality Tax Refund Information**

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Other Tax and Income Information		2019	2020
1	Filing status . . . . .		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .		
3	Itemized deductions . . . . .		4,329.
4	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .		85,032.
6	Tax liability for Form 2210 or Form 2210-F . . . . .		5,832.
7	Alternative minimum tax . . . . .		
8	Federal overpayment applied to next year estimated tax . . . . .		

QuickZoom to the IRA Information Worksheet for IRA information . . . . . ▶

Excess Contributions		2019	2020
9 a	Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .		
b	Spouse's excess Archer MSA contributions as of 12/31 . . . . .		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .		
b	Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .		
11 a	Taxpayer's excess HSA contributions as of 12/31 . . . . .		
b	Spouse's excess HSA contributions as of 12/31 . . . . .		

Loss and Expense Carryovers		2019	2020
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss . . . . .		
b	AMT Short-term capital loss . . . . .		
13 a	Long-term capital loss . . . . .		
b	AMT Long-term capital loss . . . . .		
14 a	Net operating loss available to carry forward . . . . .		
b	AMT Net operating loss available to carry forward . . . . .		
15 a	Investment interest expense disallowed . . . . .		
b	AMT Investment interest expense disallowed . . . . .		
16	Nonrecaptured net Section 1231 losses from:	a	2020 . . . . .
		b	2019 . . . . .
		c	2018 . . . . .
		d	2017 . . . . .
		e	2016 . . . . .
		f	2015 . . . . .
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2020 . . . . .
		b	2019 . . . . .
		c	2018 . . . . .
		d	2017 . . . . .
		e	2016 . . . . .
		f	2015 . . . . .



# Tax Summary Report

2020

Name(s) Shown on Return

RAVI KUMAR PALASAMUDRAM & PADMAJA MANDEM

Filing status . . . . . Married Filing Jointly

Number of exemptions . . . . . 4

**Gross Income**

Wages and salaries . . . . .	91,502.
Interest and dividend income . . . . .	_____
Business income (loss) . . . . .	_____
Capital gains (losses) . . . . .	_____
Pensions and annuities . . . . .	_____
Rents, royalties, partnerships, etc . . . . .	-6,470.
Farm income (loss) . . . . .	_____
Social security benefits . . . . .	_____
Other income . . . . .	_____
<b>Total Gross Income</b> . . . . .	<b>85,032.</b>

**Adjustments to Income** . . . . .

**Adjusted Gross Income** . . . . . (Last year's AGI) . . . . . 85,032.

**Itemized/Standard Deductions**

Medical and dental . . . . .	_____
Taxes . . . . .	4,329.
Interest . . . . .	_____
Contributions . . . . .	_____
Casualty or theft loss(es) . . . . .	_____
Miscellaneous . . . . .	_____
<b>Total Itemized Deductions</b> . . . . .	<b>4,329.</b>
Standard deduction . . . . .	24,800.

**Taxable Income** . . . . .

	<b>60,232.</b>
Income tax . . . . .	6,832.
Alternative minimum tax . . . . .	_____
<b>Total Taxes before Credits</b> . . . . .	<b>6,832.</b>
Nonbusiness credits . . . . .	1,000.
Business credits . . . . .	_____
<b>Total Credits</b> . . . . .	<b>1,000.</b>
Self-employment tax . . . . .	_____
Other taxes . . . . .	_____

**Total Tax** . . . . . 5,832.

Withholding . . . . .	6,010.
Estimated tax payments . . . . .	_____
Other payments . . . . .	_____
<b>Total Payments</b> . . . . .	<b>7,210.</b>
Estimated tax penalty . . . . .	_____
Refund applied to next year's estimated tax . . . . .	_____

**Amount Overpaid** . . . . . 1,378.

**Refund** . . . . . 1,378.

**Amount Applied to Estimate** . . . . . \_\_\_\_\_

**Amount Due** . . . . . 0.

Tax bracket . . . . .	12.0 %
Effective tax rate . . . . .	6.86 %

# Recovery Rebate Credit Worksheet

**2020**

Name(s) Shown on Return  
RAVI KUMAR PALASAMUDRAM & PADMAJA MANDEM

Social Security No.  
761-39-5872

**This worksheet is used to compute the allowed recovery rebate credit for line 30 of Form 1040 or 1040-SR after accounting for any economic stimulus payment previously received.**

<p><b>1</b> Can you be claimed as a dependent on another person's 2020 return?  <input checked="" type="checkbox"/> <b>No.</b> Go to line 2  <input type="checkbox"/> <b>Yes. Stop.</b> You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30.</p> <p><b>2</b> Does your 2020 return include a valid social security number for you, and if filing a joint return, your spouse?  <input type="checkbox"/> <b>Yes.</b> Skip lines 3 and 4 and go to line 5.  <input checked="" type="checkbox"/> <b>No.</b> If you are filing a joint return, go to line 3. If you aren't filing a joint return, <b>Stop.</b> You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.</p> <p><b>3</b> Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a valid social security number?  <input type="checkbox"/> <b>Yes.</b> Your credit is not limited. Go to line 5.  <input checked="" type="checkbox"/> <b>No.</b> Go to line 4.</p> <p><b>4</b> Does one of you have a valid social security number?  <input checked="" type="checkbox"/> <b>Yes.</b> Your credit is limited. Go to line 5.  <input type="checkbox"/> <b>No. Stop.</b> You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30.</p> <p><b>5</b> Enter: ● \$1,200 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or          ● \$2,400 if married filing jointly and you answered "Yes" to question 2 or 3. . . . .</p> <p><b>6</b> Multiply \$500 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number . . . . .</p> <p><b>7</b> Add lines 5 and 6 . . . . .</p> <p><b>8</b> Enter: ● \$600 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or          ● \$1,200 if married filing jointly and you answered "Yes" to question 2 or 3. . . . .</p> <p><b>9</b> Multiply \$600 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number . . . . .</p> <p><b>10</b> Add lines 8 and 9 . . . . .</p> <p><b>11</b> Enter the amount from line 11 of Form 1040 or 1040-SR . . . . .</p> <p><b>12</b> Enter the amount shown below for your filing status :          ● \$150,000 if married filing jointly or qualifying widow(er)          ● \$112,500 if head of household          ● \$75,000 if single or married filing separately</p> <p><b>13</b> Is the amount on line 11 more than the amount on line 12?  <input checked="" type="checkbox"/> <b>No.</b> Skip line 14. Enter the amount from line 7 on line 15 and the amount from line 10 on line 18.  <input type="checkbox"/> <b>Yes.</b> Subtract line 12 from line 11. . . . .</p> <p><b>14</b> Multiply line 13 by 5% (0.05) . . . . .</p> <p><b>15</b> Subtract line 14 from line 7. If zero or less, enter -0- . . . . .</p> <p><b>16</b> Enter the amount, if any, of the economic impact payment (EIP) 1 that was issued to you (before offset for any past-due child support payment). You may refer to Notice 1444 or your tax account information at IRS.gov/Account for the amount to enter here. . . . .</p> <p><b>17</b> Subtract line 16 from line 15. If zero or less, enter -0-. If line 16 is more than line 15 you don't have to pay back the difference . . . . .</p> <p><b>18</b> Subtract line 14 from line 10. If zero or less, enter -0- . . . . .</p> <p><b>19</b> Enter the amount, if any, of EIP 2 that was issued to you. You may refer to Notice 1444-B or your tax account information at IRS.gov/Account for the amount to enter here. . . . .</p> <p><b>20</b> Subtract line 19 from line 18. If zero or less, enter -0-. If line 19 is more than line 18 you don't have to pay back the difference . . . . .</p> <p><b>21</b> <b>Recovery rebate credit.</b> Add lines 17 and 20. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR. . . . .</p>	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px;">5</td><td style="border-top: 1px solid black; border-bottom: 1px solid black;">1,200.</td></tr> <tr><td>6</td><td style="border-top: 1px solid black; border-bottom: 1px solid black;"> </td></tr> <tr><td>7</td><td style="border-top: 1px solid black; border-bottom: 1px solid black;">1,200.</td></tr> <tr><td>8</td><td style="border-top: 1px solid black; border-bottom: 1px solid black;">600.</td></tr> <tr><td>9</td><td style="border-top: 1px solid black; border-bottom: 1px solid black;"> </td></tr> <tr><td>10</td><td style="border-top: 1px solid black; border-bottom: 1px solid black;">600.</td></tr> <tr><td>11</td><td style="border-top: 1px solid black; border-bottom: 1px solid black;">85,032.</td></tr> <tr><td>12</td><td style="border-top: 1px solid black; border-bottom: 1px solid black;">150,000.</td></tr> <tr><td>13</td><td style="border-top: 1px solid black; border-bottom: 1px solid black;"> </td></tr> <tr><td>14</td><td style="border-top: 1px solid black; border-bottom: 1px solid black;"> </td></tr> <tr><td>15</td><td style="border-top: 1px solid black; border-bottom: 1px solid black;">1,200.</td></tr> <tr><td>16</td><td style="border-top: 1px solid black; border-bottom: 1px solid black;">0.</td></tr> <tr><td>17</td><td style="border-top: 1px solid black; border-bottom: 1px solid black;">1,200.</td></tr> <tr><td>18</td><td style="border-top: 1px solid black; border-bottom: 1px solid black;">600.</td></tr> <tr><td>19</td><td style="border-top: 1px solid black; border-bottom: 1px solid black;">600.</td></tr> <tr><td>20</td><td style="border-top: 1px solid black; border-bottom: 1px solid black;">0.</td></tr> <tr><td>21</td><td style="border-top: 1px solid black; border-bottom: 1px solid black;">1,200.</td></tr> </table>	5	1,200.	6		7	1,200.	8	600.	9		10	600.	11	85,032.	12	150,000.	13		14		15	1,200.	16	0.	17	1,200.	18	600.	19	600.	20	0.	21	1,200.
5	1,200.																																		
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15	1,200.																																		
16	0.																																		
17	1,200.																																		
18	600.																																		
19	600.																																		
20	0.																																		
21	1,200.																																		

### Smart Worksheets from your 2020 Federal Tax Return

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

<b>Line 3 Smart Worksheet</b>						
<p><b>A</b> If you had the same coverage every month of the 2020, select the type of coverage here . . . . . <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family</p> <p><b>Or,</b> if coverage varied during 2020, select your coverage for each month below. Select Family for any month you had self-only coverage and your spouse had family coverage. Select None for any month you were covered by Medicare.</p>						
1	January . . . . .	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		7,100.
2	February . . . . .	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		7,100.
3	March . . . . .	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		7,100.
4	April . . . . .	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		7,100.
5	May . . . . .	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		7,100.
6	June . . . . .	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		7,100.
7	July . . . . .	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		7,100.
8	August . . . . .	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		7,100.
9	September . . . . .	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		7,100.
10	October . . . . .	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		7,100.
11	November . . . . .	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		7,100.
12	December . . . . .	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		7,100.
<b>B</b> Maximum allowable contribution. . . . .						7,100.
<i>Greater of: Sum of Lines A1 through A12 divided by 12, OR Line A12</i>						

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

<b>Line 6 Smart Worksheet</b>	
<b>A</b> Enter the amount from Line 3 which is related to Family Coverage Plan(s) and both taxpayer and spouse had HSAs during the year . . . . .	0.
<b>B</b> Portion of Line 5 attributed to both taxpayer and spouse having coverage under high deductible health plans and each making an HSA contribution during the year. (Line 6A minus Line 4) . . . . .	0.
<b>C</b> Portion of Line B amount to be carried to Line 6 of spouse's form . . . . .	0.
<b>QuickZoom</b> to Form 8889S . . . . .	
<b>D</b> Remainder to be carried to Line 6 (Line 5 minus Line C).. . . . .	7,100.

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

<b>Line 9 Employer Contribution Smart Worksheet</b>	
<b>A</b> Enter the employer contributions reported in Box 12 of Form W-2 (code W) . . . . .	1,500.
<b>B</b> Enter employer contributions made in 2020 for the tax year 2019 . . . . .	
<b>C</b> Subtract line B from line A . . . . .	1,500.
<b>D</b> Enter employer contributions made in 2021 for the tax year 2020 . . . . .	
<b>E</b> Other employer contributions for 2020 not reported above . . . . .	
<b>F</b> Employer contributions for 2020. Add lines C, D and E. Enter on line 9 . . . . .	1,500.

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

**Line 18 Smart Worksheet**

Check here if failure to maintain HDHP coverage in 2020 was due to death or disability

**A**

1 Total HSA contribution in 2019 . . . . . \_\_\_\_\_

2 Excess contribution in 2019 . . . . . \_\_\_\_\_

3 Net HSA contribution in 2019 . . . . . \_\_\_\_\_ 0.

**B** Check the box below to indicate the type of coverage you had for each month of 2019. Select Family for any month that you had self only coverage and were married to a spouse with family coverage. Select None for any month you were covered by Medicare.

1	January . . . . . ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
2	February . . . . . ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
3	March . . . . . ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
4	April . . . . . ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
5	May . . . . . ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
6	June . . . . . ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
7	July . . . . . ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
8	August . . . . . ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
9	September . . . . . ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
10	October . . . . . ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
11	November . . . . . ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
12	December . . . . . ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____

**C**

1 Total maximum allowable contribution for 2019 . . . . . \_\_\_\_\_

2 Amount allocated to spouse in 2019 . . . . . \_\_\_\_\_

3 Net maximum allowable contribution for 2019 . . . . . \_\_\_\_\_

SMART WORKSHEET FOR: Form 8867: Paid Preparer's Due Diligence Checklist

**Paid Preparer Smart Worksheet**

**If different** from the preparer who will sign the return, select the paid preparer who determined the taxpayer's eligibility for, and amount of, the Earned Income Credit (EIC), Child Tax Credit (CTC), American Opportunity Tax Credit (AOTC), or Additional Child Tax Credit (ACTC).

**A** Enter paid preparer code from Firm/Preparer Info. . . . . 01

SMART WORKSHEET FOR: Federal Information Worksheet  
Print page 2 . . . . . ▶

SMART WORKSHEET FOR: Federal Information Worksheet  
Print page 3 . . . . . ▶

SMART WORKSHEET FOR: Federal Information Worksheet  
Print page 4 . . . . . ▶

SMART WORKSHEET FOR: Federal Information Worksheet  
Print page 5 . . . . . ▶

SMART WORKSHEET FOR: Federal Information Worksheet  
Print page 6 . . . . .

SMART WORKSHEET FOR: Form W-2 Worksheet (RJT COMPUQUEST INC)

<b>Qualified Business Income Deduction Smart Worksheet</b>			
<i>Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C (Part I, row B is not checked).</i>			
A	Is this activity a qualified trade or business under Section 199A? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B	QBI worksheet to report . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
C	Specified Service Trade or Business (SSTB)? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DO NOT FILE

SMART WORKSHEET FOR: Child Tax Cr and Cr for Other Depend Wks

<b>Line 7 Smart Worksheet</b>	
If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 7.	
<b>Social security tax, Medicare tax, and Additional Medicare Tax on Wages.</b>	
<b>A</b>	Enter the social security tax withheld (Form(s) W-2, box 4) . . . . . 5,854.
<b>B</b>	Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld. . . . . 1,369.
<b>C</b>	Enter any amount from Form 8959, line 7 . . . . . 0.
<b>D</b>	Add line A, B, and C . . . . . 7,223.
<b>E</b>	Enter the Additional Medicare Tax withheld (Form 8959 line 22) . . . . .
<b>F</b>	Subtract line E from line D. . . . . 7,223.
<b>Additional Medicare Tax on Self-Employment Income.</b>	
<b>G</b>	Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13) . . . . .
<b>Tier 1 RRTA taxes as an employee of a railroad</b> (enter amounts on lines H, I, J, and K) <b>or employee representative</b> (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax.	
<b>H</b>	Enter the Tier 1 tax (Form(s) W-2, box 14). . . . . 0.
<b>I</b>	Enter the Medicare Tax (Form(s) W-2, box 14) . . . . . 0.
<b>J</b>	Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line and line N. . . . .
<b>K</b>	Add lines H, I, and J . . . . . 0.
<b>L</b>	Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2020) . . . . .
<b>M</b>	Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2020) . . . . .
<b>N</b>	Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for this line and line J . . . . .
<b>O</b>	Add line L, M, and N . . . . .
<b>Line 7 Amount</b>	
<b>P</b>	Add line F, G, K and O. Enter here and on Line 14 Worksheet, line 7. . . . . 7,223.

SMART WORKSHEET FOR: Schedule E Worksheet (BANDARI LAYOUT)

This copy of the Worksheet will be on . ▶ Schedule E, Page 1, Copy 1, Property A

SMART WORKSHEET FOR: Schedule E Worksheet (BANDARI LAYOUT)

<b>Qualified Business Income Deduction Smart Worksheet</b> <i>Completing this worksheet past line A is generally only necessary if Form 8995A must be filed (i.e. taxable income is above threshold amounts or qualified coop payments are present).</i>	
<b>A 1</b>	Is this activity a qualified trade or business? <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>
	<b>a</b> This rental qualifies as a business under the safe harbor requirements of Notice 2019-07 <input type="checkbox"/> <b>b</b> This rental is part of a Rental Real Estate Enterprise described in Rev Proc 2019-38 <input type="checkbox"/> <i>If part of a Rev Proc 2019-38 enterprise, select group # (see help)</i>
<b>2</b>	QBI worksheet to report if qualified business (double click to link) . . . . ▶ _____
<b>B</b>	Trade or Business Name . . . . . _____
<b>C</b>	Trade or Business ID Number . . . . . _____
<b>D 1</b>	Is this a Specified Service Trade or Business (SSTB)? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2</b>	If No, is income attributable to a SSTB? (see help) . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b>	QBI worksheet for SSTB income (this will auto-populate if Yes) . . . . . _____
<b>4</b>	Percentage of qualified income attributable to SSTB _____ %
<b>E 1</b>	Tentative Schedule E profit (loss) from this business . . . . . _____
<b>2</b>	Adjustments to qualified business income . . . . . _____
<b>3</b>	Schedule E qualified business income . . . . . _____
<b>4 a</b>	Calculated QBI allowed after passive/at-risk limits . . . . . _____
<b>b</b>	Adjustments to allowed QBI . . . . . _____
<b>c</b>	Allowable QBI after loss limits . . . . . _____
<b>5</b>	Additional deductions related to this business reported on separate schedules . . . . . _____
<b>6</b>	Net profit (loss) after adjustments, limitations, and deductions . . . . . _____
<b>7</b>	Allowable Schedule E profit (loss) allocated to SSTB . . . . . _____
<b>8</b>	Allowable Schedule E profit (loss) from this business . . . . . _____
<b>F 1</b>	Ordinary gain (loss) from business assets . . . . . _____
<b>2</b>	Ordinary gain (loss) adjustments . . . . . _____
<b>3</b>	Qualified ordinary gain (loss) . . . . . _____
<b>4 a</b>	Calculated QBI allowed after passive/at-risk limits . . . . . _____
<b>b</b>	Adjustments to allowed QBI . . . . . _____
<b>c</b>	Allowable short term qualified gain (loss) after passive/at-risk limits . . . . . _____
<b>5</b>	Allowable ordinary gain (loss) allocated to SSTB . . . . . _____
<b>6</b>	Allowable ordinary gain (loss)/recapture from this business . . . . . _____
<b>G 1</b>	Section 1231 gain (loss) from business assets . . . . . _____
<b>2</b>	Section 1231 gain (loss) adjustments . . . . . _____
<b>3</b>	Section 1231 gain (loss) from qualified business . . . . . _____
<b>4 a</b>	Calculated QBI allowed after passive/at-risk limits . . . . . _____
<b>b</b>	Adjustments to allowed QBI . . . . . _____
<b>c</b>	Allowable <b>ordinary</b> 1231 qualified gain (loss) . . . . . _____
<b>5</b>	Allowable ordinary 1231 gain (loss) allocated to SSTB . . . . . _____
<b>6</b>	Allowable ordinary 1231 gain (loss) from this business . . . . . _____

SMART WORKSHEET FOR: Schedule E Worksheet (BANDARI LAYOUT)

<b>Activity Summary Smart Worksheet</b> Supporting information provided by program. NO ENTRIES ARE NEEDED.			
	Regular Tax	QBI	Alternative Minimum Tax
<b>A</b> Ownership . . . . .	Taxpayer		
<b>B</b> At risk status . . . . .	All		
<b>C</b> Passive status . . . . .	Active RE		
<b>Schedule E</b>			
<b>D</b> Tentative profit (loss) . . . . .	-6,470.		-6,470.
<b>E</b> Other adjustments . . . . .			
<b>F</b> At risk disallowed loss . . . . .			
<b>G</b> Passive carryover loss . . . . .			
<b>H</b> Passive disallowed loss . . . . .			
<b>I</b> Net profit (loss) allowed . . . . .	-6,470.		-6,470.
<b>Related Dispositions</b>			
<b>J</b> Tentative profit (loss) . . . . .			
<b>K</b> At risk disallowed loss . . . . .			
<b>L</b> Passive carryover loss . . . . .			
<b>M</b> Passive disallowed loss . . . . .			
<b>N</b> Net profit (loss) allowed . . . . .			

DONOR



State of Rhode Island Division of Taxation  
**2020 Form RI-1040**  
 Resident Individual Income Tax Return



20100115550101

Your social security number		Spouse's social security number	
761-39-5872		959-94-1287	
Your first name	MI	Last name	Suffix
RAVI KUMAR		PALASAMUDRAM	
Spouse's name	MI	Last name	Suffix
PADMAJA		MANDEM	
Address			
NO. 705 MINERAL SPRING AVE			
City, town or post office		State	ZIP code
PAWTUCKET		RI	02860

City or town of legal residence	Check each box that applies. Otherwise, leave blank.	Primary deceased?	Spouse deceased?	New address?	Amended Return? *
PAWTUCKET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ELECTORAL CONTRIBUTION** If you want \$5.00 (\$10.00 if a joint return) to go to this fund, check here. (See instructions. This will not increase your tax or reduce your refund.)  Yes

If you wish the 1st \$2.00 (\$4.00 if a joint return) be paid to a specific party, check the box and fill in the name of the political party. Otherwise, it will be paid to a nonpartisan general account.

**FILING STATUS** Check one

Single  Married filing jointly  Married filing separately  Head of household  Qualifying widow(er)

INCOME, TAX AND CREDITS				
1	Federal AGI from Federal Form 1040 or 1040-SR, line 11 .....	1	85032	00
2	Net modifications to Federal AGI from RI Sch M, line 3. If no modifications, enter 0 on this line.	2	0	00
3	Modified Federal AGI. Combine lines 1 and 2 (add net increases or subtract net decreases).....	3	85032	00
4	RI Standard Deduction from left. If line 3 is over \$ 207,700 see Standard Deduction Worksheet .....	4	17800	00
5	Subtract line 4 from line 3. If zero or less, enter 0.....	5	67232	00
6	Enter # of exemptions from RI Sch E, line 5 in box, multiply by \$4,150 and enter result on line 6. If line 3 is over \$207,700, see Exemption Worksheet	6	16600	00
7	RI TAXABLE INCOME. Subtract line 6 from line 5. If zero or less, enter 0.....	7	50632	00
8	RI income tax from Rhode Island Tax Table or Tax Computation Worksheet.....	8	1898	00
9a	RI percentage of allowable Federal credit from page 3, RI Sch I, line 22.....	9a		00
b	RI Credit for income taxes paid to other states from page 3, RI Sch II, line 29.....	9b		00
c	Other Rhode Island Credits from RI Schedule CR, line 8.....	9c		00
d	Total RI credits. Add lines 9a, 9b and 9c.....	9d		00
10a	Rhode Island income tax after credits. Subtract line 9d from line 8 (not less than zero).....	10a	1898	00
b	Recapture of Prior Year Other Rhode Island Credits from RI Schedule CR, line 11.....	10b		00
11	RI checkoff contributions from page 3, RI Checkoff Schedule, line 37. Contributions reduce your refund or increase your balance due	11	0	00
12a	USE/SALES tax due from RI Schedule U, line 4 or line 8, whichever applies.....	12a		00
b	Individual Mandate Penalty (see instructions). Check ✓ to certify full year coverage. <input checked="" type="checkbox"/>	12b		00
13a	TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS. Add lines 10a, 10b, 11, 12a and 12b.....	13a	1898	00

Rhode Island Standard Deduction  
 Single **\$8,900**  
 Married filing jointly or Qualifying widow(er) **\$17,800**  
 Married filing separately **\$8,900**  
 Head of household **\$13,350**

Using a paper clip, please attach Forms W-2 and 1099 here.

Check ✓ to certify use tax amount on line 12a is accurate.

RETURN MUST BE SIGNED - SIGNATURE IS LOCATED ON PAGE 2

\* If filing an amended return, attach the Explanation of Changes supplemental page

State of Rhode Island Division of Taxation  
**2020 Form RI-1040**  
 Resident Individual Income Tax Return - page 2



20100115550102

Name(s) shown on Form RI-1040 or RI-1040NR RAVI KUMAR PALASAMUDRAM & PADMAJA MANDEM	Your social security number 761-39-5872
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PAYMENTS AND PROPERTY TAX RELIEF CREDIT

13b TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS from line 13a.....	13b	1898	00
14a RI 2020 income tax withheld from RI Schedule W, line 16. You must attach Sch W AND all W-2 and 1099 forms with RI withholding. ....	14a	3389	00
b 2020 estimated tax payments and amount applied from 2019 return....	14b		00
c Property tax relief credit from RI-1040H, line 13. Attach RI-1040H.....	14c		00
d RI earned income credit from page 3, RI Schedule EIC, line 40.....	14d		00
e RI Residential Lead Paint Credit from RI-6238, line 7. Attach RI-6238..	14e		00
f Other payments.....	14f		00
g TOTAL PAYMENTS AND CREDITS. Add lines 14a, 14b, 14c, 14d, 14e and 14f.....	14g	3389	00
h Previously issued overpayments (if filing an amended return).....	14h		00
i NET PAYMENTS. Subtract line 14h from line 14g.....	14i	3389	00
15a AMOUNT DUE. If line 13b is LARGER than line 14i, subtract line 14i from line 13b.....	15a		00
b Enter the amount of underestimating interest due from Form RI-2210 or RI-2210A. (attach form) This amount should be added to line 15a or subtracted from line 16, whichever applies.....	15b	0	00
c TOTAL AMOUNT DUE. Add lines 15a and 15b. Complete RI-1040V and send in with your payment ☹️	15c		00
16 AMOUNT OVERPAID. If line 14i is LARGER than line 13b, subtract line 13b from line 14i. If there is an amount due for underestimating interest on line 15b, subtract line 15b from line 16..... 😊	16	1491	00
17 Amount of overpayment to be refunded.....	17	1491	00
18 Amount of overpayment to be applied to 2021 estimated tax.....	18	0	00

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, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Your driver's license number and state	Date	Telephone number
	40167851 RI		510-759-6807
Spouse's signature	Spouse's driver's license number and state	Date	Telephone number
Paid preparer signature	Print name	Date	Telephone number
GLOBAL TAXES LLC	SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/04/2021	678-965-9522
Paid preparer address	City, town or post office	State	ZIP code PTIN
2530 PEBBLE CREEK LN	CUMMING	GA	30041 P02082703



20100115550103

Name(s) shown on Form RI-1040 or RI-1040NR RAVI KUMAR PALASAMUDRAM & PADMAJA MANDEM	Your social security number 761-39-5872
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**RI SCHEDULE I - ALLOWABLE FEDERAL CREDIT**

19 RI income tax from page 1, line 8 .....	19	00
20 Credit for child and dependent care expenses from Federal Form 1040 or 1040-SR, Schedule 3, line 2 .....	20	00
21 Tentative allowable federal credit. Multiply line 20 by 25% (0.2500).....	21	00
22 MAXIMUM CREDIT. Line 19 or 21, whichever is SMALLER. Enter here and on page 1, line 9a.....	22	00

**RI SCHEDULE II - CREDIT FOR INCOME TAX PAID TO ANOTHER STATE**  
 (ATTACH COPY OF OTHER STATE(S) RETURN)

23 RI income tax from RI-1040, page 1, line 8 less allowable federal credit from RI-1040, page 3, line 22 .....	23	00
24 Income derived from other state. If more than one state, see instructions.....	24	00
25 Modified federal AGI from page 1, line 3.....	25	00
26 Divide line 24 by line 25 .....	26	
27 Tentative credit. Multiply line 23 by line 26.....	27	00
28 Tax due and paid to other state (see specific instructions). Insert abbreviation for state paid .....	28	00
29 MAXIMUM TAX CREDIT. Line 23, 27 or 28, whichever is the SMALLEST. Enter here and on pg 1, line 9b .....	29	00

**RI CHECKOFF CONTRIBUTIONS SCHEDULE**

	\$1.00	\$5.00	\$10.00	Other		
30  Drug program account <b>RIGL §44-30-2.4</b> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	00
31  Olympic Contribution <b>RIGL §44-30-2.1</b> ..... Yes <input type="checkbox"/> \$1.00 contribution (\$2.00 if a joint return)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31	00
32  RI Organ Transplant Fund <b>RIGL §44-30-2.5</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32	00
33  RI Council on the Arts <b>RIGL §42-75.1-1</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33	00
34  Nongame Wildlife Fund <b>RIGL §44-30-2.2</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34	00
35  Childhood Disease Victim's Fund <b>RIGL §44-30-2.3</b> and Substance Use and Mental Health Leadership Council of RI <b>RIGL §44-30-2.11</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35	00
36  RI Military Family Relief Fund <b>RIGL §44-30-2.9</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36	00
37 TOTAL CONTRIBUTIONS. Add lines 30 through 36. Enter here and on RI-1040, page 1, line 11 .....					37	00

**RI SCHEDULE EIC - RHODE ISLAND EARNED INCOME CREDIT**

38 Federal earned income credit from Federal Form 1040 or 1040-SR, line 27 .....	38	00
39 Rhode Island percentage .....	39	15%
40 RI EARNED INCOME CREDIT. Multiply line 38 by line 39. Enter here and on RI-1040, page 2, line 14d .....	40	00



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Name(s) shown on Form RI-1040 or RI-1040NR RAVI KUMAR PALASAMUDRAM & PADMAJA MANDEM	Your social security number 761-39-5872
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Complete this Schedule listing all of your and, if applicable, your spouse's W-2s and 1099s showing Rhode Island Income Tax withheld. ***W-2s or 1099s showing Rhode Island Income Tax withheld must still be attached to the front of your return.***

Failure to do so may delay the processing of your return. **ATTACH THIS SCHEDULE W TO YOUR RETURN**

Column A	Column B	Column C	Column D	Column E
Enter "S" if Spouse's W-2 or 1099	Enter 1099 letter code from chart	Employer's Name from Box C of your W-2 or Payer's Name from your Form 1099	Employer's state ID # from box 15 of your W-2 or Payer's Federal ID # from Form 1099	Rhode Island Income Tax Withheld (SEE BELOW FOR BOX REFERENCES)
1		RJT COMPUQUEST INC DBA APOLIS	330799296	3389 00
2				00
3				00
4				00
5				00
6				00
7				00
8				00
9				00
10				00
11				00
12				00
13				00
14				00
15				00
16	Total RI Income Tax Withheld. Add lines 1 through 15, Col. E. Enter total here and on RI-1040, line 14a or RI-1040NR, line 17a.....			3389 00
17	Total number of W-2s and 1099s showing Rhode Island Income Tax Withheld .....			1

Form Type	Letter Code for Column B	Withholding Box	Form Type	Letter Code for Column B	Withholding Box	Form Type	Letter Code for Column B	Withholding Box
W-2		17	1099-G	G	11	1099-OID	O	14
W-2G	W	15	1099-INT	I	17	1099-R	R	14
1042-S	S	17a	1099-K	K	8	RI-1099E	E	9
1099-B	B	16	1099-MISC	M	15	RI-1099PT	P	9
1099-DIV	D	15	1099-NEC	N	5			

State of Rhode Island Division of Taxation  
**2020 RI Schedule E**  
 Exemption Schedule for RI-1040 and RI-1040NR



20105915550101

Name(s) shown on Form RI-1040 or RI-1040NR RAVI KUMAR PALASAMUDRAM & PADMAJA MANDEM	Your social security number 761395872
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**EXEMPTIONS**

Complete this Schedule listing all individuals you can claim as a dependent.  
**ATTACH THIS EXEMPTION SCHEDULE TO YOUR RETURN** Failure to do so may delay the processing of your return.

1a	Yourself	<input checked="" type="checkbox"/>		
b	Spouse	<input checked="" type="checkbox"/>		
	(A) Name of Dependent	(B) Social Security Number	(C) Date of Birth	(D) Relationship
2a	RAGA RAMYA PALASAMUDRAM	961959384	08072008	DAUGHTER
b	DEEPIKA PALASAMUDRAM	961959397	10282013	DAUGHTER
c				
d				
e				
f				
g				
h				
i				
j				
k				
l				
m				

**Exemption Number Summary**

3	Enter the number of boxes checked on lines 1a and 1b .....	3	2
4a	Enter the number of children from lines 2a through 2m who lived with you .....	4a	2
b	Enter the number of children from lines 2a through 2m who did not live with you due to divorce or separation .....	4b	0
c	Enter the number of other dependents from lines 2a through 2m not included on lines 4a or 4b.	4c	0
5	Add the numbers from lines 3 through 4c. Enter here and in the box on RI-1040/NR, pg 1, line 6.	5	4

Part I – Personal Information

Taxpayer:

First Name . . . . . RAVI KUMAR
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . . PALASAMUDRAM
Social Security No. . . . . 761-39-5872
Date of Birth . . . . . 05/16/1973
Date of Death . . . . .
Daytime Phone . . . . . (510) 759-6807
Home Phone . . . . . (510) 759-6807

Spouse:

First Name . . . . . PADMAJA
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . . MANDEM
Social Security No. . . . . 959-94-1287
Date of Birth . . . . . 02/01/1980
Date of Death . . . . .
Daytime Phone . . . . .

Print phone number on tax return . . . . . Home [ ] Taxpayer Daytime [X] Spouse Daytime [ ]
New Address? [ ]

Street Address . . . . . NO.705 MINERAL SPRING AVE Apartment No. . . . .
City . . . . . PAWTUCKET State . . . . . RI ZIP Code . . . . . 02860

Part II – Main Form

[X] Form RI-1040: Full-Year Resident . . . . .
[ ] Form RI-1040NR: Nonresident . . . . .
[ ] Form RI-1040NR: Part-Year Resident . . . From: . . . . . To: . . . . .
QuickZoom to Schedule II, Nonresident allocations . . . . .
QuickZoom to Schedule III, Part-year resident allocations . . . . .

Part III – Filing Status

[ ] Single
[X] Married filing joint
[ ] Married filing separate
[ ] Head of household
[ ] Qualifying widow(er)

Part IV – Other Information

Farmer/Fisherman Information:

[ ] At least two-thirds of gross income is derived from farming or fishing
[ ] Exempt from filing Form RI-2210

Underpayment Penalty:

[ ] Have the Rhode Island Division of Taxation figure the underpayment penalty Form RI-2210

Part V – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Rhode Island Department of Revenue, as applicable by law.

[X] The state return will be filed electronically
[ ] First-time filers check here

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

Table with 2 columns: Description, Filename. Contains 3 empty rows.

EF Status Dates:

Enter the date return was EFiled . . . . .
Date return was accepted by the state . . . . .
Enter the date Form RI-1040V was given to client . . . . .

**Part VI - Direct Deposit Information or Electronic Funds Withdrawal Information**

Yes No

Do you want to elect **direct deposit of state tax refund** (Electronic Filing Only) ?

Do you want **electronic funds withdrawal of state tax payment** (Electronic Filing Only)?

If you selected any of the options above, fill out the information below:

Name of Financial Institution (Optional) . . . . . BANK OF AMERICA

Account type . . . . . Checking .  Savings .

Routing number . . . . . 121000358

Account number . . . . . 325069153592

Enter the payment date to withdraw from the account above . . . . . ▶ \_\_\_\_\_

State balance-due amount from this return . . . . . ▶ \_\_\_\_\_

**International ACH Transactions**

Yes No

Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

**Part VII – Paid Preparer Information:**

Paid preparer code . . . . . 01

**QuickZoom** to Firm/Preparer Info . . . . . ▶ \_\_\_\_\_

**Part VIII – Extension Status**

Yes No

Has the tax return due date been extended for a six month extension?

Extended due date . . . . . \_\_\_\_\_

**QuickZoom** to Form RI-4868: Application for Automatic (6 month) Extension . . . . . ▶ \_\_\_\_\_

**QuickZoom** to Form RI-1040, Resident Individual Income Tax Return . . . . . ▶

**QuickZoom** to Form RI-1040NR, Nonresident Individual Income Tax Return . . . . . ▶

# Tax Payments Worksheet

**2020**

▶ Keep for your records

Name RAVI KUMAR PALASAMUDRAM & PADMAJA MANDEM	Social Security Number 761-39-5872
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## Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment . . . . .		
2	Second Payment . . . . .		
3	Third Payment . . . . .		
4	Fourth Payment . . . . .		
<b>Additional Payments</b>			
5	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
6	Overpayment from previous year applied to current year . . . . .	6	
7	Amount paid with current year extension . . . . .	7	
8	<b>Total tax payments</b> . . . . .	8	

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	9	3,389.
10	State withholding on Forms W-2G . . . . .	10	
11	State withholding on Forms 1099-R . . . . .	11	
12 a	State withholding on Forms 1099-MISC . . . . .	12 a	
b	State withholding on Forms 1099-NEC . . . . .	b	
c	State withholding on Forms 1099-G . . . . .	c	
d	State withholding on Forms 1099-K . . . . .	d	
13	Other state tax withholding . . . . .	13	
14	<b>Total income tax withheld</b> . . . . .	14	3,389.
15	Date return will be filed and balance paid . . . . .	15	



## STATE REQUIRED INFORMATION

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### State Required Information

The Rhode Island Department of Revenue requires the following information be presented to all taxpayers.

### Refund Status:

Where's My Refund? <https://www.ri.gov/taxation/refund/>

### Tax Due Expectations:

<http://www.tax.ri.gov/misc/creditcard.php>

**DONOTFILE**