Form **1040** Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return 2020

OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.

☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

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	Last name	Your social security number
RANJITH REDDY	MADA	884-18-8111
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
SHIRISHA	RAVULA	972-96-9485

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.
416 S CARROLL BLVD	

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
DENTON	TX	76201

Foreign country name	Foreign province/state/county	Foreign postal code

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

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

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

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

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) ✔ if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Attach Sch. B if required.

1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	88,166.
2a	Tax-exempt interest	2a		
	b Taxable interest		2b	
3a	Qualified dividends	3a		
	b Ordinary dividends		3b	
4a	IRA distributions	4a		
	b Taxable amount		4b	
5a	Pensions and annuities	5a		
	b Taxable amount		5b	
6a	Social security benefits	6a		
	b Taxable amount		6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐		7	
8	Other income from Schedule 1, line 9		8	-6,350.
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** ▶		9	81,816.
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	81,816.
12	**Standard deduction or itemized deductions** (from Schedule A)		12	24,800.
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A		13	
14	Add lines 12 and 13		14	24,800.
15	**Taxable income.** Subtract line 14 from line 11. If zero or less, enter -0-		15	57,016.

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.

16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐			16	6,448.
17	Amount from Schedule 2, line 3			17	
18	Add lines 16 and 17			18	6,448.
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	6,448.
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	6,448.
25	Federal income tax withheld from:				
a	Form(s) W-2	25a	12,748.		
b	Form(s) 1099	25b			
c	Other forms (see instructions)	25c			
d	Add lines 25a through 25c			25d	12,748.
26	2020 estimated tax payments and amount applied from 2019 return			26	
27	Earned income credit (EIC)	27			
28	Additional child tax credit. Attach Schedule 8812	28			
29	American opportunity credit from Form 8863, line 8	29			
30	Recovery rebate credit. See instructions	30	1,200.		
31	Amount from Schedule 3, line 13	31			
32	Add lines 27 through 31. These are your **total other payments and refundable credits** ▶			32	1,200.
33	Add lines 25d, 26, and 32. These are your **total payments** ▶			33	13,948.

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

Refund

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** — 34: 7,500.

35a Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐ — 35a: 7,500.

Direct deposit? See instructions.

▶ b Routing number 044000037 ▶ c Type: ☒ Checking ☐ Savings

▶ d Account number 675110097

36 Amount of line 34 you want **applied to your 2021 estimated tax** ▶ 36

Amount You Owe

For details on how to pay, see instructions.

37 Subtract line 33 from line 24. This is the **amount you owe now** ▶ 37

Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.

38 Estimated tax penalty (see instructions) ▶ 38

Third Party Designee

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

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

Sign Here

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

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.) ▶
		SOFTWARE ENGINEER	
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.) ▶
		STUDENT	
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	01/13/2021	P02082703	☐ Self-employed

Firm's name ▶ GLOBAL TAXES LLC — Phone no. (678)965-9522

Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 — 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* 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: RANJITH REDDY MADA & SHIRISHA RAVULA
Your social security number: 884-18-8111

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	-6,350.
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	-6,350.

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)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

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

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

▶ Go to *www.irs.gov/ScheduleE* for instructions and the latest information.

OMB No. 1545-0074

2020

Attachment Sequence No. **13**

Name(s) shown on return: RANJITH REDDY MADA & SHIRISHA RAVULA

Your social security number: 884-18-8111

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	RAMPUR LOCALITY KARIMNAGAR IN 505001
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	2		**A**	365	0	☐
B			**B**			☐
C			**C**			☐

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**	650.		
4	Royalties received	**4**			
Expenses:					
5	Advertising	**5**			
6	Auto and travel (see instructions)	**6**	100.		
7	Cleaning and maintenance	**7**	250.		
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**	6,500.		
14	Repairs	**14**	150.		
15	Supplies	**15**			
16	Taxes	**16**			
17	Utilities	**17**			
18	Depreciation expense or depletion	**18**			
19	Other (list) ▶	**19**			
20	Total expenses. Add lines 5 through 19	**20**	7,000.		
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**	-6,350.		
22	Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions)	**22**	(-6,350.)	( )	( )

23a	Total of all amounts reported on line 3 for all rental properties	**23a**	650.
b	Total of all amounts reported on line 4 for all royalty properties	**23b**	
c	Total of all amounts reported on line 12 for all properties	**23c**	
d	Total of all amounts reported on line 18 for all properties	**23d**	
e	Total of all amounts reported on line 20 for all properties	**23e**	7,000.
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**	(6,350.)
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**	-6,350.

Tax History Report

2020

► Keep for your records

Name(s) Shown on Return
RANJITH REDDY MADA & SHIRISHA RAVULA

Five Year Tax History:

	2016	2017	2018	2019	2020
Filing status					MFJ
Total income					81,816.
Adjustments to income					
Adjusted gross income					81,816.
Tax expense					
Interest expense					
Contributions					
Misc. deductions					
Other itemized ded'ns					
Total itemized/ standard deduction					24,800.
Exemption amount					0.
QBI deduction					
Taxable income					57,016.
Tax					6,448.
Alternative min tax					
Total credits					
Other taxes					
Payments					13,948.
Form 2210 penalty					
Amount owed					
Applied to next year's estimated tax					
Refund					7,500.
Effective tax rate %					7.88
**Tax bracket %					12.0

**Tax bracket % is based on Taxable income.

IRS *e-file* Authentication Statement 2020

► Keep for your records

Name(s) Shown on Return	Social Security Number
RANJITH REDDY MADA & SHIRISHA RAVULA	884-18-8111

A — Practitioner PIN Authorization

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

QuickZoom to the Federal Information Worksheet to enter PIN information . . . . ►

Taxpayer(s) entered PIN(s) ►	
ERO entered Primary Taxpayer's PIN ►	
ERO entered Secondary Taxpayer's PIN ►	
ERO entered PIN(s) on behalf of taxpayer(s) ►	X

B — Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

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

ERO's PIN (EFIN followed by any 5 numbers) . . . . EFIN 587278 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) 88111

Spouse's PIN (5 numbers) 69485

Date 01/11/2021

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

Federal Information Worksheet 2020

► Keep for your records

Part I – Personal Information

Taxpayer:
Last name . . . . . . MADA
First name . . . . . . RANJITH REDDY
Middle initial . . . . . Suffix . . . .
Social security no. . 884-18-8111
Occupation . . . . . SOFTWARE ENGINEER
Date of birth . . . . . 09/21/1992 (mm/dd/yyyy)
Age as of 1-1-2021 28
Date of death . . . .
Legally blind . . . . .
E-mail address . . . RANJITHR48@GMAIL.COM
Work phone . . . . . (330)548-1413 Ext
Cell phone . . . . . .
Home phone . . . .
Fax number . . . . .

Spouse:
Last name (if different) . RAVULA
First name . . . . SHIRISHA
Middle initial . . . . Suffix . . . .
Social security no. 972-96-9485
Occupation . . . . STUDENT
Date of birth . . . . 05/31/1998 (mm/dd/yyyy)
Age as of 1-1-2021 22
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 (330)548-1413
Print phone number on Form 1040 . . . [ ] Home [X] Taxpayer work [ ] Spouse work

Print Form 1040-SR instead of Form 1040 . . . . [ ] Yes [X] No

US Address:
Address . . . . . . 416 S CARROLL BLVD Apt no. . .
City. . . . . DENTON State . . . . TX ZIP code . . . 76201
Foreign Address: Check this box to use foreign address . . ► [ ]
Address . . . . . . Apt no. . .
City. . . . .
Foreign code . . . Foreign country . . .
Foreign province/county Foreign postal code
Foreign phone . .

APO/FPO/DPO address . . [ ] APO [ ] FPO [ ] DPO

Part II – Federal Filing Status

[ ] **1** Single
[X] **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)**	AGE / EIC	Dependent Identity Protection PIN (see tax help) / Lived with taxpyr in U.S.	Educ Tuition and Fees	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.***

* **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	Social Security Number
RANJITH REDDY MADA & SHIRISHA RAVULA	884-18-8111

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

[ ] Taxpayer — **Note:** Alabama does not allow this option
[ ] Spouse

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

[ ] Taxpayer — **Note:** Alabama, New York and Ohio do not allow this option
[X] Spouse

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:		**Spouse:**	
Issuing state	CA	Issuing state	
License number	Y8242346	License number	
Issue date	12/19/2017	Issue date	
Expiration date	09/21/2022	Expiration date	
Does not expire	[ ]	Does not expire	[ ]
NY Document number (first 3 chars)*		NY Document number (first 3 chars)*	

State Identification Card Detail

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

X	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)

Electronic Filing Information Worksheet 2020

► Keep for your records

Name(s) Shown on Return	Social Security Number
RANJITH REDDY MADA & SHIRISHA RAVULA	884-18-8111

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

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

Electronic Return Originator Information

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

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

For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return . . . . ►

ERO Name: GLOBAL TAXES LLC

ERO Electronic Filers Identification Number (EFIN): 587278

ERO Address: 2530 Pebble Creek Ln

ERO Employer Identification Number: 30-1017196

City: Cumming State: GA ZIP Code: 30041

ERO Social Security Number or PTIN:

Country:

Paid Preparer Information

Firm Name: GLOBAL TAXES LLC

Social Security Number or PTIN: P02082703

Name: SYAM PRIYA RAM SAGAR GUPTA TALLAM

Employer Identification Number: 30-1017196

Address: 2530 Pebble Creek Ln

Phone Number: (678)965-9522 Fax Number:

City: Cumming State: GA ZIP Code: 30041

Country:

E-mail Address: SYAM@GTAXFILE.COM

Non Paid Preparer Information

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

IRS-reviewed . . . . ► ☐

IRS-prepared . . . . ► ☐

Prepared by taxpayer or other non-paid preparer . . . . ► ☐

Amended Returns

☐ Check this box to file another **federal** amended return electronically

☐ File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

☐ Check this box to file another **state and/or city** amended return electronically

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

	State/City *
☐	Georgia
☐	Michigan
☐	New York
☐	Vermont
☐	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 . . . . ►	☐	☐
Form 3468, Historic Structure Certificate . . . . ►	☐	☐
Form 4136, Credit for Federal Tax Paid on Fuels . . . . ►	☐	☐
Form 8283, Noncash Charitable Contributions (Declaration of Appraiser) . . . . ►	☐	☐
Form 1098-C, Contributions of Motor Vehicles, Boats and Airplanes . . . . ►	☐	☐
Form 8332, Release of Claim to Exemption for Child by Custodial Parent or Other Doc . . . ►	☐	☐
Form 8885, Health Coverage Tax Credit . . . . ►	☐	☐
Form 8949. Sales and Other Disp of Capital Assets.(or a stmt w/the same information) . . . ►	☐	☐
Form 3115, Change in Accounting Method . . . . ►	☐	☐

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	☐
Form 8858, Foreign Disregarded Entities. . . . . ►	N/A	☐
Form 8864, attach the Certificate for Biodiesel . . . . ►	N/A	☐

Form 1040

Forms W-2 & W-2G Summary

2020

► Keep for your records

Name(s) Shown on Return	Social Security Number
RANJITH REDDY MADA & SHIRISHA RAVULA	884-18-8111

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
MYTHRI CONSULTING LLC		88,166.	12,748.		
Totals		88,166.	12,748.		

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C	88,166.		88,166.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages			
	Unreported tips	0.		0.
2	Total federal tax withheld	12,748.		12,748.
3 & 7	Total social security wages/tips	88,166.		88,166.
4	Total social security tax withheld	5,466.		5,466.
5	Total Medicare wages and tips	88,166.		88,166.
6	Total Medicare tax withheld	1,278.		1,278.
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			

Form 1040 | **Form W-2 Worksheet** | **2020**

► Keep for your records

Name as shown on return: RANJITH REDDY MADA

Social Security Number: 884-18-8111

Employer EIN 46-5248404
Employer Name. . . . . MYTHRI CONSULTING LLC
Name (continued) .
Street Address or P. O. Box 8668 JOHN HICKMAN PARKWAY SUITE 402
City . FRISCO State TX ZIP . 75034
Foreign Province/County . . .
Foreign Postal Code . . . . .
Foreign Country . . . .

[ ] **Spouse's W-2**
[X] **Automatically calculate** lines 3 through 6 and line 16.
Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

[ ] **Do not transfer this W-2 to next year**

1	Wages, tips, other comp . .	88,166.	2	Federal income tax withheld .	12,748.
3	Social security wages	88,166.	4	Social sec tax withheld	5,466.
5	Medicare wages and tips . .	88,166.	6	Medicare tax withheld	1,278.
7	Social security tips.		8	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: [ ] Employer is **not** 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

9 | 9
10 Dependent care benefits (Check if employer furnished care at work) . . . ► [ ] | 10
Dependent care benefits — Amount forfeited from flexible spending account . .
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.) . . . . | 11

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).

Form 1040 **Form W-2 Worksheet Additional Information** 2020

► Keep for your records

RANJITH REDDY MADA | 884-18-8111 | Page **2**

Employer Name . . . . MYTHRI CONSULTING LLC

Part I — Statutory employees

A ☐ Box 13a. Statutory employee
B ☐ Deducting expenses in connection with this income
C *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 ☐ Pay self-employment tax on housing or parsonage allowance only
2 ☐ Pay self-employment tax on W-2 income only
3 ☐ Pay self-employment tax on W-2 income and housing allowance
4 ☐ 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 ☐ Pay self-employment tax on this W-2 income
2 ☐ 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 ☐ Employer is a federal, state, or local government and tips are only subject to Medicare tax

Part IV — Substitute Form W-2

I 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. 884-18-8111

First name	M.I.	Last name	Suff.
RANJITH REDDY		MADA	

Address	City	St	ZIP code
416 S CARROLL BLVD	DENTON	TX	76201

Foreign Province/County ____ Foreign Postal Code ____

Foreign Country ____

Tax Payments Worksheet 2020

► Keep for your records

Name(s) Shown on Return	Social Security Number
RANJITH REDDY MADA & SHIRISHA RAVULA	884-18-8111

Estimated Tax Payments for 2020 (If more than 4 payments for any state or locality, see Tax Help)

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

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

Taxes Withheld From:	Federal	State	Local
10 Forms W-2	12,748.		
11 Forms W-2G			
12 Forms 1099-R			
13 Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G			
14 Schedules K-1			
15 Forms 1099-INT, DIV and OID			
16 Social Security and Railroad Benefits			
17 Form 1099-B . . . . St ___ Loc ___			
18 a Other withholding . . . . St ___ Loc ___			
b Other withholding . . . . St ___ Loc ___			
c Other withholding . . . . St ___ Loc ___			
d Additional Medicare Tax			
19 **Total Withholding** Lines 10 through 18d	12,748.		
20 **Total Tax Payments for 2020**	12,748.		

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

Earned Income Worksheet 2020

► Keep for your records

Name(s) Shown on Return: RANJITH REDDY MADA & SHIRISHA RAVULA

Social Security Number: 884-18-8111

Part I – Earned Income Credit Worksheet Computation

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

Part II – Form 2441 and Standard Deduction Worksheet Computations

		Taxpayer	Spouse	Total
5	Net self-employment earnings (line 4 above)			
6	Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	88,166.		88,166.
7 a	Taxable employer-provided adoption benefits			
b	Foreign earned income exclusion			
8	Add lines 5 through 7b. To Form 2441, lines 18 and 19	88,166.		88,166.
9 a	Taxable dependent care benefits			
b	Nontaxable combat pay			
10	Add lines 8, 9a & 9b . To Form 2441, lines 4 and 5	88,166.		88,166.
11	Scholarship or fellowship income not on W-2			
12	SE exempt earnings less nontaxable income			
13	Distributions from nonqualified/Sec. 457 plans			
14	Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	88,166.		88,166.

Part III – IRA Deduction Worksheet Computation

		Taxpayer	Spouse	Total
15	Net self-employment income or (loss)			
16	Wages, salaries, tips, etc	88,166.		88,166.
17	Net self-employment loss			
18	Alimony received			
19	Nontaxable combat pay			
20	Foreign earned income exclusion			
21	Keogh, SEP or SIMPLE deduction			
22	Combine lines 15 through 21. To IRA Wks, ln 2	88,166.		88,166.

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

		Taxpayer	Spouse	Total
23	Self-employed, church and statutory employees			
24	Wages, salaries, tips, etc	88,166.		88,166.
25	Nontaxable combat pay			
26	Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2	88,166.		88,166.

Schedule E	Schedule E Worksheet ► Keep for your records	2020

Name(s) shown on return	Social Security No.
RANJITH REDDY MADA & SHIRISHA RAVULA	884-18-8111

General Information:

Property description . . . . KARIMNAGAR

Property type. . 2 Multi-Family Residence If type is other, enter a description . .

Location (street address) . . . . . RAMPUR LOCALITY

City . . . . KARIMNAGAR State . . . . ZIP code . . . .

If a foreign address: Foreign province or state . .

Foreign postal code . . . . 505001 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	[ ]

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 [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 . . . . ______

Property Location

RAMPUR LOCALITY, KARIMNAGAR, 505001, India

Income			**% if Different**	**Total**
3	**Enter** rental income (not reported elsewhere)	650.		
	Rental income from Form 1099-MISC			
	Rental income from Form 1099-K			
	Rental Income from Cancellation of Debt Wks			
	Total rents received	650.	100.000000	650.
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					
6 a	Auto					
b	Travel	100.		100.		
7	Cleaning and maint	250.		250.		
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	6,500.		6,500.		
14	Repairs	150.		150.		
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	7,000.		7,000.		
21	Income or (loss)			-6,350.		
22	Deductible rental real estate loss			-6,350.		

Federal Carryover Worksheet 2020

► Keep for your records

Name(s) Shown on Return	Social Security Number
RANJITH REDDY MADA & SHIRISHA RAVULA	884-18-8111

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
Totals . .						

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

RANJITH REDDY MADA & SHIRISHA RAVULA 884-18-8111

Other Tax and Income Information			2019	2020
1	Filing status	1		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3		0.
4	Check box if required to itemize deductions	4	☐	☐
5	Adjusted gross income	5		81,816.
6	Tax liability for Form 2210 or Form 2210-F	6		6,448.
7	Alternative minimum tax	7		
8	Federal overpayment applied to next year estimated tax	8		

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

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

Tax Summary Report 2020

Name(s) Shown on Return
RANJITH REDDY MADA & SHIRISHA RAVULA

Filing status . . . . Married Filing Jointly   Number of exemptions 2

Gross Income	
Wages and salaries	88,166.
Interest and dividend income	
Business income (loss)	
Capital gains (losses)	
Pensions and annuities	
Rents, royalties, partnerships, etc	-6,350.
Farm income (loss)	
Social security benefits	
Other income	
Total Gross Income	81,816.
Adjustments to Income	
Adjusted Gross Income (Last year's AGI)	81,816.
Itemized/Standard Deductions	
Medical and dental	
Taxes	
Interest	
Contributions	
Casualty or theft loss(es)	
Miscellaneous	
Total Itemized Deductions	
Standard deduction	24,800.
Taxable Income	57,016.
Income tax	6,448.
Alternative minimum tax	
Total Taxes before Credits	6,448.
Nonbusiness credits	
Business credits	
Total Credits	
Self-employment tax	
Other taxes	
Total Tax	6,448.
Withholding	12,748.
Estimated tax payments	
Other payments	
Total Payments	13,948.
Estimated tax penalty	
Refund applied to next year's estimated tax	
Amount Overpaid	7,500.
Refund	7,500.
Amount Applied to Estimate	
Amount Due	0.

Tax bracket	12.0 %
Effective tax rate	7.88 %

Recovery Rebate Credit Worksheet 2020

Name(s) Shown on Return: RANJITH REDDY MADA & SHIRISHA RAVULA

Social Security No.: 884-18-8111

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

1	Can you be claimed as a dependent on another person's 2020 return? [X] **No.** Go to line 2 [ ] **Yes. Stop**. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30.		
2	Does your 2020 return include a valid social security number for you, and if filing a joint return, your spouse? [ ] **Yes.** Skip lines 3 and 4 and go to line 5. [X] **No.** If you are filing a joint return, go to line 3. If you aren't filing a joint return, **Stop**. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.		
3	Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a valid social security number? [ ] **Yes.** Your credit is not limited. Go to line 5. [X] **No.** Go to line 4.		
4	Does one of you have a valid social security number? [X] **Yes.** Your credit is limited. Go to line 5. [ ] **No. Stop**. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30.		
5	Enter: • $1,200 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or • $2,400 if married filing jointly and you answered "Yes" to question 2 or 3	5	1,200.
6	Multiply $500 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number	6	
7	Add lines 5 and 6	7	1,200.
8	Enter: • $600 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or • $1,200 if married filing jointly and you answered "Yes" to question 2 or 3	8	600.
9	Multiply $600 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number	9	
10	Add lines 8 and 9	10	600.
11	Enter the amount from line 11 of Form 1040 or 1040-SR	11	81,816.
12	Enter the amount shown below for your filing status : • $150,000 if married filing jointly or qualifying widow(er) • $112,500 if head of household • $75,000 if single or married filing separately	12	150,000.
13	Is the amount on line 11 more than the amount on line 12? [X] **No.** Skip line 14. Enter the amount from line 7 on line 15 and the amount from line 10 on line 18. [ ] **Yes.** Subtract line 12 from line 11.	13	
14	Multiply line 13 by 5% (0.05)	14	
15	Subtract line 14 from line 7. If zero or less, enter -0-	15	1,200.
16	Enter the amount, if any, of the economic impact payment (EIP) 1 that was issued to you (before offset for any past-due child support payment). You may refer to Notice 1444 or your tax account information at IRS.gov/Account for the amount to enter here.	16	0.
17	Subtract line 16 from line 15. If zero or less, enter -0-. If line 16 is more than line 15 you don't have to pay back the difference	17	1,200.
18	Subtract line 14 from line 10. If zero or less, enter -0-	18	600.
19	Enter the amount, if any, of EIP 2 that was issued to you. You may refer to Notice 1444-B or your tax account information at IRS.gov/Account for the amount to enter here.	19	600.
20	Subtract line 19 from line 18. If zero or less, enter -0-. If line 19 is more than line 18 you don't have to pay back the difference	20	0.
21	**Recovery rebate credit**. Add lines 17 and 20. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR.	21	1,200.

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 (MYTHRI CONSULTING LLC)

Qualified Business Income Deduction Smart Worksheet

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).

A	Is this activity a qualified trade or business under Section 199A?	Yes	No
B	QBI worksheet to report . . . . ►		
C	Specified Service Trade or Business (SSTB)?	Yes	No

SMART WORKSHEET FOR: Schedule E Worksheet (RAMPUR LOCALITY)
This copy of the Worksheet will be on . . ► Schedule E, Page 1, Copy 1, Property A

SMART WORKSHEET FOR: Schedule E Worksheet (RAMPUR LOCALITY)

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 (RAMPUR LOCALITY)

Activity Summary Smart Worksheet

Supporting information provided by program. NO ENTRIES ARE NEEDED.

		Regular Tax	QBI	Alternative Minimum Tax
A	Ownership	Taxpayer		
B	At risk status	All		
C	Passive status	Active RE		
	Schedule E			
D	Tentative profit (loss)	-6,350.		-6,350.
E	Other adjustments			
F	At risk disallowed loss			
G	Passive carryover loss			
H	Passive disallowed loss			
I	Net profit (loss) allowed	-6,350.		-6,350.
	Related Dispositions			
J	Tentative profit (loss)			
K	At risk disallowed loss			
L	Passive carryover loss			
M	Passive disallowed loss			
N	Net profit (loss) allowed			