

**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 DEEPAK	Last name SINGARAPU	Your social security number 750-44-1298
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. 10210 HAWKSTORM AVE TAMPA		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. TAMPA	State FL	ZIP code 33610	
Foreign country name	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): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(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
						<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.  <b>Standard Deduction for—</b> • 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.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b>	50,967.	
	<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	<b>b</b> Taxable interest . . . . .	<b>2b</b>	
	<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	<b>b</b> Ordinary dividends . . . . .	<b>3b</b>	
	<b>4a</b>	IRA distributions . . . . .	<b>4a</b>	<b>b</b> Taxable amount . . . . .	<b>4b</b>	
	<b>5a</b>	Pensions and annuities . . . . .	<b>5a</b>	<b>b</b> Taxable amount . . . . .	<b>5b</b>	
	<b>6a</b>	Social security benefits . . . . .	<b>6a</b>	<b>b</b> Taxable amount . . . . .	<b>6b</b>	
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>			<b>7</b>	
	<b>8</b>	Other income from Schedule 1, line 9 . . . . .			<b>8</b>	-3,040.
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶			<b>9</b>	47,927.
	<b>10</b>	Adjustments to income:				
	<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>	47,927.
	<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .			<b>12</b>	12,400.
<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>	12,400.	
<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .			<b>15</b>	35,527.	

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	4,066.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	4,066.
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	4,066.
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	4,066.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	6,747.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	6,747.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) <b>NO</b>	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
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	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	6,747.

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	2,681.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,681.
b	Routing number 063100277	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number 898110493052		
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 DATA ANALYST	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 SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 01/09/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
Firm's EIN				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  
DEEPAK SINGARAPU

Your social security number  
750-44-1298

**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>	-3,040.
<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>	-3,040.

**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

Your social security number

DEEPAK SINGARAPU

750-44-1298

**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>	25-8-647 SHANTHINAGAR KAZIPET, WARANGAL TELANGANA IN 506003				
<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.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>
<b>A</b>	1		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>		300 .		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>		70 .		
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		40 .		
<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>		3,200 .		
<b>14</b>	Repairs . . . . .	<b>14</b>		30 .		
<b>15</b>	Supplies . . . . .	<b>15</b>				
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities . . . . .	<b>17</b>				
<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>		3,340 .		
<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>		-3,040 .		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>		( -3,040 . )	( )	( )
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		300 .		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		3,340 .		
<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>		( 3,040 . )		
<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>				-3,040 .

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

# Tax History Report

▶ Keep for your records

**2020**

Name(s) Shown on Return  
DEEPAK SINGARAPU

	Five Year Tax History:				
	2016	2017	2018	2019	2020
Filing status . . . . .					Single
Total income . . . . .					47,927.
Adjustments to income					
Adjusted gross income					47,927.
Tax expense . . . . .					
Interest expense . . .					
Contributions . . . . .					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					12,400.
Exemption amount . .					0.
QBI deduction . . . . .					
Taxable income . . . . .					35,527.
Tax . . . . .					4,066.
Alternative min tax . .					
Total credits . . . . .					
Other taxes . . . . .					
Payments . . . . .					6,747.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax . .					
Refund . . . . .					2,681.
Effective tax rate % . .					8.48
**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 (DEEPAK SINGARAPU) and Social Security Number (750-44-1298)

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

Table with 2 columns: Description (Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, etc.) and checkboxes (one checked '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) . . . . . 41298 Spouse's PIN (5 numbers) . . . . . Date . . . . . 01/05/2021

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 . . . . . SINGARAPU  
 First name . . . . . DEEPAK  
 Middle initial . . . . . Suffix . . . . .  
 Social security no. . . . . 750-44-1298  
 Occupation . . . . . DATA ANALYST  
 Date of birth . . . . . 12/22/1991 (mm/dd/yyyy)  
 Age as of 1-1-2021 . . . . . 29  
 Date of death . . . . .  
 Legally blind . . . . .  
 E-mail address . . . . . DEEPAKSINGARAPU@GMAIL.COM  
 Work phone . . . . . (571) 296-6069 Ext  
 Cell phone . . . . .  
 Home phone . . . . .  
 Fax number . . . . .

**Spouse:**  
 Last name (if different) . . . . .  
 First name . . . . .  
 Middle initial . . . . . Suffix . . . . .  
 Social security no. . . . .  
 Occupation . . . . .  
 Date of birth . . . . . (mm/dd/yyyy)  
 Age as of 1-1-2021 . . . . .  
 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 (571) 296-6069  
 Print phone number on Form 1040 . . .  Home  Taxpayer work  Spouse work  
 Print Form 1040-SR instead of Form 1040 . . . . .  Yes  No

**US Address:**  
 Address . . . . . 10210 HAWKSTORM AVE TAMPA Apt no. . . . .  
 City . . . . . TAMPA State . . . . . FL ZIP code . . . . . 33610  
**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		

\* **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
DEEPAK SINGARAPU

Social Security Number
750-44-1298

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

X Taxpayer
Spouse

Note: Alabama does not allow this option

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

Spouse
Taxpayer

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
License number
Issue date
Expiration date
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):

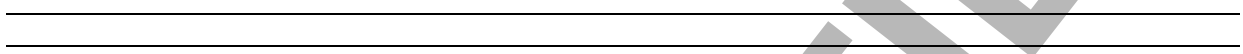
- In person
- Remote via email, phone, or fax
- Both in person and remote
- Identity not verified

**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**  
 ▶ Keep for your records

**2020**

Name(s) Shown on Return  
 DEEPAK SINGARAPU

Social Security Number  
 750-44-1298

**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			ERO Electronic Filers Identification Number (EFIN)
<u>GLOBAL TAXES LLC</u>			<u>587278</u>
ERO Address			ERO Employer Identification Number
<u>2530 Pebble Creek Ln</u>			<u>30-1017196</u>
City	State	ZIP Code	ERO Social Security Number or PTIN
<u>Cumming</u>	<u>GA</u>	<u>30041</u>	_____
Country			

**Paid Preparer Information**

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

**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.

State/City *	
<input type="checkbox"/>	Georgia
<input type="checkbox"/>	Michigan
<input type="checkbox"/>	New York
<input type="checkbox"/>	Vermont
<input type="checkbox"/>	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 DEEPAK SINGARAPU	Social Security Number 750-44-1298
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Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
TELLIGEN INFOTECH INC		50,967.	6,747.		
<b>Totals</b> . . . . .		50,967.	6,747.		

**Form W-2 Summary**

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . . . .	50,967.		50,967.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages . . . . .			
	Unreported tips . . . . .	0.		0.
2	Total federal tax withheld . . . . .	6,747.		6,747.
3 & 7	Total social security wages/tips . . . . .	16,167.		16,167.
4	Total social security tax withheld . . . . .	1,002.		1,002.
5	Total Medicare wages and tips . . . . .	16,167.		16,167.
6	Total Medicare tax withheld . . . . .	234.		234.
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 . . . . .			
b	Elective deferrals to qualified plans . . . . .			
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 . . . . .			
14 a	Total deductible mandatory state tax . . . . .			
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 . . . . .			
17	Total state tax withheld . . . . .			
19	Total local tax withheld . . . . .			

Name as shown on return DEEPAK SINGARAPU	Social Security Number 750-44-1298
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**Employer EIN** . . . . . 82-5293753  
**Employer Name** . . . . . TELLIGEN INFOTECH INC  
 Name (continued) . . . . .  
**Street Address or P. O. Box** 1101 PENNSYLVANIA AVE NW  
**City** WASHINGTON **State** DC **ZIP** 20004  
**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 . . . . .	50,967.	<b>2</b> Federal income tax withheld . . . . .	6,747.
<b>3</b> Social security wages . . . . .	16,167.	<b>4</b> Social sec tax withheld . . . . .	1,002.
<b>5</b> Medicare wages and tips . . . . .	16,167.	<b>6</b> Medicare tax withheld . . . . .	234.
<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:
—	—	A: Enter amount attributable to RRTA Tier 2 tax . . . . .
—	—	M: Enter amount attributable to RRTA Tier 2 tax . . . . .
—	—	P: Double-click to link to Form 3903, line 4 . . . . .
—	—	R: Enter MSA contribution for Taxpayer . . . . .
—	—	Spouse . . . . .
—	—	W: Enter HSA contribution for Taxpayer . . . . .
—	—	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
—	—	—	—
—	—	—	—
—	—	—	—

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>	<b>9</b>	<b>9</b>	<b>9</b>
<b>10</b> Dependent care benefits (Check if employer furnished care at work) . . . . . <input type="checkbox"/>	<b>10</b>	<b>10</b>	<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>	<b>11</b>	<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).
—	—	—
—	—	—
—	—	—

Keep for your records

DEEPAK SINGARAPU	750-44-1298	Page 2
Employer Name . . . . TELLIGEN INFOTECH 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. . . . . 750-44-1298

First name DEEPAK M.I. Last name SINGARAPU Suff. \_\_\_\_\_

Address 10210 HAWKSTORM AVE TAMPA City TAMPA St FL ZIP code 33610

Foreign Province/County Foreign Postal Code

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



# Earned Income Worksheet

**2020**

▶ Keep for your records

Name(s) Shown on Return <b>DEEPAK SINGARAPU</b>	Social Security Number <b>750-44-1298</b>
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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 . . . . .	50,967.		50,967.
<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 . . . . .	50,967.		50,967.
<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 . . . . .	50,967.		50,967.
<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 . . . . .	50,967.		50,967.

## Part III – IRA Deduction Worksheet Computation

<b>15</b> Net self-employment income or (loss) . . . . .			
<b>16</b> Wages, salaries, tips, etc . . . . .	50,967.		50,967.
<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. . . . .	50,967.		50,967.

## 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 . . . . .	50,967.		50,967.
<b>25</b> Nontaxable combat pay . . . . .			
<b>26</b> Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2. . . . .	50,967.		50,967.



Keep for your records

Name(s) shown on return
DEEPAK SINGARAPU

Social Security No.
750-44-1298

General Information:

Property description . . . . . WARANGAL
Property type . . 1 Single Family Residence If type is other, enter a description . .
Location (street address) . . . . . 25-8-647 SHANTHINAGAR
City . . . . . KAZIPET, WARANGAL State . . . . . ZIP code . . . . .
If a foreign address: Foreign province or state . . . . . TELANGANA
Foreign postal code . . . . . 506003 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</b> rental income (not reported elsewhere) . . . . .	300.		
Rental income from Form 1099-MISC . . . . .			
Rental income from Form 1099-K . . . . .			
Rental Income from Cancellation of Debt Wks . . . . .			
Total rents received . . . . .	300.	100.000000	300.
<b>4 Enter</b> 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
<b>5</b> Advertising . . . . .					
<b>6 a</b> Auto . . . . .					
<b>b</b> Travel . . . . .	70.		70.		
<b>7</b> Cleaning and maint . . . . .	40.		40.		
<b>8</b> Commissions . . . . .					
<b>9 a</b> Mort insur qualified . . . . .					
From Form 1098 import . . . . .					
Total mort insur qual . . . . .					
<b>b</b> Other Insurance . . . . .					
<b>10</b> Legal & other prof fees . . . . .					
<b>11</b> Management fees . . . . .					
<b>12 a</b> Mortgage int qualified . . . . .					
From Form 1098 import . . . . .					
Total mort int qualified . . . . .					
<b>b</b> Mort int other . . . . .					
From Form 1098 import . . . . .					
Total mort int other . . . . .					
<b>13</b> Other interest . . . . .	3,200.		3,200.		
<b>14</b> Repairs . . . . .	30.		30.		
<b>15</b> Supplies . . . . .					
<b>16 a</b> Real estate taxes . . . . .					
From Form 1098 import . . . . .					
Total real estate taxes . . . . .					
<b>b</b> Other taxes . . . . .					
<b>17</b> Utilities . . . . .					
<b>18 a</b> Depreciation . . . . .					
<b>b</b> Depletion . . . . .					
<b>c</b> Depreciation carryover . . . . .					
<b>19</b> Other expenses . . . . .					
<b>a</b> . . . . .					
<b>b</b> . . . . .					
<b>c</b> . . . . .					
<b>d</b> . . . . .					
<b>e</b> Indirect operating exp . . . . .					
<b>f</b> Operating exp carryover . . . . .					
<b>g</b> Vehicle rental . . . . .					
<b>h</b> Amortization . . . . .					
<b>20</b> Add lines 5 through 19 . . . . .	3,340.		3,340.		
<b>21</b> Income or (loss) . . . . .			-3,040.		
<b>22</b> Deductible rental real estate loss . . . . .			-3,040.		

# Federal Carryover Worksheet

**2020**

▶ Keep for your records

Name(s) Shown on Return DEEPAK SINGARAPU	Social Security Number 750-44-1298
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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 . . . . .		1 Single
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .		
3	Itemized deductions . . . . .		0.
4	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .		47,927.
6	Tax liability for Form 2210 or Form 2210-F . . . . .		4,066.
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

DEEPAK SINGARAPU

Filing status . . . . . Single

Number of exemptions . . . . . 1

**Gross Income**

Wages and salaries . . . . .	50,967.
Interest and dividend income . . . . .	_____
Business income (loss) . . . . .	_____
Capital gains (losses) . . . . .	_____
Pensions and annuities . . . . .	_____
Rents, royalties, partnerships, etc . . . . .	-3,040.
Farm income (loss) . . . . .	_____
Social security benefits . . . . .	_____
Other income . . . . .	_____
<b>Total Gross Income</b> . . . . .	<b>47,927.</b>

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

**Adjusted Gross Income** . . . . . (Last year's AGI) . . . . . 47,927.

**Itemized/Standard Deductions**

Medical and dental . . . . .	_____
Taxes . . . . .	_____
Interest . . . . .	_____
Contributions . . . . .	_____
Casualty or theft loss(es) . . . . .	_____
Miscellaneous . . . . .	_____
<b>Total Itemized Deductions</b> . . . . .	_____
Standard deduction . . . . .	12,400.

**Taxable Income** . . . . . 35,527.

Income tax . . . . .	4,066.
Alternative minimum tax . . . . .	_____
<b>Total Taxes before Credits</b> . . . . .	<b>4,066.</b>
Nonbusiness credits . . . . .	_____
Business credits . . . . .	_____
<b>Total Credits</b> . . . . .	_____
Self-employment tax . . . . .	_____
Other taxes . . . . .	_____

**Total Tax** . . . . . 4,066.

Withholding . . . . .	6,747.
Estimated tax payments . . . . .	_____
Other payments . . . . .	_____
<b>Total Payments</b> . . . . .	<b>6,747.</b>
Estimated tax penalty . . . . .	_____
Refund applied to next year's estimated tax . . . . .	_____

**Amount Overpaid** . . . . . 2,681.

**Refund** . . . . . 2,681.

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

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

Tax bracket . . . . .	12.0 %
Effective tax rate . . . . .	8.48 %

### Smart Worksheets from your 2020 Federal Tax Return

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 (TELLIGEN INFOTECH 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"/>
C	Specified Service Trade or Business (SSTB)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No

SMART WORKSHEET FOR: Schedule E Worksheet (25-8-647 SHANTHINAGAR)  
This copy of the Worksheet will be on . . . Schedule E, Page 1, Copy 1, Property A

SMART WORKSHEET FOR: Schedule E Worksheet (25-8-647 SHANTHINAGAR)

Qualified Business Income Deduction Smart Worksheet

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).

**A 1** Is this activity a qualified trade or business?  Yes  No

**a** This rental qualifies as a business under the safe harbor requirements of Notice 2019-07

**b** This rental is part of a Rental Real Estate Enterprise described in Rev Proc 2019-38

If part of a Rev Proc 2019-38 enterprise, select group # (see help) \_\_\_\_\_

**2** QBI worksheet to report if qualified business (double click to link) . . . . ▶ \_\_\_\_\_

**B** Trade or Business Name . . . . . \_\_\_\_\_

**C** Trade or Business ID Number . . . . . \_\_\_\_\_

**D 1** Is this a Specified Service Trade or Business (SSTB)?  Yes  No

**2** If No, is income attributable to a SSTB? (see help) . . . .  Yes  No

**3** QBI worksheet for SSTB income (this will auto-populate if Yes) . . . . . \_\_\_\_\_

**4** Percentage of qualified income attributable to SSTB \_\_\_\_\_ %

**E 1** Tentative Schedule E profit (loss) from this business . . . . . \_\_\_\_\_

**2** Adjustments to qualified business income . . . . . \_\_\_\_\_

**3** Schedule E qualified business income . . . . . \_\_\_\_\_

**4 a** Calculated QBI allowed after passive/at-risk limits . . . . . \_\_\_\_\_

**b** Adjustments to allowed QBI . . . . . \_\_\_\_\_

**c** Allowable QBI after loss limits . . . . . \_\_\_\_\_

**5** Additional deductions related to this business reported on separate schedules . . . . . \_\_\_\_\_

**6** Net profit (loss) after adjustments, limitations, and deductions . . . . . \_\_\_\_\_

**7** Allowable Schedule E profit (loss) allocated to SSTB . . . . . \_\_\_\_\_

**8** Allowable Schedule E profit (loss) from this business . . . . . \_\_\_\_\_

**F 1** Ordinary gain (loss) from business assets . . . . . \_\_\_\_\_

**2** Ordinary gain (loss) adjustments . . . . . \_\_\_\_\_

**3** Qualified ordinary gain (loss) . . . . . \_\_\_\_\_

**4 a** Calculated QBI allowed after passive/at-risk limits . . . . . \_\_\_\_\_

**b** Adjustments to allowed QBI . . . . . \_\_\_\_\_

**c** Allowable short term qualified gain (loss) after passive/at-risk limits . . . . . \_\_\_\_\_

**5** Allowable ordinary gain (loss) allocated to SSTB . . . . . \_\_\_\_\_

**6** Allowable ordinary gain (loss)/recapture from this business . . . . . \_\_\_\_\_

**G 1** Section 1231 gain (loss) from business assets . . . . . \_\_\_\_\_

**2** Section 1231 gain (loss) adjustments . . . . . \_\_\_\_\_

**3** Section 1231 gain (loss) from qualified business . . . . . \_\_\_\_\_

**4 a** Calculated QBI allowed after passive/at-risk limits . . . . . \_\_\_\_\_

**b** Adjustments to allowed QBI . . . . . \_\_\_\_\_

**c** Allowable **ordinary** 1231 qualified gain (loss) . . . . . \_\_\_\_\_

**5** Allowable ordinary 1231 gain (loss) allocated to SSTB . . . . . \_\_\_\_\_

**6** Allowable ordinary 1231 gain (loss) from this business . . . . . \_\_\_\_\_

SMART WORKSHEET FOR: Schedule E Worksheet (25-8-647 SHANTHINAGAR)

<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) . . . . .	-3,040.		-3,040.
<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 . . . . .	-3,040.		-3,040.
<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