E 1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	20	20	OMB No. 1545	-0074	IRS Us	e Only	—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly ou checked the MFS box, enter the n son is a child but not your dependent	ame of	ed filing se your spous	-					,			. , . ,
Your first name	and m	iddle initial	Last na	ime							Your so	cial securi	ty number
DILIP KU	JMAR		NOM	JLA							886-	92-703	9
lf joint return, s	pouse's	s first name and middle initial	Last na	ime							Spouse	's social se	curity number
Home address		er and street). If you have a P.O. box, see LN N	instructi	ons.					pt. no. 5219		Check	here if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below	/.	Sta	te	ZIP co	de				ntly, want \$3
PLYMOUTH	H					MI	N	554	41			low will not	Checking a change
Foreign country	/ name			Foreign prov	ince/stat	e/coun	ty	Foreig	n postal (code		x or refund.	0
At any time du	ring 20	020, did you receive, sell, send, excl	nange, d	or otherwis	e acquir	e any	financial intere	l est in a	ny virtu	al cu	rrency?		
Standard Deduction Age/Blindness		eone can claim: You as a de Spouse itemizes on a separate retur : Were born before January 2, 1	n or you		ial-statu			rn befc	ore Janu	iary 2	2, 1956	🗌 ls bl	lind
Dependents	s (see	instructions):		(2) Soc	cial secur	ity	(3) Relationsh	nip	(4) 🖌	/ if q	ualifies fo	or (see instru	uctions):
lf more	(1) F	irst name Last name		n	umber		to you		Child	tax ci	redit	Credit for ot	her dependents
than four													
dependents, see instruction	e												
and check													
here 🕨 📃													
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2	• •						. 1	·	74,626.
Attach Sch. B if	2 a	Tax-exempt interest	2a			bΤ	axable interes	t.			. 2b)	
required.	3a	Qualified dividends	3a		5.	bС	Ordinary divide	nds .			. 3b)	5.
	4a	IRA distributions	4a			bΤ	axable amoun	t			. 4b)	
	5a	Pensions and annuities	5a			bΤ	axable amoun	t			. 5b)	
Standard	6a	Social security benefits	6a			bΤ	axable amoun	t		• _	. 6b)	
 Deduction for – Single or 	7	Capital gain or (loss). Attach Schee	dule D i	f required.	lf not re	quired	, check here				_ 7		46.
Married filing separately,	8	Other income from Schedule 1, lin	e9.								. 8		-4,580.
\$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. 1	This is your	total in	come					▶ 9		70,097.
 Married filing jointly or 	10	Adjustments to income:					1	I					
Qualifying	а							a			_		
widow(er), \$24,800	b	Charitable contributions if you take						b					
Head of household	С	Add lines 10a and 10b. These are	•	-							► <u>10</u>		
household, \$18,650	11	Subtract line 10c from line 9. This	•								► <u>11</u>		70,097.
 If you checked any box under 	12	Standard deduction or itemized		``		,							12,400.
Standard	13	Qualified business income deduction											
Deduction, see instructions.	14	Add lines 12 and 13											12,400.
	15	Taxable income. Subtract line 14	trom lir	ne 11. If zer	o or les	s, ente	er-0			•	. 15	j	57,697.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2020)

Form 1040 (2020))										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 [4972	3]		. 16	8,479.
	17	Amount from Schedule 2, lir	ne3							. 17	0.
	18	Add lines 16 and 17								. 18	8,479.
	19	Child tax credit or credit for	other dependen	ts						. 19	
	20	Amount from Schedule 3, lir	ne7							. 20	
	21	Add lines 19 and 20								. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						. 22	8,479.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line [·]	10.				. 23	0.
	24	Add lines 22 and 23. This is	your total tax							▶ 24	8,479.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	i 11	1,202	2.	
	b	Form(s) 1099					25b)			
	с	Other forms (see instruction	s)				250	;			
	d	Add lines 25a through 25c								. 25d	11,202.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	19 retur	n				. 26	
qualifying child,	27	Earned income credit (EIC)			¹	Nọ.	27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812			28				
nontaxable	29	American opportunity credit	from Form 8863	3, line 8			29				
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .				30	-	1,800	Σ.	
	31	Amount from Schedule 3, lir	ne 13				31				
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and	d refunc	lable c	redits .		▶ 32	1,800.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments						▶ 33	13,002.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is t	the amo	unt you	overpaid		. 34	4,523.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attac	hed, che	eck hei	re	. 🕨 🛛	35a	4,523.
Direct deposit?	►b	Routing number 3 2 2			► c Ty	_	Che		Saving	gs	
See instructions.	►d	Account number 2 5 0	9 9 7 0	5 0						-	
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax .	. 🕨	36				
Amount	37	Subtract line 33 from line 24	. This is the am	ount vou owe	now .					37	
You Owe		Note: Schedule H and Sch		•						or	
For details on		2020. See Schedule 3, line 1		,	•	oonr an	0				
how to pay, see instructions.	38	Estimated tax penalty (see in	nstructions) .			. 🕨	38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with	the IRS	? See	1			
Designee	ins	tructions	· · · · ·				. 🕨	Yes. C	Comple	te below.	🗙 No
		signee's		Phone						entification	
		ne 🕨		no. 🕨					ber (PI	/	
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here		ur signature		Date		cupation					nt you an Identity
		Signature		Duic		oupation					IN, enter it here
Joint return?					SOFT	WARE	ENGI	NEER	(5	see inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse	's occupa	ation				nt your spouse an
your records.	,									dentity Prot see inst.) 🕨	ection PIN, enter it here
									(
		one no. eparer's name	Preparer's signat	Email address			Date	<u></u>	PTIN		Check if:
Paid					גיייםוזי׳	יי דד איד					Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		NAM SAGAR	GUPIA	тАЦЦАІ	102/	/24/2021		082703	
Use Only		n's name ► GLOBAL TA n's address ► 2530 Pebb		n Cummin	~ (⁷)	200/11					678)965-9522
					-					firm's EIN Ⅰ	
GO TO WWW.Irs.go	ov/Forn	1040 for instructions and the late	st information.		В	AA	RE	V 02/15/21 PR	U		Form 1040 (2020)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

2020	
Attachment Sequence No. 01	

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
DILIP KUMAR NOMULA	886-92-7039
Part I Additional Income	

Pa			
1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
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	-4,580.
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	4 500
Par	line 8	3	-4,580.
10		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		
С	Date of original divorce or separation agreement (see instructions)		
19		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		
F F	on Form 1040, 1040-SR, or 1040-NR, line 10a	22	
ror Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 02/15/21 PRO	Schedule	e 1 (Form 1040) 2020

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/ScheduleD for instructions and the latest information.
 Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

2020 Attachment Sequence No. 12

Name(s) shown on return

DILIP KUMAR NOMULA

Your social security number

886-92-7039

Did you dispose of any	investment(s) in a qualified	l opportunity fund	during the tax year?	Yes	× No
If "Yes," attach Form 89	949 and see its instructions	s for additional req	uirements for reporting	your gain o	r loss.

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, column	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	2,462.	2,435.		19.	46.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	iy, from line 8 of y	our Capital Loss	Carryover	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwis	•	.,		7	46.

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, f line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
12	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824	11 12				
13 14	Capital gain distributions. See the instructions Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	13 14	()			
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•			15	

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 46.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 	
	☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.	
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 02/15/21 PRO

Schedule D (Form 1040) 2020

Form **8949**

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Internal Revenue Service Name(s) shown on return

DILIP KUMAR NOMULA

Department of the Treasury

886-	92-	-703	9

Social security number or taxpayer identification number

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

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

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

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

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) (c) Date acquired		(d) Proceeds	(e) Cost or other basis. See the Note below	Adjustment, in If you enter an enter a co See the sep	Gain or (loss). Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
Robinhood Securities LLC	06/15/20	12/21/20	2,462.	2,435.	W	19.	46.	
2 Totals. Add the amounts in columna negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6	al here and inc is checked), lir	lude on your 1e 2 (if Box B	2,462.	2,435.		19.	46.	

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

SCHEDULE	E
(Form 1040)	

Department of the Treasury

Internal Revenue Service (99)

Supplemental Income and Loss

OMB No. 1545-0074 20

20

(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

Name(s)	shown on return								Yo	ur social secur	ity number	
DILI	P KUMAR NOMULA									36-92-703		
Part			al Real Estate and Roy you are an individual, rep	-		-				• •		
			at would require you to									
			d Form(s) 1099?		. ,							
1a			(street, city, state, ZIF						•	•••		
-					,	TT 7 11 (
<u>А</u> В	H.NO: 2-39/A,	FLAI NO -	103 CHAITANYAPU	JRI I	HYD II	LANG	ANA I	100000	0			
<u>C</u>								Dental	Personal Use			
1b	Type of Property	2 For eac	h rental real estate prop report the number of fa	perty li	orty listou					Use QJV		
	(from list below)	norcon	al use days. Check the l neet the requirements to	QJV b	ox only		Days		Days			
<u>A</u>	3	if you n	neet the requirements to d joint venture. See inst	o file a	sa			365		0		
В		quaime	a joint venture. See inst	ructio	ns.	В						
С						С						
	of Property:											
1 Sing	le Family Residence		on/Short-Term Rental	5 La	nd		7 Self-	Rental				
	ti-Family Residence	4 Comm		6 Ro	yalties		8 Othe	r (describe))			
Incom	e:		Properties:			Α		В	3		С	
3	Rents received			3			420.					
4	Royalties received .			4								
Expen	ses:											
5	Advertising			5								
6	Auto and travel (see in	nstructions)		6								
7	Cleaning and mainter	nance		7			900.					
8	Commissions			8								_
9	Insurance			9								
10	Legal and other profe			10								
11	Management fees .			11			700.					
12	Mortgage interest pai			12								_
13	Other interest			13								_
14	Repairs			14		1,	200.					_
15	Supplies			15			500.					
16	Taxes			16		-						
17	Utilities			17			700.					_
18	Depreciation expense			18								
19	Other (list) ►	•		19								
20	Total expenses. Add	lines 5 throug		20		5.	000.					
21	Subtract line 20 from					- 1						
21			o find out if you must									
	file Form 6198		-	21		-4,	580.					
22	Deductible rental real	l estate loss :	after limitation if any									
	on Form 8582 (see in			22	(-4.5	80.)	()
23a	-		ne 3 for all rental prope			_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	23a	`	4	20.		<i>,</i>
b		•	ne 4 for all royalty prop				23b					
c		•	ne 12 for all properties				23c					
d			ne 18 for all properties				23d					
e			ne 20 for all properties				23e		5,0	0.0		
24		•	iown on line 21. Do no				206		5,0	24		
24 25			21 and rental real estate		2		· ·	l loseae har	•	24 (4,580.)
										23 (т,500.)
26			Ity income or (loss).									
			0 on page 2 do not a herwise, include this ar							26	-4,580	

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

DEPARTMENT OF REVENUE 2020 Form M1, Individual Income Tax



DILIP KUMAR Your First Name and Initial		NOMULA Your Last Name		36927039 Ir Social Security Number	(SSN) 06071991 Your Date of Birth	
If a Joint	Return, Spouse's First Name and Initial	Spouse's Last Name	Spo	ouse's Social Security Numl	per Spouse's Date of Birth	
	NATHAN LN N APT	PLYMOUTH	MI		Check if Address is:	
	Home Address	City	Sta		New Foreign	
2020	Federal Filing Status (pla	ce an X in one box):				
× (1)	Single (2) Married Filing Jointly	(3) Married Filing Separate Spouse Name		(4) Head of Househo	ld (5) Qualifying Widow(er)	
Depe	ndents (see instructions)	Spouse SSN				
Depende	ent 1 First Name	Dependent 1 Last Name	De	pendent 1 SSN	Dependent 1 Relationship to You	
Depende	ent 2 First Name	Dependent 2 Last Name	De	pendent 2 SSN	Dependent 2 Relationship to You	
Depende	ent 3 First Name	Dependent 3 Last Name	De	pendent 3 SSN	Dependent 3 Relationship to You	
To grant	Repub	ty of your choice. It will help candida cal Party Code Numbers: Jlican—11 Indepen cratic/Farmer-Labor—12 Grassroc	dence—13 G	reen—15 Lega	crease your tax or reduce your refund. al Marijuana Now—17 eral Campaign Fund—99	
A. Wage	74626Is, salaries, tips, etc.B. IR/	O A, pensions, and annuities	C. Unemployment	D. F	57697 ederal taxable income	
1	Federal adjusted gross income (from line 11 of federal Form 1	040 and 1040-SR)		. 1 ■ <u>70097</u>	
2	Additions to Minnesota income	from line 17 of Schedule M1N	1 (see instructions; enclose	e Schedule M1M)	2	
3	Add lines 1 and 2				3 70097	
4	4 Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions)					
5	Exemptions (determine from ins	tructions)			5	
6 7						
8	Total subtractions. Add lines 4 th	rough 7			812400	
9	Minnesota taxable income. Sub	tract line 8 from line 3. If zero o	r less, leave blank		9 57697	
10	Tax from the table in the Form N	11 instructions			10 <u>3529</u>	
11	Alternative minimum tax (enclose	e Schedule M1MT)			11	

2020 M1, page 2



12 13	Add lines 10 and 11	12	3529
	Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 32 on line 13, from line 28 on line 13a, and from line 29 on line 13b <i>(enclose Schedule M1NR)</i>	13	3529
14	13a 0 13b 0 13b 0 0 Other taxes, such as recapture amounts and the tax on lump-sum distributions (<i>check appropriate boxes</i>)		
	(a) Schedule M1HOME (b) Schedule M1529 (c) Schedule M1LS	14	
15	Tax before credits. Add lines 13 and 14	15	3529
16	Amount from line 17 of Schedule M1C, Nonrefundable Credits (enclose Schedule M1C)	16	
17 18	Subtract line 16 from line 15 (<i>if result is zero or less, leave blank</i>) Nongame Wildlife Fund contribution (<i>see instructions</i>)		3529
	This will reduce your refund or increase the amount you owe	18 🔳	
19 20	Add lines 17 and 18	19	3529
20	Minnesota mcome tax withheld. Complete and enclose schedule WTW to report	20	4391
21	Minnesota estimated tax and extension payments made for 2020	21	
22	Amount from line 9 of Schedule M1REF, Refundable Credits (see instructions; enclose Schedule M1REF)	22 🔳	
23 24	Total payments. Add lines 20 through 22 REFUND . If line 23 is more than line 19, subtract line 19 from line 23 (<i>see instructions</i>).	23	4391
25	For direct deposit, complete line 25 Direct deposit of your refund <i>(you must use an account not associated with a foreign bank)</i> :	24 🔳	862
	Checking Savings 322271627 250997050 Routing Number Account Number		
26 27			
IF V	this amount from line 24 or add it to line 26 <i>(enclose Schedule M15)</i>	27 🔳	
28	Amount from line 24 you want sent to you	28	
29	Amount from line 24 you want applied to your 2021 estimated tax	29	
Тахр	ayer: I declare that this return is correct and complete to the best of my knowledge and belief.		

Your Signature	Spouse's Signature (If Filing Jointly)	Date (MM/DD/YYYY)		
6262671172 Daytime Phone	DILIPKUMARNOMULA@GMAIL.COM Email Address			
SYAM PRIYA RAM SAGAR GUPTA TALLAM Paid Preparer's Signature	02242021 Date (MM/DD/YYYY)	P02082703 PTIN or VITA/TCE # (required)		
6789659522 Preparer's Daytime Phone I do not want my paid preparer to file my return electronically.	SYAM@GTAXFILE.COM Preparer's Email Address I authorize the Minnesota Department of Revenue to discuss this return with my paid preparer or the third-party designee indicated on my federal return.			
Include a copy of your 2020 federal return and schedules. REV 02/16/21 PRO	Mail to: Minnesota Individual Income Tax, St. Paul, MN 55145-0010			

DEPARTMENT OF REVENUE



2020 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

DILIP KUMAR	NOMULA	886927039
Your First Name and Initial	Last Name	Your Social Security Number
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF that shows Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. DO NOT send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

	Α	B—Box 13	C—Box 15	D—Box 16	E—Box 17
	If the Form W-2 is for:	If Retirement Plan box is checked,	Employer's seven-digit Minnesota Tax ID Number	State wages, tips, etc.	Minnesota tax withheld
	• you, enter 1	,	Tax ID Number	(round to nearest whole dollar)	(round to nearest whole dollar)
	• spouse, enter 2 a1	mark an X below. b1	c1 MN5984804	d174626	e14391
	a2	b2	c2 MN	d2	e2
	a3	b3	c3 MN	d3	e3
	a4	b4	c4 MN	d4	e4
	a5	b5	c5 MN	d5	e5
	Subtotal for addition	nal Forms W-2 (fron	n line 5 on page 2)		
	Total Minnesota tax	withheld on all Fo	rms W-2 (add amounts in line 1, col	umn E)	1 4391
2	Minnesota tax with	held on Forms 1099	, W-2G, and 1042-S. If you have mo	re than four forms, complete line	6 on the back.
	Α		В	с	D
	If the Form 1099, W-2G	, or 1042-S is for:	Payer's seven-digit Minnesota Tax ID	Income amount (see the table on	Minnesota tax withheld
	• you, enter 1		Number (if unknown, contact the pay		(round to nearest whole dollar,
	 spouse, enter 2 				
	a1		b1 MN	c1	d1
	a2		b2 MN	c2	d2
	a3		b3 MN	c3	d3
	a4		b4 MN	c4	d4
	Subtotal for addition	nal 1099, W-2G, and	1042-S (from line 6 on page 2)		
	Total Minnesota tax	withheld on all 10	99, W-2G, and 1042-S (add amount	rs in line 2, column D)	2
3			erships, S corporations, and fiducia		
_		,			3
4	Total. Add the Minn				- 4201
	Enter the total here	and on line 20 of Fo	orm M1		4 4391
			Include this schedule with		
			If required, include Schedul		
- E	D		10.2		