

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 SHIRISHA | Last name GADDAM | Your social security number 856-65-1725 |
| If joint return, spouse's first name and middle initial | Last name | Spouse's social security number |
| Home address (number and street). If you have a P.O. box, see instructions. 8861 BRADWELL PLACE | | Apt. no. 205 |
| City, town, or post office. If you have a foreign address, also complete spaces below. FISHERS | | State IN |
| Foreign country name | | ZIP code 46037 |
| Foreign province/state/county | | Foreign postal code |

You Spouse

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

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

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

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

| | | | | | |
|--|----------------------------------|---|------------|------------|---------|
| | 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 | 63,488. |
| Attach Sch. B if required. | 2a | Tax-exempt interest | 2a | 2b | |
| | 3a | Qualified dividends | 3a | 3b | |
| | 4a | IRA distributions | 4a | 4b | |
| | 5a | Pensions and annuities | 5a | 5b | |
| | 6a | Social security benefits | 6a | 6b | |
| | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | | 7 | |
| | 8 | Other income from Schedule 1, line 9 | | 8 | -5,650. |
| | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | | 9 | 57,838. |
| Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction, see instructions. | 10 Adjustments to income: | | | | |
| | a | From Schedule 1, line 22 | 10a | | |
| | b | Charitable contributions if you take the standard deduction. See instructions | 10b | | |
| | c | Add lines 10a and 10b. These are your total adjustments to income ▶ | | 10c | |
| | 11 | Subtract line 10c from line 9. This is your adjusted gross income ▶ | | 11 | 57,838. |
| | 12 | Standard deduction or itemized deductions (from Schedule A) | | 12 | 12,400. |
| | 13 | Qualified business income deduction. Attach Form 8995 or Form 8995-A | | 13 | |
| | 14 | Add lines 12 and 13 | | 14 | 12,400. |
| | 15 | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | | 15 | 45,438. |

| | | | |
|------------|--|------------|---------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 5,784. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 5,784. |
| 19 | Child tax credit or credit for other dependents | 19 | |
| 20 | Amount from Schedule 3, line 7 | 20 | |
| 21 | Add lines 19 and 20 | 21 | |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 5,784. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 23 | 0. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 5,784. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 8,444. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 8,444. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) NO | 27 | |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | 1,600. |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | 1,600. |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 10,044. |
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 4,260. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 4,260. |
| b | Routing number 071214579 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number 374003374964 | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |
| 37 | Subtract line 33 from line 24. This is the amount you owe now Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. | 37 | |
| 38 | Estimated tax penalty (see instructions) | 38 | |

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

Refund

Direct deposit? See instructions.

Amount You Owe

For details on how to pay, see instructions.

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.

Joint return? See instructions. Keep a copy for your records.

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

Paid Preparer Use Only

| | | | | |
|-----------------------------------|---------------------------------------|------------|----------------|--|
| Preparer's name | Preparer's signature | Date | PTIN | Check if: |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA RAM SAGAR GUPTA TALLAM | 02/25/2021 | P02082703 | <input type="checkbox"/> Self-employed |
| Firm's name | Firm's address | | Phone no. | Firm's EIN |
| GLOBAL TAXES LLC | 2530 Pebble Creek Ln Cumming GA 30041 | | (678) 965-9522 | 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 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
SHIRISHA GADDAM

Your social security number
856-65-1725

Part I Additional Income

| | | | |
|-----------|--|-----------|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | |
| 2a | Alimony received | 2a | |
| b | Date of original divorce or separation agreement (see instructions) ▶ _____ | | |
| 3 | Business income or (loss). Attach Schedule C | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | -5,650. |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income. List type and amount ▶ _____ _____ | 8 | |
| 9 | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 9 | -5,650. |

Part II Adjustments to Income

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

SCHEDULE 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 for instructions and the latest information.**

Name(s) shown on return

SHIRISHA GADDAM

Your social security number

856-65-1725

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

A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions **Yes** **No**
B If "Yes," did you or will you file required Form(s) 1099? **Yes** **No**

| | | | | | |
|-----------|---|--|-------------------------|--------------------------|--------------------------|
| 1a | Physical address of each property (street, city, state, ZIP code) | | | | |
| A | H.NO:1-1/2, SIDHAPUR, HASANPARTHY MANDAL TELANGANA IN 506006 | | | | |
| B | | | | | |
| C | | | | | |
| 1b | Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
| A | 3 | | 365 | 0 | <input type="checkbox"/> |
| B | | | | | <input type="checkbox"/> |
| C | | | | | <input type="checkbox"/> |

Type of Property:

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

| Income: | Properties: | A | B | C |
|---|--------------------|-----------|----------|----------|
| 3 Rents received | 3 | 350. | | |
| 4 Royalties received | 4 | | | |
| Expenses: | | | | |
| 5 Advertising | 5 | 80. | | |
| 6 Auto and travel (see instructions) | 6 | 220. | | |
| 7 Cleaning and maintenance | 7 | 120. | | |
| 8 Commissions | 8 | | | |
| 9 Insurance | 9 | | | |
| 10 Legal and other professional fees | 10 | | | |
| 11 Management fees | 11 | | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | | |
| 13 Other interest | 13 | 5,400. | | |
| 14 Repairs | 14 | 180. | | |
| 15 Supplies | 15 | | | |
| 16 Taxes | 16 | | | |
| 17 Utilities | 17 | | | |
| 18 Depreciation expense or depletion | 18 | | | |
| 19 Other (list) ▶ | 19 | | | |
| 20 Total expenses. Add lines 5 through 19 | 20 | 6,000. | | |
| 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 | -5,650. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (-5,650.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a | | 350. | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | | |
| c Total of all amounts reported on line 12 for all properties | 23c | | | |
| d Total of all amounts reported on line 18 for all properties | 23d | | | |
| e Total of all amounts reported on line 20 for all properties | 23e | | 6,000. | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | (5,650.) | | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | 26 | -5,650. | | |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

► Keep for your records

Name(s) shown on return
SHIRISHA GADDAM

Social Security No.
856-65-1725

General Information:

Property description H.NO:1-1/2,VILLAGE:SIDHAPUR,HASANPARTHY MANDAL,TELANGANA -506006
Property type. . . 3 Vacation/Short-term If type is other, enter a description . .
Location (street address) H.NO:1-1/2,SIDHAPUR,
City HASANPARTHY MANDAL State ZIP code
If a foreign address: Foreign province or state TELANGANA
Foreign postal code 506006 Foreign country India

Complete For All Properties:

Did you make any payments that would require you to file Form(s) 1099? Yes No
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.
- D Material participation
- E Qualified joint venture
- F Some investment is not at risk
- G Other passive exceptions
- H Complete taxable disposition — See Help
- Trade or business not subject to net investment income tax
- I Treat all MACRS assets for this activity as qualified Indian reservation property? . . . Yes No
- J Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular Extension No
- K Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? Yes No
- L Was this activity located in a Qualified Disaster Area? Yes No
- 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 |
|---|------|----------------|-------|
| 3 Enter rental income (not reported elsewhere) | 350. | | |
| Rental income from Form 1099-MISC | | | |
| Rental income from Form 1099-K | | | |
| Rental Income from Cancellation of Debt Wks | | | |
| Total rents received | 350. | 100.000000 | 350. |
| 4 Enter royalties received (not reported elsewhere) . | | | |
| 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 |
|--|--------------|------------------------------------|----------------------------------|--|--|
| 5 Advertising | 80. | | 80. | | |
| 6 a Auto | | | | | |
| b Travel | 220. | | 220. | | |
| 7 Cleaning and maint | 120. | | 120. | | |
| 8 Commissions | | | | | |
| 9 a Mort insur qualified | | | | | |
| From Form 1098 import | | | | | |
| Total mort insur qual | | | | | |
| b Other Insurance | | | | | |
| 10 Legal & other prof fees | | | | | |
| 11 Management fees | | | | | |
| 12 a Mortgage int qualified | | | | | |
| From Form 1098 import | | | | | |
| Total mort int qualified | | | | | |
| b Mort int other | | | | | |
| From Form 1098 import | | | | | |
| Total mort int other | | | | | |
| 13 Other interest | 5,400. | | 5,400. | | |
| 14 Repairs | 180. | | 180. | | |
| 15 Supplies | | | | | |
| 16 a Real estate taxes | | | | | |
| From Form 1098 import | | | | | |
| Total real estate taxes | | | | | |
| b Other taxes | | | | | |
| 17 Utilities | | | | | |
| 18 a Depreciation | | | | | |
| b Depletion | | | | | |
| c Depreciation carryover | | | | | |
| 19 Other expenses | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e Indirect operating exp | | | | | |
| f Operating exp carryover | | | | | |
| g Vehicle rental | | | | | |
| h Amortization | | | | | |
| 20 Add lines 5 through 19 | 6,000. | | 6,000. | | |
| 21 Income or (loss) | | | -5,650. | | |
| 22 Deductible rental real estate loss | | | -5,650. | | |

2020 Individual PFC Letter

Dear Taxpayer:

Your 2020 Indiana Individual Income Tax return indicates a total tax amount of \$ 507.00 is owed to the Indiana Department of Revenue.

As a reminder, you must pay this amount in full no later than April 15, 2021. Any portion not paid by that date will be subject to penalties and interest.

You can take care of this obligation by doing one of the following:

1. Pay online via eCheck or credit card by visiting <https://www.in.gov/dor/4340.htm>. At this site you can either pay in full or make partial payments by selecting "Individual" and "Tax Return Payment" options. Have your SSN ready for identification purposes. If paying by credit card, a fee will be charged by the credit card processor based on the amount you are paying. If paying by electronic check, a fee of \$1 will be charged by the bank. You can make partial payments, but must still pay the entire amount by April 15, 2021 to avoid penalty and interest.
2. Pay by check or money order using the coupon at the bottom of this letter. If you did not electronically file your state return and will submit the payment with your tax return, then do not include the payment coupon below. If you are sending in your return separately from your payment, then mail your payment and the tear-off coupon at the bottom of this letter to: Indiana Department of Revenue, PO Box 1674, Indianapolis, IN 46206-1674. Make your check or money order payable to "Indiana Department of Revenue". DO NOT SEND CASH.

Remember, you must take action on this debt no later than April 15, 2021, to avoid penalty and interest.

Sincerely,

Indiana Department of Revenue
317-232-2240

Cut on line before mailing

REV 02/16/21 PRO

POST FILING COUPON

PFC

0912

1030

*SSN 1 856 65 1725
*SSN 2
Period End Date 12 31 2020
Date Due 04 15 2021
Tax Type IND

"Electronic calculation and processing of state tax liabilities serve as a convenience for Indiana taxpayers. The taxpayer remains responsible for providing accurate information and remains liable for payment of the correct amount of tax."

Mail and make check payable to
INDIANA DEPARTMENT OF REVENUE
P.O. BOX 1674
INDIANAPOLIS, IN 46206-1674

SHIRISHA GADDAM

Amount Due:

507.00

8861 BRADWELL PLACE 205

FISHERS IN 46037

06000085665172502000010111231202010

2020 **Indiana Full-Year Resident Individual Income Tax Return**

Due April 15, 2021

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from to:

Place "X" in box
if amending

Your Social Security Number 856 65 1725

Spouse's Social Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name SHIRISHA Initial Last name GADDAM Suffix

If filing a joint return, spouse's first name Initial Last name Suffix

Present address (number and street or rural route)

8861 BRADWELL PLACE 205 Place "X" in box if you are
married filing separately.

City FISHERS State IN Zip/Postal code 46037

Foreign country 2-character code (see instructions)

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40) for the county where you lived and worked on January 1, 2020.

County where you lived 29 County where you worked 29 County where spouse lived County where spouse worked

Round all entries

- | | | | |
|--|-------------------------|----------------------------|--------------------------|
| 1. Enter your federal adjusted gross income from your federal income tax return, Form 1040 or Form 1040-SR, line 11 _____ Federal AGI | <input type="text"/> 1 | <input type="text"/> 57838 | <input type="text"/> .00 |
| 2. Enter amount from Schedule 1, line 7, and enclose Schedule 1 _____ Indiana Add-Backs | <input type="text"/> 2 | <input type="text"/> | <input type="text"/> .00 |
| 3. Add line 1 and line 2 _____ | <input type="text"/> 3 | <input type="text"/> 57838 | <input type="text"/> .00 |
| 4. Enter amount from Schedule 2, line 12, and enclose Schedule 2 _____ Indiana Deductions | <input type="text"/> 4 | <input type="text"/> | <input type="text"/> .00 |
| 5. Subtract line 4 from line 3 _____ | <input type="text"/> | <input type="text"/> 57838 | <input type="text"/> .00 |
| 6. You must complete Schedule 3. Enter amount from Schedule 3, line 6, and enclose Schedule 3 _____ Indiana Exemptions | <input type="text"/> 6 | <input type="text"/> 1000 | <input type="text"/> .00 |
| 7. Subtract line 6 from line 5 _____ Indiana Adjusted Gross Income | <input type="text"/> 7 | <input type="text"/> 56838 | <input type="text"/> .00 |
| 8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323) (if answer is less than zero, leave blank) _____ | <input type="text"/> | <input type="text"/> 1836 | <input type="text"/> .00 |
| 9. County tax. Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank) _____ | <input type="text"/> 9 | <input type="text"/> 625 | <input type="text"/> .00 |
| 10. Other taxes. Enter amount from Schedule 4, line 4 (enclose sch.) _____ | <input type="text"/> 10 | <input type="text"/> | <input type="text"/> .00 |
| 11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back _____ Indiana Taxes | <input type="text"/> 11 | <input type="text"/> 2461 | <input type="text"/> .00 |



15120111030

| | | | |
|--|-----|------|-----|
| 12. Enter credits from Schedule 5, line 10 (enclose schedule) _____ | 12 | 1443 | .00 |
| 13. Enter offset credits from Schedule 6, line 8 (enclose schedule) _____ | 13 | 511 | .00 |
| 14. Add lines 12 and 13 _____ Indiana Credits | 14 | 1954 | .00 |
| 15. Enter amount from line 11 _____ Indiana Taxes | 15 | 2461 | .00 |
| 16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23) | 16 | | .00 |
| 17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16 | 17 | | .00 |
| 18. Subtract line 17 from line 16 _____ Overpayment | 18 | | .00 |
| 19. Amount from line 18 to be applied to your 2021 estimated tax account (see instructions). | | | |
| Enter your county code <input style="width: 30px;" type="text"/> county tax to be applied _ \$ | a | | .00 |
| Spouse's county code <input style="width: 30px;" type="text"/> county tax to be applied _ \$ | b | | .00 |
| Indiana adjusted gross income tax to be applied _____ \$ | c | | .00 |
| Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) _____ | 19d | | .00 |
| 20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A _____ | | | .00 |
| 21. Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 _____ Your Refund | 21 | | .00 |
| 22. Direct Deposit (see instructions) | | | |
| a. Routing Number <input style="width: 100px;" type="text"/> | | | |
| b. Account Number <input style="width: 200px;" type="text"/> | | | |
| c. Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Hoosier Works MC | | | |
| d. Place an "X" in the box if refund will go to an account outside the United States <input type="checkbox"/> | | | |
| 23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) _____ | | 507 | .00 |
| 24. Penalty if filed after due date (see instructions) _____ | 24 | | .00 |
| 25. Interest if filed after due date (see instructions) _____ | 2 | | .00 |
| 26. Amount Due: Add lines 23, 24 and 25 _____ Amount You Owe | 26 | 507 | .00 |

Do not send cash. Please make your check or money order payable to:
Indiana Department of Revenue. Credit card payers must see instructions.

Sign and date this return after reading the Authorization statement on Schedule 7. You must enclose Schedule 7.

| | | | |
|----------------|------|--------------------|------|
| Your Signature | Date | Spouse's Signature | Date |
|----------------|------|--------------------|------|

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.



15120121030

Name(s) shown on Form IT-40

SHIRISHA GADDAM

Your Social Security Number

856 65 1725

Complete and enclose Schedule IN-DEP: Dependent Information and Additional Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below.

Round all entries

1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000 1000.00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 6 x \$1000 2 .00
You **MUST** enclose Schedule IN-DEP.

3. You may claim an additional exemption for each qualifying dependent child:
- who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom you are a legal guardian,
 - who was under the age of 19 by Dec. 31, 2020,
 - or a full-time student who was under the age of 24 by Dec. 31, 2020, and
 - who you are eligible to claim as a dependent on line 2 above.

Enter the number of additional dependents listed on Schedule IN-DEP, Box 7. x \$1500 3 .00

4. Place "X" in box(es) below if, by December 31, 2020

You were age 65 or older and/or blind

Spouse was 65 or older and/or blind

Total number of boxes with Xs x \$1000 4 .00

5. If age 65 or older, enter amount from Form IT-40, line 1.

If this amount is less than \$40,000, place "X" in box(es) below if:

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs x \$500 5 .00

6. Add lines 1, 2, 3, 4 and 5. Enter here and on Form IT-40, line 6 **Total Exemptions** 6 1000.00



Name(s) shown on Form IT-40

Your Social Security Number

SHIRISHA GADDAM

856 65 1725

Round all entries

| | | | |
|--|----|------|-----|
| 1. Indiana state tax withheld: enclose W-2s, 1099s showing state tax withholding amounts _____ | | 1443 | .00 |
| 2. Indiana county tax withheld: enclose W-2s, 1099s showing county tax withholding amounts _____ | 2 | | .00 |
| 3. Estimated tax paid for 2020: include any extension payment made with Form IT-9 _____ | 3 | | .00 |
| 4. Unified tax credit for the elderly _____ | 4 | | .00 |
| 5. Earned income credit: enclose Schedule IN-EIC and enter amount from line A-3 _____ | | | .00 |
| 6. Lake County residential income tax credit _____ | | | .00 |
| 7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____ | 7 | | .00 |
| 8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) _____ | | | .00 |
| 9. Headquarters relocation credit (refundable portion - see instructions) _____ | 9 | | .00 |
| 10. Add lines 1 through 9. Enter total here and on Form IT-40, line 12 _____ Total Credits | 10 | 1443 | .00 |

Schedule IN-DONATE

Important. The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

| | | | | | | |
|--|---|----------|--|----|--|-----|
| a. Enter fund name | | code no. | | a | | .00 |
| b. Enter fund name | | code no. | | 1b | | .00 |
| c. Enter fund name | | code no. | | 1c | | .00 |
| 2. dd lines 1a through 1c. Enter total here and on Form IT-40/IT-40PNR, line 17 Total Donations | 2 | | | | | .00 |



23120111030

Name(s) shown on Form IT-40

Your Social Security Number

SHIRISHA GADDAM

856 65 1725

Round all entries

1. Credit for local taxes paid outside Indiana _____ 1 _____ .00

2. Community revitalization enhancement district credit _____ 2 _____ .00

3. Other Local Credits: See instructions (enclose additional sheets if necessary)

a. Enter credit name _____ code no. _____ 3a _____ .00

b. Enter credit name _____ code no. _____ b _____ .00

Important: Lines 1 through 3 cannot be greater than the county tax due on Form IT-40, line 9 (see *Combined Limitation* instructions)

4. C illege credit: attach Schedule CC-40 _____ 4 _____ .00

5. Cr it for taxes paid to other states: enclose other state's return _____ 5 _____ 511.00

6. Other Credits: See instructions (enclose additional sheets if necessary)

a. Enter credit name _____ code no. _____ 6 _____ .00

b. Enter credit name _____ code no. _____ 6b _____ .00

c. Enter credit name _____ code no. _____ 6c _____ .00

d. Enter credit name _____ code no. _____ 6d _____ .00

7. Enter the total credits from Schedule IN-OCC, line 16, and enclose that schedule _____ 7 _____ .00

Important: Lines 4 through 7 added together cannot be greater than the state adjusted gross income tax due on Form IT-40, line 8 (see *Combined Limitation* instructions)

8. Add lines 1 through 7. Enter total here and on line 13 of Form IT-40 _____ **Total Offset Credits** 8 _____ 511.00



Name(s) shown on Form IT-40

Your Social Security Number

SHIRISHA GADDAM

856 65 1725

1. Federal filing information

Are you filing a federal income tax return for 2020? Place "X" in appropriate box. Yes No

2. Out-of-state income Complete if you and/or your spouse (if filing a joint return) received any salary, wage, tip and/or commission income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or Wisconsin. Enter two-digit code number from the back of Schedule CT-40 for state where you and/or your spouse worked.

State where you worked

Your income

State where spouse worked

Spouse's income

\$.00

\$.00

3. Extension of time to file

a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.

b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

4. Farm / Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.

Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

5. MFJ filers. If you are eligible for a refund and you do not want it applied to an existing state income tax liability of your spouse, or to another debt of your spouse to which the state tax refund may be applied, place an "X" in the box and see instructions.

6. Date of death

If any individual listed at the top of the IT-40 died during 2020, enter date of death (MM/DD).

Taxpayer's date of death 2020 Spouse's date of death 2020

Authorization Sign Form IT-40 after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

7. our daytime

telephone number

Your

email address

I authorize the Department to discuss my return with my personal representative.

Yes No If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State Zip Code

Paid Preparer: Firm's Name (or yours if self-employed)

IN-OPT on file with paid preparer if not filing electronically

PTIN

Address

City

State Zip Code

Preparer's signature



Name(s) shown on Form IT-40

Your Social Security Number

SHIRISHA GADDAM

856

65

1725

1. Enter the amount from IT-40, line 7. Note: If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40, line 7 on line 1A (do not complete Column B). See instructions _____

Column A - Yourself

Column B - Spouse's

1A 56838.00

1B .00

2. Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2020 _____

2A .0110000

2B .

3. Multiply line 1 by the rate on line 2 (leave blank if less than zero) _____

3A 625.00

3B .00

4. Add lines 3A and 3B. Enter the total here. **Note: Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 5 and 6.** Otherwise, enter the total here and on line 7 below (see instructions) _____

4 625.00

5. Enter the amount of income that was taxed by certain Kentucky localities (see instructions) _____

5 .00

6. Multiply line 5 by .0181 and enter total here _____

6 .00

7. Enter total of line 4 minus line 6. Enter this amount on line 9 of Form IT-40 _____

7 625.00





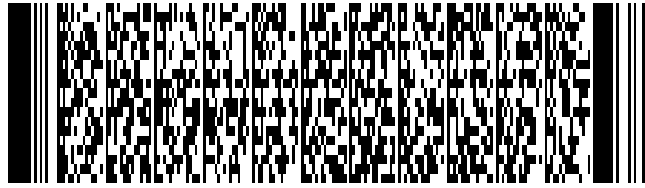
205050013

OR FISCAL YEAR BEGINNING _____ 2020, ENDING _____

856651725 Social Security Number Spouse's Social Security Number

SHIRISHA First Name MI

GADDAM Last Name



Spouse's First Name MI

Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit www.ssa.gov.

Spouse's Last Name

8861 BRADWELL PLACE Current Mailing Address Line 1 (Street No. and Street Name or PO Box) Maryland County

205 Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

FISHERS IN 46037 City or Town State ZIP Code + 4

City, Town or Taxing Area Name of county and incorporated city, town or special taxing area in which you were employed on the last day of the taxable period if you earned wages in Maryland. (See Instruction 6.)

FILING STATUS See Instruction 1 to determine if you are required to file.

- CHECK ONE BOX 1. [X] Single (If you can be claimed on another person's tax return, use Filing Status 6.) 2. [] Married filing joint return or spouse had no income 3. [] Married filing separately, Spouse's SSN 4. [] Head of household 5. [] Qualifying widow(er) with dependent child 6. [] Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 8.)

RESIDENCE INFORMATION See Instruction 9.

Enter 2-letter state code for your state of legal residence. IN

If PA resident, enter both County and City, Borough or Township

Were you a resident of another state for the entire year of 2020? If no, attach explanation. [X] Yes [] No

Are you or your spouse a member of the military? [] Yes [X] No

Did you file a Maryland income tax return for 2019? [] Yes [X] No If "Yes," was it a [] Resident or a [] Nonresident return?

Dates you resided in Maryland for 2020. If none, enter "NONE": FROM None TO None (MMDDYYYY).

[] Check here for Maryland taxes withheld in error. (See Instruction 4.)

EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form in order to receive the applicable exemption amount.

A. [X] Yourself [] Spouse Enter number checked [1] See Instruction 10 A. \$ 3200

B. [] 65 or over [] 65 or over

[] Blind [] Blind Enter number checked [] X \$1,000 B. \$

C. Enter number from line 3 of Dependent Form 502B [] See Instruction 10 C. \$

D. Enter Total Exemptions (Add A, B and C.) [1] Total Amount D. \$ 3200



205050113

Name SHIRISHA GADDAM SSN 856651725

INCOME AND ADJUSTMENTS INFORMATION

(See Instruction 11.)

| | (1) FEDERAL INCOME (LOSS) | (2) MARYLAND INCOME (LOSS) | (3) NON-MARYLAND INCOME (LOSS) |
|---|------------------------------|-------------------------------|-----------------------------------|
| 1. Wages, salaries, tips, etc 1. | 63488 | 17472 | 46016 |
| 2. Taxable interest income 2. | | | |
| 3. Dividend income 3. | | | |
| 4. Taxable refunds, credits or offsets of state and local income taxes 4. | | | |
| 5. Alimony received 5. | | | |
| 6. Business income or (loss) 6. | | | |
| 7. Capital gain or (loss) 7. | | | |
| 8. Other gains or (losses) (from federal Form 4797) 8. | | | |
| 9. Taxable amount of pensions, IRA distributions, and annuities 9. | | | |
| 10. Rents, royalties, partnerships, estates, trusts, etc. (Circle appropriate item.) 10. | -5650 | 0 | -5650 |
| 11. Farm income or (loss) 11. | | | |
| 12. Unemployment compensation (insurance) 12. | | | |
| 13. Taxable amount of Social Security and Tier 1 Railroad Retirement benefits 13. | | | |
| 14. Other income (including lottery or other gambling winnings) 14. | | | |
| 15. Total income (Add lines 1 through 14.) 15. | 57838 | 17472 | 40366 |
| 16. Total adjustments to income from federal return (IRA, alimony, etc.) 16. | | | |
| 17. Adjusted gross income (Subtract line 16 from line 15.) ▶ 17. | 57838 | 17472 | 40366 |

ADDITIONS TO INCOME (See Instruction 12.)

| | | | |
|--|--|--|-------|
| 18. Non-Maryland loss and adjustments 18. | | | 5650 |
| 19. Other (Enter code letter(s) from Instruction 12.) ▶ 19. | | | |
| 20. Total additions (Add lines 18 and 19.) ▶ 20. | | | 5650 |
| 21. Total federal adjusted gross income and Maryland additions (Add lines 17 (Column 1) and 20.) 21. | | | 63488 |

SUBTRACTIONS FROM INCOME (See Instruction 13.)

| | | | |
|--|--|--|-------|
| 22. Taxable Military Income of Nonresident ▶ 22. | | | |
| 23. Other (Enter code letter(s) from Instruction 13.) ▶ 23. | | | |
| 24. Total subtractions (Add lines 22 and 23.) ▶ 24. | | | |
| 25. Maryland adjusted gross income before subtraction of non-Maryland income. (Subtract line 24 from line 21.) 25. | | | 63488 |

DEDUCTION METHOD See Instruction 15. (All taxpayers must select one method and check the appropriate box.)

| | | | |
|--|------|--|----------|
| 26. a. STANDARD DEDUCTION METHOD (Enter amount on line 26a.) <input checked="" type="checkbox"/> ▶ 26a. | 2300 | | |
| ITEMIZED DEDUCTION METHOD (Complete lines 26b, c and d.) <input type="checkbox"/> | | | |
| b. Total federal itemized deductions (from line 17, federal Schedule A) ▶ 26b. | | | |
| c. State and local income taxes (See Instruction 16.) ▶ 26c. | | | |
| d. Net itemized deductions (Subtract line 26c from line 26b.) 26d. | | | |
| e. Deduction amount (Multiply lines 26a or 26d by the AGI factor.) 26e. <u>1.000000</u> (from worksheet in Instruction 14) . ▶ 26. | | | 2300 |
| 27. Net income (Subtract line 26 from line 25.) 27. | | | 61188 |
| 28. Total exemption amount (from EXEMPTIONS area, page 1) See Instruction 10 28. | | | 3200 |
| 29. Enter your AGI factor (from worksheet in Instruction 14) 29. | | | 1.000000 |
| 30. Maryland exemption allowance (Multiply line 28 by line 29.) 30. | | | 3200 |
| 31. Taxable net income (Subtract line 30 from line 27.) Figure tax on Form 505NR. 31. | | | 57988 |

MARYLAND TAX COMPUTATION – COMPLETE FORM 505NR BEFORE CONTINUING.

| | | | |
|---|------|--|--|
| 32. a. Maryland tax from line 16 of Form 505NR (Attach Form 505NR.) 32a. | 737 | | |
| b. Special nonresident tax from line 17 of Form 505NR (Attach Form 505NR.) 32b. | 356 | | |
| c. Total Maryland tax (Add lines 32a and 32b.) 32c. | 1093 | | |
| 33. Poverty level credit from worksheet in Instruction 20. ▶ 33. | | | |



205050213

Name SHIRISHA GADDAM SSN 856651725

Table with 3 columns: Line number, Description, and Amount. Includes lines 34 through 53 with various tax credits, contributions, and payments.

DIRECT DEPOSIT OF REFUND (See Instruction 22.) Be sure the account information is correct. For Splitting Direct Deposit, use Form 588. To comply with banking and NACHA (National Automated Clearing House Association) rules, if this refund will go to an account outside of the United States, place "Y" in this box [] or if you authorize the State of Maryland to direct deposit your refund check this box [X] and complete the following information clearly and legibly.

54a. Type of account: [X] Checking [] Savings 54b. Routing Number (9-digits) 071214579
54c. Account Number 374003374964
54d. Name(s) as it appears on the bank account

Check here [] if you authorize your preparer to discuss this return with us. Check here [] if you authorize your paid preparer not to file electronically. Check here [] if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 25). Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Your signature Date Spouse's signature Date
3128778563 Taxpayer(s) daytime phone number
SYAM PRIYA RAM SAGAR GUPTA TALLAM Signature of Preparer other than taxpayer (Required by Law)
2530 PEBBLE CREEK LN Street address of Preparer/Firm
GLOBAL TAXES LLC Printed name of the Preparer/Firm's name
CUMMING GA 30041 City, State, ZIP Code + 4
6789659522 Telephone number of Preparer
P02082703 Preparer's PTIN (Required by law)

CODE NUMBERS (3 digits per line)



For returns filed without payments, mail your completed return to:

Comptroller of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, MD 21411-0001

For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 505. Place Form PV with attached check/money order on TOP of Form 505 and mail to:

Comptroller of Maryland
Payment Processing
PO Box 8888
Annapolis, MD 21401-8888



**MARYLAND
FORM
505NR**

**NONRESIDENT
INCOME TAX
CALCULATION**

ATTACH TO YOUR TAX RETURN



20505N013

2020

Print Using
Blue or Black Ink Only

SHIRISHA _____ MI GADDAM _____ 856651725 _____
 First Name Last Name Social Security Number
 _____ MI _____ Spouse's Social Security Number
 Spouse's First Name Spouse's Last Name

**If you are filing Form 505, use the Form 505NR Instructions appearing on page 2 of this form.
 If you are filing Form 515, use the Form 505NR Instructions appearing in Instruction 18 of the Form 515 Instructions.**

PART I - CALCULATION OF TAX WITHOUT ALLOWING CERTAIN MODIFICATIONS

1. Enter Taxable net income from Form 505, line 31 (or Form 515, line 32) 1. 57988 .
 2. Enter tax from Tax Table or Computation Worksheet Schedules I or II. Continue to Part II. 2. 2702 .

PART II - CALCULATION OF MARYLAND TAX

3. Enter your federal adjusted gross income from Form 505
 (or Form 515), line 17 (Column 1) 3. 57838 .
 3a. Earned Income (See instructions.) ▶ 3a. 63488 .
 4. Enter your federal adjusted gross income plus additions from Form 505 (or 515) line 21. 4. 63488 .
 5. Enter the Taxable Military Income of a Nonresident from line 22 of Form 505. 5. _____ .
 6a. Enter your subtractions from line 23 of Form 505 or Form 515 6a. _____ .
 6b. Enter non-Maryland income from Form 505 (or 515) not included on lines 5
 or 6a of this form (See instructions.) ▶ 6b. 46016 .
 7. Add lines 5 through 6b. 7. 46016 .
 8. Maryland Adjusted Gross Income. Subtract line 7 from line 4. 17472 .

**If you are using the standard deduction, recalculate the standard
 deduction based on the income on line 8 and enter on line 8a** . . 8a. 2300 .

9. Maryland Income Factor. Divide line 8 by line 3. The factor cannot exceed 1.000000 and
 cannot be less than 0. If line 8 is 0 or less, the factor is 0. If line 8 is greater than 0 and
 line 3 is 0 or less, the factor is 1.000000. 9. 302085 .
 10. Deduction amount.
 If you are using the standard deduction, multiply the standard
 deduction on line 8a by line 9 of this form and enter on line 10a . . 10a. 695 .
 If you are itemizing your deductions, multiply the deduction on
 Form 505, line 26d, by line 9 of this form and enter on line 10b. . . 10b. _____ .

Form 515 Users, see Instruction 18 in Form 515 Instructions.

11. Net income (Subtract line 10a or 10b from line 8.) 11. 16777 .
 12. Exemption amount. Multiply the total exemption amount on Form 505, line 28
 (or Form 515, line 29) by line 9. 12. 967 .
 13. Maryland Taxable Net Income (Subtract line 12 from line 11.) 13. 15810 .
 14. Enter the tax amount from line 2 of this form. 14. 2702 .
 15. Maryland Nonresident factor: Divide the amount on line 13 on this form by line 1.
 If more than 1.000000, enter 1.000000. If 0 or less, the factor is 0. 15. 272643 .
 16. Maryland Tax. Multiply line 14 by line 15. Enter this amount on Form 505, line 32a
 (Form 515, line 33) 16. 737 .
 17. Special nonresident tax. Multiply line 13 of this form by 0.0225. Enter this amount
 on Form 505, line 32b. If line 13 is 0 or less, enter 0. 17. 356 .

FOR FORM 515 FILERS ONLY.

If you are: (1) a nonresident employed in Maryland and (2) you are a resident of a local jurisdiction that imposes a local income or earnings tax on Maryland residents, then you must file a Form 515 to report and pay a tax on your Maryland wages. Form 515 filers pay a local income tax instead of the Special Nonresident Tax.

18. Local Income Tax. Multiply line 13 of this form by the local rate of the Maryland county
 (or Baltimore City) where you are employed. Enter this amount on Form 515, line 39.
 If line 13 is 0 or less, enter 0. 1 _____ .



201010013

Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions.

Print Using Blue or Black Ink Only.

SHIRISHA GADDAM 856651725
First Name MI Last Name SSN/Taxpayer Identification Number
Spouse's First Name MI Spouse's Last Name SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

- 1. Amount of overpayment to be applied to 2021 estimated tax
2. Amount of overpayment to be refunded to you REFUND 252
3. Total amount due (Pay in full by April 15, 2021. See instructions.)

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described above agree with the amounts shown on the corresponding lines of my 2020 Maryland electronic income tax return.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 51725 as my signature on my tax year 2020 electronically filed income tax return.

[] I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature Date

Spouse's PIN: check one box only

[] I authorize to enter or generate my PIN as my signature on my tax year 2020 electronically filed income tax return.

[] I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's signature Date

Practitioner PIN Method Returns Only

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 58727861989

I certify this numeric entry is my PIN, which is my signature for the tax year 2020 electronically filed income tax return for the taxpayer(s). I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-file Providers.

ERO's signature Date 02252021

DO NOT MAIL



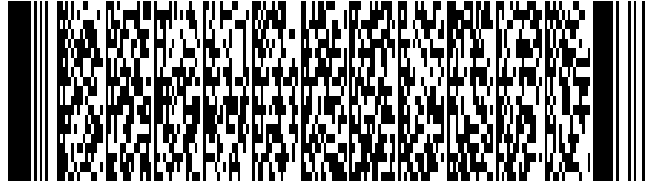
205050013

OR FISCAL YEAR BEGINNING _____ 2020, ENDING _____

856651725 Social Security Number Spouse's Social Security Number

SHIRISHA First Name MI

GADDAM Last Name



Spouse's First Name MI

Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit www.ssa.gov.

Spouse's Last Name

8861 BRADWELL PLACE Current Mailing Address Line 1 (Street No. and Street Name or PO Box) Maryland County

205 Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

FISHERS IN 46037 City or Town State ZIP Code + 4

City, Town or Taxing Area Name of county and incorporated city, town or special taxing area in which you were employed on the last day of the taxable period if you earned wages in Maryland. (See Instruction 6.)

FILING STATUS See Instruction 1 to determine if you are required to file.

- CHECK ONE BOX 1. [X] Single (If you can be claimed on another person's tax return, use Filing Status 6.) 2. [] Married filing joint return or spouse had no income 3. [] Married filing separately, Spouse's SSN 4. [] Head of household 5. [] Qualifying widow(er) with dependent child 6. [] Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 8.)

RESIDENCE INFORMATION See Instruction 9.

Enter 2-letter state code for your state of legal residence. IN

If PA resident, enter both County and City, Borough or Township

Were you a resident of another state for the entire year of 2020? If no, attach explanation. [X] es [] No

Are you or your spouse a member of the military? [] Yes [X] No

Did you file a Maryland income tax return for 2019? [] Yes [X] No If "Yes," was it a [] Resident or a [] Nonresident return?

Dates you resided in Maryland for 2020. If none, enter "NONE": FROM None TO None (MMDDYYYY).

[] Check here for Maryland taxes withheld in error. (See Instruction 4.)

EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form in order to receive the applicable exemption amount.

A. [X] Yourself [] Spouse Enter number checked [1] See Instruction 10 A. \$ 3200

B. [] 65 or over [] 65 or over

[] Blind [] Blind Enter number checked [] X \$1,000 B. \$

C. Enter number from line 3 of Dependent Form 502B [] See Instruction 10 C. \$

D. Enter Total Exemptions (Add A, B and C.) [1] Total Amount D. \$ 3200



Name SHIRISHA GADDAM SSN 856651725

INCOME AND ADJUSTMENTS INFORMATION

(See Instruction 11.)

| | (1) FEDERAL INCOME (LOSS) | (2) MARYLAND INCOME (LOSS) | (3) NON-MARYLAND INCOME (LOSS) |
|--|---------------------------|----------------------------|--------------------------------|
| 1. Wages, salaries, tips, etc 1. | 63488 | 17472 | 46016 |
| 2. Taxable interest income 2. | | | |
| 3. Dividend income 3. | | | |
| 4. Taxable refunds, credits or offsets of state and local income taxes 4. | | | |
| 5. Alimony received 5. | | | |
| 6. Business income or (loss) 6. | | | |
| 7. Capital gain or (loss) 7. | | | |
| 8. Other gains or (losses) (from federal Form 4797) 8. | | | |
| 9. Taxable amount of pensions, IRA distributions, and annuities 9. | | | |
| 10. Rents, royalties, partnerships, estates, trusts, etc. (Circle appropriate item.) 10. | -5650 | 0 | -5650 |
| 11. Farm income or (loss) 11. | | | |
| 12. Unemployment compensation (insurance) 12. | | | |
| 13. Taxable amount of Social Security and Tier 1 Railroad Retirement benefits 13. | | | |
| 14. Other income (including lottery or other gambling winnings) 14. | | | |
| 15. Total income (Add lines 1 through 14.) 15. | 57838 | 17472 | 40366 |
| 16. Total adjustments to income from federal return (IRA, alimony, etc.) 16. | | | |
| 17. Adjusted gross income (Subtract line 16 from line 15.) ▶ 17. | 57838 | 17472 | 40366 |

ADDITIONS TO INCOME (See Instruction 12.)

| | | | |
|--|--|--|-------|
| 18. Non-Maryland loss and adjustments 18. | | | 5650 |
| 19. Other (Enter code letter(s) from Instruction 12.) ▶ 19. | | | |
| 20. Total additions (Add lines 18 and 19.) ▶ 20. | | | 5650 |
| 21. Total federal adjusted gross income and Maryland additions (Add lines 17 (Column 1) and 20.) 21. | | | 63488 |

SUBTRACTIONS FROM INCOME (See Instruction 13.)

| | | | |
|--|--|--|-------|
| 22. Taxable Military Income of Nonresident ▶ 22. | | | |
| 23. Other (Enter code letter(s) from Instruction 13.) ▶ 23. | | | |
| 24. Total subtractions (Add lines 22 and 23.) ▶ 24. | | | |
| 25. Maryland adjusted gross income before subtraction of non-Maryland income. (Subtract line 24 from line 21.) 25. | | | 63488 |

DEDUCTION METHOD See Instruction 15. (All taxpayers must select one method and check the appropriate box.)

| | | | |
|--|------|--|----------|
| 26. a. STANDARD DEDUCTION METHOD (Enter amount on line 26a.) <input checked="" type="checkbox"/> ▶ 26a. | 2300 | | |
| ITEMIZED DEDUCTION METHOD (Complete lines 26b, c and d.) <input type="checkbox"/> | | | |
| b. Total federal itemized deductions (from line 17, federal Schedule A) ▶ 26b. | | | |
| c. State and local income taxes (See Instruction 16.) ▶ 26c. | | | |
| d. Net itemized deductions (Subtract line 26c from line 26b.) 26d. | | | |
| e. Deduction amount (Multiply lines 26a or 26d by the AGI factor.) 26e. <u>1.000000</u> (from worksheet in Instruction 14) ▶ 26. | | | 2300 |
| 27. Net income (Subtract line 26 from line 25.) 27. | | | 61188 |
| 28. Total exemption amount (from EXEMPTIONS area, page 1) See Instruction 10 28. | | | 3200 |
| 29. Enter your AGI factor (from worksheet in Instruction 14) 29. | | | 1.000000 |
| 30. Maryland exemption allowance (Multiply line 28 by line 29.) 30. | | | 3200 |
| 31. Taxable net income (Subtract line 30 from line 27.) Figure tax on Form 505NR. 31. | | | 57988 |

MARYLAND TAX COMPUTATION – COMPLETE FORM 505NR BEFORE CONTINUING.

| | |
|---|------|
| 32. a. Maryland tax from line 16 of Form 505NR (Attach Form 505NR.) 32a. | 737 |
| b. Special nonresident tax from line 17 of Form 505NR (Attach Form 505NR.) 32b. | 356 |
| c. Total Maryland tax (Add lines 32a and 32b.) 32c. | 1093 |
| 33. Poverty level credit from worksheet in Instruction 20. ▶ 33. | |



205050213

Name SHIRISHA GADDAM SSN 856651725

Table with 3 columns: Line number, Description, and Amount. Includes lines 34-53 for tax credits, payments, and total amount due.

DIRECT DEPOSIT OF REFUND (See Instruction 22.) Be sure the account information is correct. For Splitting Direct Deposit, use Form 588. To comply with banking and NACHA (National Automated Clearing House Association) rules, if this refund will go to an account outside of the United States, place "Y" in this box [] or if you authorize the State of Maryland to direct deposit your refund check this box [X] and complete the following information clearly and legibly.

54a. Type of account: [X] Checking [] Savings 54b. Routing Number (9-digits) 071214579
54c. Account Number 374003374964
54d. Name(s) as it appears on the bank account

Check here [] if you authorize your preparer to discuss this return with us. Check here [] if you authorize your paid preparer not to file electronically. Check here [] if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 25). Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Your signature Date Spouse's signature Date
3128778563 Taxpayer(s) daytime phone number
SYAM PRIYA RAM SAGAR GUPTA TALLAM Signature of Preparer other than taxpayer (Required by Law)
2530 PEBBLE CREEK LN Street address of Preparer/Firm
GLOBAL TAXES LLC Printed name of the Preparer/Firm's name
CUMMING GA 30041 City, State, ZIP Code + 4
6789659522 Telephone number of Preparer
P02082703 Preparer's PTIN (Required by law)

CODE NUMBERS (3 digits per line)



For returns filed without payments, mail your completed return to:

Comptroller of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, MD 21411-0001

For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 505. Place Form PV with attached check/money order on TOP of Form 505 and mail to:

Comptroller of Maryland
Payment Processing
PO Box 8888
Annapolis, MD 21401-8888



**MARYLAND
FORM
505NR**

**NONRESIDENT
INCOME TAX
CALCULATION**

ATTACH TO YOUR TAX RETURN



20505N013

2020

Print Using
Blue or Black Ink Only

SHIRISHA _____ MI _____ GADDAM _____ 856651725 _____
 First Name Last Name Social Security Number
 _____ MI _____ _____
 Spouse's First Name Spouse's Last Name Spouse's Social Security Number

**If you are filing Form 505, use the Form 505NR Instructions appearing on page 2 of this form.
 If you are filing Form 515, use the Form 505NR Instructions appearing in Instruction 18 of the Form 515 Instructions.**

PART I - CALCULATION OF TAX WITHOUT ALLOWING CERTAIN MODIFICATIONS

1. Enter Taxable net income from Form 505, line 31 (or Form 515, line 32) 1. 57988 .
 2. Enter tax from Tax Table or Computation Worksheet Schedules I or II. Continue to Part II. 2. 2702 .

PART II - CALCULATION OF MARYLAND TAX

3. Enter your federal adjusted gross income from Form 505
 (or Form 515), line 17 (Column 1) 3. 57838 .
 3a. Earned Income (See instructions.) ▶ 3a. 63488 .
 4. Enter your federal adjusted gross income plus additions from Form 505 (or 515) line 21. 4. 63488 .
 5. Enter the Taxable Military Income of a Nonresident from line 22 of Form 505. 5. _____ .
 6a. Enter your subtractions from line 23 of Form 505 or Form 515 6a. _____ .
 6b. Enter non-Maryland income from Form 505 (or 515) not included on lines 5
 or 6a of this form (See instructions.) ▶ 6b. 46016 .
 7. Add lines 5 through 6b. 7. 46016 .
 8. Maryland Adjusted Gross Income. Subtract line 7 from line 4. 8. 17472 .

**If you are using the standard deduction, recalculate the standard
 deduction based on the income on line 8 and enter on line 8a** . . 8a. 2300 .

9. Maryland Income Factor. Divide line 8 by line 3. The factor cannot exceed 1.000000 and
 cannot be less than 0. If line 8 is 0 or less, the factor is 0. If line 8 is greater than 0 and
 line 3 is 0 or less, the factor is 1.000000. 9. 302085 .
 10. Deduction amount.
 If you are using the standard deduction, multiply the standard
 deduction on line 8a by line 9 of this form and enter on line 10a . . 10a. 695 .
 If you are itemizing your deductions, multiply the deduction on
 Form 505, line 26d, by line 9 of this form and enter on line 10b. . . 10b. _____ .

Form 515 Users, see Instruction 18 in Form 515 Instructions.

11. Net income (Subtract line 10a or 10b from line 8.) 11. 16777 .
 12. Exemption amount. Multiply the total exemption amount on Form 505, line 28
 (or Form 515, line 29) by line 9. 12. 967 .
 13. Maryland Taxable Net Income (Subtract line 12 from line 11.) 13. 15810 .
 14. Enter the tax amount from line 2 of this form. 14. 2702 .
 15. Maryland Nonresident factor: Divide the amount on line 13 on this form by line 1.
 If more than 1.000000, enter 1.000000. If 0 or less, the factor is 0. 15. 272643 .
 16. Maryland Tax. Multiply line 14 by line 15. Enter this amount on Form 505, line 32a
 (Form 515, line 33) 16. 737 .
 17. Special nonresident tax. Multiply line 13 of this form by 0.0225. Enter this amount
 on Form 505, line 32b. If line 13 is 0 or less, enter 0. 17. 356 .

FOR FORM 515 FILERS ONLY.

If you are: (1) a nonresident employed in Maryland and (2) you are a resident of a local jurisdiction that imposes a local income or earnings tax on Maryland residents, then you must file a Form 515 to report and pay a tax on your Maryland wages. Form 515 filers pay a local income tax instead of the Special Nonresident Tax.

18. Local Income Tax. Multiply line 13 of this form by the local rate of the Maryland county
 (or Baltimore City) where you are employed. Enter this amount on Form 515, line 39.
 If line 13 is 0 or less, enter 0. 18 _____ .