E 104(artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 20	20	OMB No. 1545	5-0074	IRS Use Only	—Do not w	vrite or staple	in this space.
Filing Statu Check only one box.	lf yc	Single Arried filing jointly ou checked the MFS box, enter the n son is a child but not your dependent	ame of y	ed filing separatel your spouse. If yo				hold (HOH) box, enter th		, ,	. , . ,
Your first name	e and m	iddle initial	Last na	me					Your so	cial securit	ty number
SAI CHA	ND		NAGA	NDLA					486-	93-483	3
lf joint return, s	spouse's	s first name and middle initial	Last na	me					Spouse'	s social sec	curity number
		er and street). If you have a P.O. box, see ER HOUSE LN	instructio	ons.			ļ	Apt. no.	Check ł	here if you,	
City, town, or p	post offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP co	ode			ntly, want \$3 Checking a
SAINT L	OUIS				М	0	631	46		ow will not	0
Foreign countr	ry name		F	oreign province/sta	ate/cour	nty	Foreig	gn postal code	your tax	k or refund.	
										You	Spouse
At any time du	uring 20	020, did you receive, sell, send, excl	nange, c	or otherwise acqu	ire any	financial inter	est in a	any virtual cu	rrency?	Yes	X No
Standard Deduction	_	neone can claim: You as a de Spouse itemizes on a separate retur	•	— .		a dependent					
Age/Blindnes	s You	: 🗌 Were born before January 2, 1	956	Are blind	Spouse	e: 🗌 Was bo	rn befo	ore January 2	2, 1956	🗌 ls bl	ind
Dependent	s (see	instructions):		(2) Social secu	uritv	(3) Relations	ain	(4) 🖌 if a	ualifies fo	r (see instru	ictions):
If more		irst name Last name		number	,	to you		Child tax ci			her dependents
than four										[
dependents,										[3
see instruction and check	IS ——							<u> </u>		[
here								<u> </u>		[
	1	Wages, salaries, tips, etc. Attach F	orm(s) \	N-2					. 1		
Attach	2a	•	2a		h T	Faxable interes	et .		2b		
Sch. B if	3a	· ·	3a	88.		Ordinary divide			 3b		88.
required.			4a			Faxable amour			. 4b		
	5a		5a			Faxable amour			. 15 . 5b		
Standard) 6a		6a			Faxable amour			. 6b		
Deduction for -	7	Capital gain or (loss). Attach Sched		required If not r				· · · ·	7	-	45,506.
 Single or Married filing 	8	Other income from Schedule 1. lin			•	-	• •		. 8		-8,600.
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,					• •		. <u>0</u> ▶ 9		<u> </u>
\$12,400Married filing	10	Adjustments to income:					• •			,	<u>,,,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
jointly or	a	,				10		4,00	0		
Qualifying widow(er),	b	Charitable contributions if you take					_	1,00	<u> </u>		
\$24,800 • Head of	c	Add lines 10a and 10b. These are							► 10c		4,000.
household,	11	Subtract line 10c from line 9. This	-	-					► 11		60,975.
\$18,650 If you checked	12	Standard deduction or itemized									12,400.
any box under	12	Qualified business income deduction			,						12,100.
Standard Deduction,	13									-	12,400.
see instructions.	15	Taxable income. Subtract line 14									48,575.
	15	Taxable Income. Subtract line 14			55, CILL	<u></u>			. 15		10,575.

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 4	1972	3			16	6,468.
	17	Amount from Schedule 2, lir	ne3							17	
	18	Add lines 16 and 17								18	6,468.
	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	6,468.
	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	6,468.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	3	,641		
	b	Form(s) 1099					25b				
	с	Other forms (see instructions	s)				25c				
	d	Add lines 25a through 25c								25d	3,641.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 return .					26	
qualifying child,	27	Earned income credit (EIC)					27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812			28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8			29				
see instructions.	30	Recovery rebate credit. See	instructions .				30				
	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 re	efunda	ble cr	edits	. 🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 🕨	33	3,641.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the	amoun	nt you	overpaid		34	
neruna	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attache	d, chec	k here	e		35a	
Direct deposit?	►b	Routing number X X X	X X X X	XX	► c Type	e: 🗌	Chec	king 🔲	Saving	s	
See instructions.	►d	Account number X X X	X X X X	x x x z	X X X	XX	X	X			
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax		36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now				. 🕨	. 37	2,865.
You Owe		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for									
For details on		2020. See Schedule 3, line 1			•				0.110 1.0		
how to pay, see instructions.	38	Estimated tax penalty (see ir	nstructions) .				38		38		
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the	IRS?	See				
Designee	ins	tructions	· · · · ·					Yes. Co	omplet	e below.	🗙 No
		signee's		Phone						ntification	
		me 🕨		no. 🕨					ber (PIN		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here		ur signature		Date	Your occup	,	000 011				nt you an Identity
	10	ur signature		Dale	Your occup	Jation					IN, enter it here
Joint return?					SOFTWA	ARE E	NGI	NEER	(se	ee inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's o	occupatio	on				nt your spouse an
Keep a copy for your records.	·										ection PIN, enter it here
your rocordo.									(56	ee inst.) 🕨	
		one no.	Dura and 1	Email address					יאידס		Oh a shaife
Paid		eparer's name	Preparer's signat		A		Date		PTIN	00505	Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TA	ALLAM	03/	07/2021		82703	Self-employed
Use Only		m's name ► GLOBAL TA							Pł	none no. (678)965-9522
	Firr	m's address ► 2530 Pebb	le Creek L	n Cummin	g GA 30	041			Fi	m's EIN 🕨	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA		REV	/ 03/01/21 PRC)		Form 1040 (2020)

Go to www.irs.gov/Form1040 for instructions and the latest information.

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-NRYour social security numberSAI CHAND NAGANDLA486-93-4833

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 a	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	-8,600.
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	-8,600.
Par	t 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		
С	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	4,000.
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	4,000.
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 03/01/21 PRO	Schedu	le 1 (Form 1040) 2020

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

SAI CHAND NAGANDLA

Your social security number

486-93-4833

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustment to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, I line 2, column	Part I,	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	213,661.	169,436.	1,4	29.	45,654.
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	8,489.	8,637.			-148.
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	6	()			
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	7	45,506.			

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

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, I line 2, colum	Part II,	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.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824	11				
12	Net long-term gain or (loss) from partnerships, S corporat	12				
13	Capital gain distributions. See the instructions	13				
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	14	()			
15	15					

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 45,506.
	• 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? Yes. Go to line 18.	
	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?	
	X 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 03/01/21 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.



Department of the Treasury Internal Revenue Service Name(s) shown on return

 Name(s) shown on return
 Social security number or taxpayer identification number

 SAI CHAND NAGANDLA
 486-93-4833

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) Date acquired	(c) Date sold or	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)		and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment		
Robinhood Securities LLC	01/01/20	12/31/20	213,661.	169,436.	W	1,429.	45,654.	
2 Totals. Add the amounts in column negative amounts). Enter each to Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box	al here and inc e is checked), lir	lude on your 1e 2 (if Box B	213,661.	169,436.		1,429.	45,654.	

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.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

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.



Department of the Treasury Internal Revenue Service Name(s) shown on return

SAI CI

iown on return	Social security number or taxpayer identification number
HAND NAGANDLA	486-93-4833

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.

(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

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

1 (a) Description of property	(b) Date acquired		(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)			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 Crypto LLC	Various	04/03/20	8,489.	8,637.			-148.
2 Totals. Add the amounts in column negative amounts). Enter each to Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box	tal here and inc e is checked), li	lude on your 1e 2 (if Box B	8,489.	8,637.			-148.

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.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

SCHEDULE	Е
(Form 1040)	

Department of the Treasury

Internal Revenue Service (99)

Supplemental Income and Loss

OMB No. 1545-0074

90

(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.

Your soci	al security number
	Attachment Sequence No. 13

Name(s)	shown on return							You	r social securit	y number
SAI	CHAND NAGANDLA							48	86-93-483	3
Part		s From Rental Real Estate and Ro instructions. If you are an individual, rep	-		-					
		ents in 2020 that would require you to								
		ou file required Form(s) 1099?								Yes 🗌 No
<u>1</u> a		each property (street, city, state, ZIF		• •				• •	•••□	
A		ARUNDELPET GUNTUR ANDHF		יספת	T TNT	E 2 2 0 C	2			
 	0-10-40, 10/2,	ARUNDELPEI GUNIUR ANDAR	KA PRA	ADESP	1 LIN	52200	2			
<u> </u>										
 1b	Type of Property			l		Eair	Rental	Dor	sonal Use	
1D	(from list below)	2 For each rental real estate prop above, report the number of fa	perty list ir rental	ed and			Days	Fer	Days	QJV
	, ,	personal use days. Check the	QJV bo>	<pre>< onlv₁</pre>	•		-		-	
 	3	if you meet the requirements to qualified joint venture. See inst	o file as a tructions	a	A B		365		0	
С				.	Б С					
	f Dranartar				C					
	of Property:	0. Magazian (Chart Tarra Dantal	5 ama	1			Dantal			
-	le Family Residence	3 Vacation/Short-Term Rental					Rental			
	ti-Family Residence	4 Commercial	6 Roya	alties		8 Othe	er (describe)			
Incom	-	Properties:			Α		E	5		С
3			3			420.				
_4			4							
Expen										
5	0		5							
6	(nstructions)	6		-					
7	•	nance	7		1,	000.				
8			8							
9			9							
10		essional fees	10							
11			11		1,	200.				
12		id to banks, etc. (see instructions)	12							
13			13			600.				
14			14			180.				
15	Supplies		15		1,	240.				
16			16							
17			17		1,	800.				
18		e or depletion	18							
19	Other (list) ►		19							
20	Total expenses. Add	lines 5 through 19	20		9,	020.				
21		line 3 (rents) and/or 4 (royalties). If								
		instructions to find out if you must			_					
	file Form 6198		21		-8,	600.				
22	Deductible rental real on Form 8582 (see in	l estate loss after limitation, if any,	22 (_ 8 6	; 00.)	()
23a		eported on line 3 for all rental prope			0,0	23a	1	4 ا	20.)
		eported on line 4 for all royalty prop		• •	• •	23b		т.	20.	
b		eported on line 12 for all properties	EI 1185	• •		230 23c			_	
c d			• •	• •		23C				
d		eported on line 18 for all properties eported on line 20 for all properties	• •	• •		230 23e		9,0	20	
е 24		e amounts shown on line 21. Do no	tinolud			236		, 0, e	20. 24	
24 25		e amounts shown on line 21. Do no				· ·				8,600.)
25								t	25 (0,000.)
26		ate and royalty income or (loss).								
								011	26	-8,600.
		V, and line 40 on page 2 do not 40), line 5. Otherwise, include this ar						on	26	-8,600.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Tuition and Fees Deduction

OMB No. 1545-0074

Attach to Form 1040 or 1040-SR.
 Go to www.irs.gov/Form8917 for the latest information.

Attachment Sequence No. 60

Your social security number

486-93-4833

Name(s) shown on return

SAI CHAND NAGANDLA

Use this form for qualified tuition and fees paid in 2018, 2019, or 2020, and later years if legislation extends the deduction (see instructions). File a separate Form 8917 for each year after 2017 for which you qualify to take the deduction.

You **can't** take both an education credit from Form 8863 and the tuition and fees deduction from this form for the **same student** for the same tax year.

Before you begin:

AUTIO

✔ To see if you qualify for this deduction, see *Who Can Take the Deduction* in the instructions below.

- If you file Form 1040 or 1040-SR, figure any write-in adjustments.
- For 2018: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040), line 36.
- For 2019: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.
- For 2020 and later years: Figure any write-in adjustments for Schedule 1 (Form 1040 or 1040-SR); see the Instructions for Forms 1040 and 1040-SR.

1	(a) Student's name (as shown on page 1 of your tax return)	(b) Student's social secur number (as shown on page		(c) Adjusted qualified expenses (see
	First name Last name	1 of your tax return)		instructions)
	SAI CHAND NAGANDLA	486-93-4833		7,296.
2	Add the amounts on line 1, column (c), and enter the total		2	7,296.
3	Enter the amount from your "total income" line of Form 1040 or 1040-SR	64,975.		
4	• For 2018: Enter the total of the amounts on your 2018 Schedule 1 (Form 1040), lines 23 through 33, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040), line 36.			
	• For 2019 and 2020: Enter the total of the amounts on your 2019 Schedule 1 (Form 1040 or 1040-SR), lines 10 through 20, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.			
	• For later years: See <i>www.irs.gov/Form8917</i> to find out if the line references above for 2019 have changed	k		
5	Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 stop ; you can't take the deduction for tuition and fees		5	64,975.
	* If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding incom Effect of the Amount of Your Income on the Amount of Your Deduction is amount to enter on line 5.			
6	Tuition and fees deduction. Is the amount on line 5 more than \$65,0 filing jointly)?	00 (\$130,000 if married		
	Yes. Enter the smaller of line 2, or \$2,000.		0	4.000
	No. Enter the smaller of line 2, or \$4,000.		6	4,000.

Also enter this amount on line 21 of the 2019 and 2020 Schedule 1 (Form 1040 or 1040-SR), or line 34 of the 2018 Schedule 1 (Form 1040). See *www.irs.gov/Form*8917 to find out if the line references above for 2019 have changed.

_L	Form AO-1040 For Calendar Year January 1 - December 31, 2020 t in BLACK ink only and DO NOT STAPLE.		
	Amended Return Composite Return (For use by S corporations or Partnerships) Federal Extension - Select this box if you have an approved federal exte	nsion. Attach a co	py Federal Extension (Form 4868).
	ng a fiscal year return enter the beginning and ending dates here. al Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY)	Vendor Code	Department Use Only
Filing Status		5	Head of Qualifying Household Widow(er)
	Age 62 through 64 Age 65 or Older Blind urself Spouse Yourself Spouse	100% Di	Isabled Non-Obligated Spouse Spouse Yourself Spouse
Name	Social Security Number in 2020 Spouse's 486 - 93 - 4833	s Social Security Nun	Deceased in 2020
Address	Present Address (Include Apartment Number or Rural Route) 11951 CHARTER HOUSE LN City, Town, or Post Office SAINT LOUIS County of Residence STCO	State MO	ZIP Code 63146 -

You may contribute to any one or all of the trust funds on Line 47. See pages 11-12 of the instructions for more trust fund information.





				Yourself (Y)	Spous	e (S)		
	1.	Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	60975 .00	1S		00	0
	2.	Total additions (from Form MO-A, Part 1, Line 7)	2Y	. 00	28		00	0
me	3.	Total income - Add Lines 1 and 2	3Y	60975 00	3S		00	0
Income	4.	Total subtractions (from Form MO-A, Part 1, Line 18)	4Y	. 00	4S		00	0
	5.	Missouri adjusted gross income - Subtract Line 4 from Line 3	5Y	60975 .00	5S		00	0
		Total Missouri adjusted gross income - Add columns 5Y and 5S Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	8 7Y		0975 00		%)
	8.	Pension, Social Security, Social Security Disability, and Military MO-A, Part 3, Section E)			8		00)
	9.	Tax from federal return		9 6468	00			
	10.	Other tax from federal return.		10	00			
	11.	Total tax from federal return. Do not enter federal income tax with	neld.	11 6468	00			
	12.	Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage		12 15.00	%			
Jeauctions		Missouri Adjusted Gross Income Range, Line 6: Federal Ta \$25,000 or less 33 \$25,001 to \$50,000 29 \$50,001 to \$100,000 16 \$100,001 to \$125,000 55 \$125,001 or more 0	5% 5% 5% 5%	centage:				
-	13.	Federal income tax deduction – Multiply Line 11 by the percenta amount not to exceed \$5,000 for an individual or \$10,000 for co	•		13	970	00	0
Exemptic	14.	Missouri standard deduction or itemized deductions. (If itemizin • Single or Married Filing Separate-\$12,400 • Head of Hou • Married Filing Combined or Qualifying Widow(er)-\$24,800 Note: If age 65 or older, blind, or claimed as a dependent, see pa	sehol	d-\$18,650	14 1	2400	00	0
	15.	Long-term care insurance deduction	-		15		00	0
		Health care sharing ministry deduction			16		00	0
	17.	Active Duty Military income deduction			17		00	0
	18.	Inactive Duty Military income deduction			18		00	0
	19.	Bring jobs home deduction			19		00	0
	20.	Transportation facilities deduction			20		00	0
		A. Port Cargo Expansion B. International Trade Fa	cility	C. Qualified Trade Ac	tivities			

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ned	21.	First Time Home Buyers deduction. A.	В.		21		. 00		
Deductions Continued	22.	Total deductions - Add Lines 8 and 13 through 21			22	13370	. 00		
ns C	23.	Subtotal - Subtract Line 22 from Line 6			23	47605	00		
luctio	24.	Multiply Line 23 by appropriate percentages (%) on	24Y						
Dec	25.	Lines 7Y and 7S Enterprise zone or rural empowerment zone income		47605 0			00		
		modification	25Y	. 0	0 25S		. 00		
	26.	Taxable income - Subtract Line 25 from Line 24	26Y	47605.0	0 26S		. 00		
	27.	Tax (see tax chart on page 22 of the instructions)	27Y	2386 0	0 27S		00		
			2.1].[0					
	28.	Resident credit - Attach Form MO-CR and other states' income tax return(s)	28Y	. 0	0 28S		. 00		
	20								
	29.	Missouri income percentage - Enter 100% unless you are completing Form MO-NRI. Attach Form MO-NRI and a		100 %			%		
Тах		copy of your federal return if less than 100%	29Y	100 %	295		70		
Ë	30.	Balance - Subtract Line 28 from Line 27; OR	30Y	2386 0	0 30S		00		
		multiply Line 27 by percentage on Line 29	001].[0			. [00]		
	31.	Other taxes - Select box and attach federal form indicated.							
		Lump sum distribution (Form 4972)							
		Recapture of low income housing credit (Form 8611)	31Y	0	0 31S		. 00		
	32.	Subtotal - Add Lines 30 and 31	32Y	2386 0	0 32S		. 00		
		Total Tax - Add Lines 32Y and 32S			33	2386	00		
	<i>ა</i> ა.				[00]		. [00]		
	34.	MISSOURI tax withheld - Attach Forms W-2 and 1099			34	1077	. 00		
					25				
ts	35.	2020 Missouri estimated tax payments - Include overpayment from 2019 applied to 2020 35							
Payments and Credits	36.	Missouri tax payments for nonresident partners or S corporation MO-2NR and MO-NRP			36		. 00		
and									
nents	37.	Missouri tax payments for nonresident entertainers - Attach	37		. 00				
Payr	38.	Amount paid with Missouri extension of time to file (Form MO	-60)		38		. 00		
	39.	Miscellaneous tax credits (from Form MO-TC, Line 13) - Attac	h Form	мо-тс	39		. 00		
	40.	Property tax credit - Attach Form MO-PTS			40		. 00		
	/1	Total payments and credits - Add Lines 34 through 40			41	1077	. 00		



	Sk	tip Lines 42 through 44 if you are not filing an amended return.		
	42.	Amount paid on original return.	42	. 00
	43.	Overpayment as shown (or adjusted) on original return	43	. 00
		Indicate Reason for Amending		
		Enter date of IRS report (MM/DD/YY)		
urn				
Amended Return		A. Federal audit		
nded				
men		B. Net Operating Loss carryback		
∢		Enter year of credit (YY)		
		C. Investment tax credit carryback Enter date of federal amended return, if filed		
		D. Correction other than A, B, or C		
	44.	Amended return total payments and credits - Add Lines 41 and 42; subtract from Line 43. Enter on Line 44.	44	00
		Enter on Line 44	. [44]	00
	45.	If Line 41, or if amended return, Line 44, is larger than Line 33, enter the difference.		
		Amount of OVERPAYMENT	. 45	. 00
	16	Amount of Line 45 to be applied to your 2021 estimated tax	46	00
	40.			
	47.	Enter the amount of your donation in the trust fund boxes below. See instructions for additional	trust fund codes.	
	17	Children's Coldren's Coldress	Missouri National Guard	00
	478	a. Trust Fund	17d. Trust Fund	00
		Childhood Missouri		
	476	e. Memorial Fund . 00 47f. Lead . 00 47g. Relief Fund . 00 47g. Relief Fund . 00 47g.	47h. Revenue Fund	. 00
		Kansas City Soldiers Regional Law Memorial		
σ	47i	: Organ Donor		
Refund	4/1	I. Program Fund [00] 4/J. Foundation Fund [00] 4/K. St. Louis Fund [00]		
Å		Additional Additional Additional Additional		
	471	I. Code Fund Fund Fund Fund Fund Fund Fund Fund		
		Total Donation - Add amounts from Boxes 47a through 47m and enter here	47	. 00
			. []	00
	48.	Amount of Line 45 to be deposited into a Missouri 529 Education Plan (MOST)		
		account. Enter the total deposit amount from <u>Form 5632</u>	48	. 00
	40	DEFUND Outstand Lines 40, 47, and 40 form Line 45, and outstands	49	. 00
	49.	REFUND - Subtract Lines 46, 47, and 48 from Line 45 and enter here	49	
		a. Routing		
		Number c.		Savings
		b. Account Number		



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	50.	If Line 33 is larger than Line 41 or Line 44, enter the difference. Amount of UNDERPAYMENT	50	1309	. 00
Due	51.	Underpayment of estimated tax penalty - Attach Form MO-2210. Enter penalty amount he	re 51	25	. 00
Amount Due		Select this box if you are a farmer exempt from the underpayment of estimated tax	penalty.		
An	50	AMOUNT DUE - Add Lines 50 and 51.			
	52.	If you pay by check, you authorize the Department of Revenue to process the check		1004	
		electronically. Any returned check may be presented again electronically	52	1334	. 00
	of r the bas imp una	der penalties of perjury, I declare that I have examined this return, including accompanying sche ny knowledge and belief it is true, correct, and complete. By signing or entering my name in the "S Department of Revenue with my signature as required under <u>Section 143.561, RSMo</u> . Declarated and all information of which he or she has knowledge. As provided in <u>Chapter 143, RS</u> posed on any individual who files a frivolous return. I also declare under penalties of authorized aliens as defined under federal law and that I am not eligible for any tax exemption,	Signature" fie tion of prepa <u>Mo.</u> , a pena perjury tha	eld(s) below, I am prov arer (other than taxpay alty of up to \$500 sha at I employ no illeg	/iding /er) is all be al or
	alie	ns. nature	Date (MM/D	D/YY)	
	Sn	puse's Signature (If filing combined, BOTH must sign)	Date (MM/D		
	E-r	nail Address	Daytime Tele		
e			248778		
Signature		YAM@GTAXFILE.COM	Date (MM/D		
Sigı		VAM PRIYA RAM SAGAR GUPTA TALLAM			
		parer's FEIN, SSN, or PTIN	03 Preparer's T	07 <u>21</u>	
		0-1017196	67896		
	-	parer's Address	State		
]	
	2:	530 PEBBLE CREEK LN CUMMING	GA	30041	
		uthorize the Director of Revenue or delegate to discuss my return and attachments with the any member of the preparer's firm		🗌 Yes 🗙	No
	an	I you pay a tax return preparer to complete your return, but the preparer failed to sign the retu Internal Revenue Service preparer tax identification number? If you marked yes, please inse parer's name, address, and phone number in the applicable sections of the signature block a	ert the		No
		Department Use Only			
	А	FA E10 DE F			

Mail To: Balance Due: Missouri Department of Revenue

P.O. Box 329 Jefferson City, MO 65105-0329 Refund or No Amount Due: Missouri Department of Revenue P.O. Box 500 Jefferson City, MO 65105-0500 Phone (Balance Due): (573) 751-7200 Phone (Refund or No Amount Due): (573) 751-3505 Fax: (573) 522-1762 E-mail: income@dor.mo.gov



(Revised 12-2020)

	Fo MO- 2	rm 2210 Amissouri department of REVENUE 2020 Underpayment of Estimated Tax By Individuals		•	nent Use Only		
4	486	curity Number - 93 - 4833 Name	Spouse's Socia	-	curity Number		
		NDLA, SAI CHAND City, State, and ZIP Code					
You If (a) Anni	may a. Y b. A c. Y app ual P	qualify for the Short Method to calculate your penalty. You may use ou qualify to use the Short Method on the Federal Form 2210 or Il withholding and estimated tax payments were made equally throu ou do not annualize your income. lies or both (b) and (c) apply to you, complete Part I, Required Annu ayment and Part III, Regular Method.	ughout the year a	nod if and d Par	t II, Short Method. Otherv	vise, c	omplete Part I, Required
al Payment	1. 2.	Enter your 2020 tax after credits (Form MO-1040, Line 33 less app Property Tax Credit from Line 40)				1	2386.
Part I - Required Annual Payment	3. 4. 5. 6.	Withholding Taxes - Do not include any estimated tax payments of Subtract Line 3 from Line 1. If less than \$500, stop here; do not cor You do not owe the penalty Enter the tax shown on your 2019 tax return. If you did not file a 20 Tax Credit Claim, skip line 5 and enter the amount from Line 2 on Required Annual Payment - Enter the smaller of Line 2 or Line 5 Line 6, stop here; you do not owe the penalty. Do not file Form MC	omplete or file th 019 Missouri ret Line 6.	is for urn o is eq	m. r only filed a Property ual to or more than	3 4 5 6	<u> 1077.</u> <u> 1309.</u> <u> 2147.</u>
		Enter the amount, if any, from Line 3 above		7	1077.	-	
- Short Method	9. 10.	Add Lines 7 and 8 Total Underpayment for Year - Subtract Line 9 from Line 6. If zer penalty. Do not file Form MO-2210	zero or less, stop here; you do not owe the				1077. 1070.
Part II - S		Multiply Line 10 by .02352	ero). If the amou nt to enter on Lii	nt on ne 12	Line 10 was paid	11	25.
	13.	Penalty - Subtract Line 12 from Line 11. Enter result here and on F	Form MO-1040,	Line	51	13	25.

Part II Instructions - Short Method

- A. **Purpose of the Form** Use this form to determine whether your income tax was sufficiently paid throughout the year by withholding or by estimated tax payments. If it is not, you may owe a penalty on the underpaid amount.
- B. Short Method You may use the Short Method if you qualify to use the Short Method on the Federal Form 2210 or, all withholding and estimated tax payments were made equally throughout the year and you do not annualize your income.

If you do not qualify to use the Short Method, you must use the Regular Method.

Section A - Figure Your Underpayment

Complete Lines 14 through 19. If you meet any of the exceptions (see instruction D) to the penalty for all quarters, omit Lines 14 through 19 and go directly to Line 20. All estimated income tax payments due on or after April 15, 2020, and before July 15, 2020, were postponed to July 15, 2020. If impacted by this extension, do not complete the first column. Enter the figures applicable to January 1, 2020, through June 30, 2020, in the second column.

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1	4. Required annual payment (Enter payment as computed on P	art I, Line 6)			
			Due Dates o	f Installments	
		July 15, 2020	July 15, 2020	Sept. 15, 2020	Jan. 15, 2021
1	5. Required installment payments (See Instructions)				
1	6. Estimated tax paid				
1	7. Overpayment of previous installments				
1	8. Total payments				
1	9. Underpayment of current installment				
19	9a. Overpayment of current installment				
19	9b. Underpayment of previous installments				
19	9c. Total overpayment				
19	9d. Total underpayment				

Section B - Exceptions To The Penalty

Method

See instruction D - For special exceptions see instruction I for service in a "combat zone", and instruction J for farmers.

ular I	20. 21.	Total amount paid and withheld from January 1 through the installment date indicated				
Regi	21.	Exception No. 1 - prior year's tax	25% of 2019 Tax	50% of 2019 Tax	75% of 2019 Tax	100% of 2019 Tax
-		2019 tax				
Гаг	22.	Exception No. 2 - tax on prior year's income using 2020 rates and exemptions	25% of Tax	50% of Tax	75% of Tax	100% of Tax
			22.5% of Tax	45% of Tax	67.5% of Tax	
	23.	Exception No. 3 - tax on annualized 2020 income				
			90% of Tax	90% of Tax	90% of Tax	
	24.	Exception No. 4 - tax on 2020 income (See Instructions)				

Section C - Figure the Penalty

Complete Lines 25 through 29

25.	Amount of underpayment			
26.	Date of payment, due date of installment, or April 15, 2021, whichever is earlier			
27a.	Number of days between the due date of installment, and			
	either date of payment, the due date of the next			
	installment, or December 31, 2020, whichever is earlier			
27b.	Number of days from January 1, 2021 or installment date			
	to date of payment or April 15, 2021			
28a.	Multiply the 5% annual interest rate times the amount on			
	Line 25 for the number of days shown on Line 27a			
28b.	Multiply the 3% annual interest rate times the amount on			
	Line 25 for the number of days shown on Line 27b			
28c.	Total Penalty (Line 28a plus Line 28b)			
29.	Total amount on Line 28c. Show this amount on Line 51 of F			
	Penalty". If you have an underpayment on Line 50 of Form N			
	the amount equal to the total of Line 50 and the penalty amo			
	Department of Revenue will reduce your overpayment by the	e amount of penalty.	 	ļ

Note: If this form is not filed with Form MO-1040, attach check or money order payable to "Department of Revenue" and mail.

Taxation Division P.O. Box 329 Jefferson City, MO 65107-0329 E-mail: income@dor.mo.gov