E1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

Filing Status Check only one box.	If yo	Single Married filing jointly unchecked the MFS box, enter the nonis a child but not your dependent	ame o							
Your first name	and mi	ddle initial	Last n	name				Your se	ocial securi	ity number
NAVEEN I	KUMAI	R REDDY	BAN	IKA				792-	19-646	57
If joint return, s	pouse's	first name and middle initial	Last n	name				Spouse	's social se	curity number
Home address	(numbe	r and street). If you have a P.O. box, see	instruc	tions.			Apt. no.			ion Campaign
345 BUCI	(LAN	D HILLS DR					15122		here if you	, or your ntly, want \$3
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces below.	State		code			Checking a
MANCHES	ΓER				CT	0.0	5042	box be	low will no	t change
Foreign country	/ name			Foreign province/state/o	county	For	eign postal coc	le your ta	x or refund You	l. Spouse
At any time du	ring 20	20, did you receive, sell, send, excl	nange,	or otherwise acquire	any financial	interest in	n any virtual	currency?	Yes	⊠ No
Standard Deduction	_	eone can claim:				dent				
Age/Blindness	You:	Were born before January 2, 1	956	Are blind Spo	ouse: Wa	as born b	efore Januar	y 2, 1956	☐ Is b	olind
Dependents				(2) Social security		tionship		•	or (see instru	
If more		rst name Last name		number		you	Child tax		1	ther dependents
than four]		
dependents,]		
see instructions and check	s ——			_]		
here ▶]		
	1_	Wages, salaries, tips, etc. Attach F	orm(s)) W-2				. 1		74,347.
Attach	2a	Tax-exempt interest	2a		b Taxable in	terest		. 21)	
Sch. B if required.	3a	Qualified dividends	3a		b Ordinary of	lividends		. 31)	
required.	4a	IRA distributions	4a		b Taxable at	mount .		. 41)	
	5a	Pensions and annuities	5a		b Taxable a	mount .		. 51	י	
Standard	6a	Social security benefits	6a		b Taxable a	mount .		. 61	ז	
Deduction for— Single or	7	Capital gain or (loss). Attach Schee	dule D	if required. If not requ	iired, check h	ere .	•			
Married filing	8	Other income from Schedule 1, lin	e9.					. 8		-4,460.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inco	ome			▶ 9	,	69,887.
Married filing	10	Adjustments to income:								
jointly or Qualifying	а	From Schedule 1, line 22				10a				
widow(er), \$24,800	b	Charitable contributions if you take	the sta	andard deduction. See	instructions	10b				
Head of	С	Add lines 10a and 10b. These are	your t o	otal adjustments to in	ncome .			▶ 10	_	
household, \$18,650	11	Subtract line 10c from line 9. This	is your	adjusted gross inco	me			▶ 1	1	69,887.
If you checked any box under	12	Standard deduction or itemized	deduc	ctions (from Schedule	A)			. 12		12,400.
Standard	13	Qualified business income deduct	on. At	tach Form 8995 or Fo	rm 8995-A			. 1	3	
Deduction, see instructions.	14	Add lines 12 and 13						. 14	_	12,400.
	15	Taxable income. Subtract line 14	from li	ine 11. If zero or less,	enter -0			. 18	5	57,487.

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 8814 2 4972 3	16	8,435.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	8,435.
	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	8,435.
	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	8,435.
	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	11,738.
• If you have a	26	2020 estimated tax payments and amount applied from 2019 return	26	
 If you have a qualifying child, 	27	Earned income credit (EIC)		
attach Sch. EIC.	28	Additional child tax credit. Attach Schedule 8812		
nontaxable	29	American opportunity credit from Form 8863, line 8		
combat pay, see instructions.	30	Recovery rebate credit. See instructions	4	
	31	Amount from Schedule 3, line 13		
	32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	11,738.
Defined	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,303.
Refund	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ▶ □	35a	3,303.
Direct deposit?	▶b	Routing number 1 2 1 0 0 0 3 5 8		·
See instructions.	▶d	Account number 3 2 5 0 6 1 9 6 7 4 8 5		
	36	Amount of line 34 you want applied to your 2021 estimated tax 36		
Amount	37	Subtract line 33 from line 24. This is the amount you owe now	37	
You Owe		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for		
For details on how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.		
instructions.	38	Estimated tax penalty (see instructions)		
Third Party		you want to allow another person to discuss this return with the IRS? See		
Designee		tructions		X No
		signee's Phone Personal ident ne ► no. ► number (PIN)		
Cian		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to		t of my knowledge and
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Here	Yo			nt you an Identity
	k		tection Pl e inst.) ▶	N, enter it here
Joint return? See instructions.	0-	SOT IWARE DEVELOTER		
Keep a copy for	Sp			nt your spouse an ection PIN, enter it here
your records.			e inst.) 🖊	
	Ph	one no. Email address		
Daid	Pre	parer's name Preparer's signature Date PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/18/2021 P0208	2703	Self-employed
Preparer Use Only	Fir	n's name ► GLOBAL TAXES LLC Pho	ne no. (678)965-9522
Use Only	Fir	m's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm	n's EIN ▶	30-1017196
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information. BAA REV 01/08/21 PRO		Form 1040 (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

NAVEEN KUMAR REDDY BANKA

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

Attachment Sequence No. **01** Your social security number

792-19-6467

Par	t 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	-4,460.
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,		4 460
Par	t II Adjustments to Income	9	-4,460.
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	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and		
	on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

Attachment Sequence No. **13**

Name(s)	shown on return								Your so	ocial securi	ty number
NAVE	EN KUMAR REDDY	BANKA							792-	-19-646	7
Part	Income or Loss	s From Rental F	Real Estate and Ro	yaltie	s Note	: If you	are in th	e business o	of renting	personal p	roperty, use
	Schedule C. See	instructions. If you	ı are an individual, rep	ort far	m rental i	ncome	or loss fi	om Form 4	8 35 on pa	ge 2, line 4	0.
A Dic	l you make any payme	ents in 2020 that	would require you to	o file F	orm(s) 1	099? S	ee instr	uctions .		<u>`</u>	Yes X No
B If "	Yes," did you or will yo	ou file required F	Form(s) 1099?								Yes 🗌 No
1a	Physical address of										
Α	40-122, JAGATHG				-						
В											7
С											
1b	Type of Property	2 For each r	ental real estate pro	nerty l	isted		Fair	Rental	Person	nal Use	0.11/
	(from list below)	above, rer	ort the number of fa	ir rent	al and			ays	Da	ays	QJV
Α	3	personal u	ise days. Check the t the requirements to	QJV b	oox only	Α		365		0	
В	<u> </u>	qualified jo	pint venture. See ins	tructio	ns.	В					
С		-				C	_				
	of Property:										
	le Family Residence	3 Vacation/	Short-Term Rental	5 la	nd		7 Self-	Rental			
	ti-Family Residence	4 Commerci			yalties			r (describe	1		
Incom		+ COMMITTEE	Properties:	T	Jyanics	A	o Otile		<u>)</u> 3		С
3	Rents received		<u>-</u>	3		$\overline{}$	640.				
4	Royalties received .			4			010.	_			
Expen				+ -				<u> </u>			
5	Advertising			5							
6	Auto and travel (see in			6			150.				
7	Cleaning and mainter	,		7			250.				
8	Commissions			8			250.				
9	Insurance			9							_
10	Legal and other profe			10			_				_
11	Management fees .			11		_		_	-		_
12	Mortgage interest pai		(see instructions)	12		_		_	-		
13	Other interest			13			500.			_	C
				14		4,	200.				
14	Repairs			15			∠00.				
15	Supplies			_							
16	Taxes			16							
17	Utilities			_							
18	Depreciation expense	e or depletion		18							
19	Other (list) ► Total expenses. Add			19			100				
20				20		5,	100.				
21	Subtract line 20 from										
	result is a (loss), see		nd out if you must			1	160				
	file Form 6198			21		-4,	460.				
22	Deductible rental real		, , , , , , , , , , , , , , , , , , , ,		,	4		,			,
	on Form 8582 (see in			22	(-4,4		()(
23a	Total of all amounts re						23a		640	•	
b	Total of all amounts re						23b				
C	Total of all amounts re						23c				
d	Total of all amounts re						23d				
е	Total of all amounts re	•					23e		5,100	_	
24	Income. Add positive				-				. 24		
25	Losses. Add royalty lo	osses from line 21	and rental real estate	losse	s from lir	ie 22. E	nter tota	al losses he	re . 2	5 (4,460.
26	Total rental real esta										
	here. If Parts II, III, I										
	Schedule 1 (Form 104	40), line 5. Other	wise, include this a	mount	t in the t	otal on	line 41	on page 2	. 26	6	-4,460.

763Page 1

2020 Virginia Nonresident Income Tax Return Due May 1, 2021



First N	lame			MI	Last Name		Suffix	Your Soc	ial Security	Number			Chec	
IVAV	EEN KUMAR RE	DDY			BANKA			792-1	9-646	7			└─ decea	ased
Spous	se's First Name (Filing	Status 2 Only	y)	MI	Last Name		Suffix	Spouse's	Social Sec	curity Num	ber		Chec decea	
Prese	nt Home Address (Nu	mber and Stre	eet or Rural Ro	ute)			1	Birth Date	0 6	- 2 !		1 9 9	3	
	BUCKLAND HI	LLS DR	APT 151	22	I		(mr	n-dd-yyyy)	0 0)	1 9 9	3	
•	own or Post Office				State	ZIP Code		Birth Date n-dd-yyyy)		-	-			
	CHESTER of Residence		Important - N	Jame	CT of Virginia City o	06042				ment or i	ncome	e source 1	ocality Co	ode
Otate	or residence		is located.	varrie	or virginia oity c	or County in willor	i priricipai piai	De oi busiii					, -	Jue
CT			FAIRFAX							City C	R L	County 6	00	
			nded Return Reason Code	еГ			r Address Di n on 2019 V			Oversea	as on	Due Date		
Ch	eck Applicable			L		Return								
	Boxes	Depe	ndent on And	other	r's Return	Qualifying Merchant 9	Farmer, Fisl Seaman	nerman, o	r El	C Claime	d on	federal retu		
	Filing Status Enter	r Filing Statu	us Code in bo	ox be	elow.		Exem	ptions A	dd Section	ns 1 and	2. En	.0 ter the sum		e 12.
	•	•	ead of housel				You	Spou Filing S 2 or	Status Depe	endents			Total Sect	tion 1
1					nust have Virgi			1.	Ĭ + [_ = [1	X \$930 =	0.7	20
	J = Warrie		Has No Incon parate Returi		rom Any Source	е	1				Т		93	3 0
					1.0 :10	. N	You or ov	65 Spouse ver or ove		Spouse Blind			Total Sec	ction 2
	If Filing Status 3 or 4	-		e Sp	ouse's Social Se	ecurity Number		+	+ +	=		X \$800 =		
	box at top of form an	· · · · · · · · · · · · · · · · · · ·												
	Adjusted Gross Inc										1		59887	+
	Additions from Sch										2			00
3	Add Lines 1 and 2	<u>.</u>								3	3		59887	7 00
	Age Deduction (Se Enter Birth Dates a					sheet)			Y	′ou 4a	a			00
	on Line 4a and You	ir Spouse's	Age Deduction	on o	n Line 4b				Spou	ıse 4k	o			00
5	Social Security Act	and equiva	lent Tier 1 Ra	ailroa	ad Retirement A	Act benefits rep	orted on you	ur federal	return		5			00
6	State income tax re	efund or ove	erpayment cre	edit ı	reported as inco	ome on your fe	deral return.			6	3			00
7	Subtractions from S	Schedule 76	33 ADJ, Line	7						7	7			00
8	Add Lines 4a, 4b,	5, 6, and 7.	•							8	3			00
9	Virginia Adjusted	Gross Inco	ome (VAGI).	Sub	tract Line 8 fro	om Line 3				9	9	(59887	7 00
10	Itemized Deduction	s from Virgi	inia Schedule	e A, i	f applicable. Se	ee instructions.				10	0			00
11	If you do not claim	itemized de	ductions on I	Line	10, enter stand	lard deduction.	See instruc	ctions		1	1		4500	00
12	Exemption amount	. Enter the t	otal amount	from	the Exemption	Sections 1 and	d 2 above			12	2		930	00
13	Deductions from S	chedule 763	ADJ, Line 9							13	3			00
14	Add Lines 10, 11,	12 and 13.	,							14	4		5430	00
15	Virginia Taxable Ind	come comp	uted as a res	iden	t. Subtract Line	14 from Line 9)			15	5	(54457	7 00
16	Percentage from N	onresident /	Allocation Se	ctior	n on Page 2 (Er	nter to one dec	mal place o	nly)		16	3		96.5	5 %
17	Nonresident Taxab	le Income. (Multiply Line	15 k	by percentage of	on Line 16)				17	7	(52201	00
18	Income Tax from Tax	ax Table or	Tay Pata Sch	اريام	0					18	2		3319	-

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LTD

2020 FORM 763 Page 2

2020 F	ORM 763 Page 2							
Your Nam		Your SSN 792-19-6467						
	N KUMAR REDDY BANKA 'our Virginia income tax withheld. Enclose F		\/K - 1		19a		3447	00
	spouse's Virginia income tax withheld. Enclo						3447	00
	020 Estimated Tax Payments				20			00
	019 overpayment credited to 2020 estimate							00
	extension Payment - submitted using Form							+
	,							00
	Credit for Low-Income Individuals or Virginia							00
	otal credits from Schedule OSC.				24			00
	credits from Schedule CR, Section 5, Line 1.							00
	otal payments and credits. Add Lines 19	•					3447	1
27 If	Line 18 is larger than Line 26, enter the diff	ference. This is the INCOME	TAX YOU OV	VE	27			00
	Line 26 is larger than Line 18, enter the diff				28		128	00
29 A	mount of overpayment on Line 28 to be CRE	DITED TO 2021 ESTIMATE	O INCOME TAX	X	29			00
30 V	rginia529 and ABLEnow Contributions fron	n Schedule VAC, Part I, Line	6		30			00
31 C	Other Voluntary Contributions from Schedule	e VAC, Section II, Line 14			31			00
	ddition to Tax, Penalty, and Interest from er				32			00
	ales and Use Tax is due on Internet, mail ordineted instructions				33			00
	dd Lines 29 through 33				34			00
	you owe tax on Line 27, add Lines 27 and							
L	ine 34 is larger than Line 28, enter the differww.tax.virginia.govCheck here if pa	rence. AMOUNT YOU OWE	Enclose payı	ment or pay at	35			00
36 If	Line 28 is larger than Line 34, subtract Line 3	34 from Line 28. This is the an	nount to be REI	FUNDED TO YOU.	36		128	00
	ect Deposit section below is not completed,	vour refund will be issued b	v check					
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	y oncom.					
DIRECT	BANK DEPOSIT Your Bank Routing		Your Bank Acc	count Number Che	cking	X S	avings	
DIRECT Domestic	DANIE DEDOOIT		Your Bank Acc	Count Number Che	ТТ	8 5	avings	
DIRECT Domestic No Intern	BANK DEPOSIT Accounts Only Your Bank Routing	Transit Number	Your Bank Acc		ТТ	8 5	avings	
DIRECT Domestic No Intern	BANK DEPOSIT Accounts Only ational Deposits Your Bank Routing 1 2 1 0 0	Transit Number 0 3 5 8 3	Your Bank Acc	6 1 9 6 7	ТТ	8 5		00
DIRECT Domestic No Intern Nonres 1. W	BANK DEPOSIT Accounts Only ational Deposits Your Bank Routing 1 2 1 0 0 sident Allocation Percentage	Transit Number 0 3 5 8 3	Your Bank Acc 2 5 0	6 1 9 6 7 A - All Sources	4	8 5	inia Sources	
DIRECT Domestic No Intern Nonres 1. W. 2. Int 3. Di	BANK DEPOSIT Accounts Only ational Deposits Sident Allocation Percentage ages, salaries, tips, etc	Transit Number 0 3 5 8 3	Your Bank Acc 2 5 0 1 2 3	6 1 9 6 7 A - All Sources	00	8 5	inia Sources	00
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DIRECT Domestic No Intern	Accounts Only ational Deposits Sident Allocation Percentage ages, salaries, tips, etc	Transit Number 0 3 5 8 3	Your Bank Acc 2 5 0 1 2 3 4 5 6 7 8 9 10 11 12 11 12	6 1 9 6 7 A - All Sources 74347	00 00 00 00 00 00 00 00 00 00 00 00 00	8 5	inia Sources 67423	00 00 00 00 00 00 00 00 00
DIRECT	BANK DEPOSIT Accounts Only ational Deposits sident Allocation Percentage ages, salaries, tips, etc. ages income or loss. apital gain or loss/capital gain distributions. Action personal gain or losses. Action of the gains or losses are gains or losses. Action of the gains or losses are gains or losses. Action of the gains or losses are gains or losses. Action of the gains or losses are gains or losses. Action of the gains or losses are gains or losses. Action of the gains or losses are gains or losses. Action of the gains or losses are gains or losses. Action of the gains or losses are gains or losses. Action of the gains or losses are gains or losses. Action of the gains or losses are gains or losses. Action of the gains or losses are gains or losses. Action of the gains or losses are gains or losses. Action of the gains or losses are gains or losses are gains or losses. Action of the gains or losses are gains or losses are gains or losses. Action of the gains or losses are gains or losses are gains or losses. Action of the gains or losses are gains or losses are gains or losses are gains or losses. Action of the gains or losses are gains or losses are gains or losses are gains or losses are gains or losses. Action of the gains or losses are gains or losses. Action of the gains of the gains or losses are gai	Transit Number 0 3 5 8 3	Your Bank Acc 2 5 0 1 2 3 4 5 6 7 8 9 10 11 12 12 13	6 1 9 6 7 A - All Sources 74347 -4460	00 00 00 00 00 00 00 00 00 00 00 00	8 5	inia Sources 67423	00 00 00 00 00 00 00 00 00 00
DIRECT Domestic No Intern 1. W. 2. Int 3. Di 4. Ali 5. Bu 6. Ca 7. Ot 8. Ta 9. Re 11. Ot 12. Int 13. Lu 14. TO	SACCOUNTS ONLY ational Deposits ACCOUNTS ONLY ational Deposits SIGENT Allocation Percentage ages, salaries, tips, etc	Transit Number 0 3 5 8 3	Your Bank Acc 2 5 0 1 2 3 4 5 6 7 8 9 10 11 12 11 12 13 14 14	6 1 9 6 7 A - All Sources 74347	00 00 00 00 00 00 00 00 00 00 00 00 00	8 5	inia Sources 67423	00 00 00 00 00 00 00 00 00
DIRECT Domestic No Intern	BANK DEPOSIT Accounts Only ational Deposits sident Allocation Percentage ages, salaries, tips, etc. ages income or loss. apital gain or loss/capital gain distributions. Action personal gain or losses. Action of the gains or losses are gains or losses. Action of the gains or losses are gains or losses. Action of the gains or losses are gains or losses. Action of the gains or losses are gains or losses. Action of the gains or losses are gains or losses. Action of the gains or losses are gains or losses. Action of the gains or losses are gains or losses. Action of the gains or losses are gains or losses. Action of the gains or losses are gains or losses. Action of the gains or losses are gains or losses. Action of the gains or losses are gains or losses. Action of the gains or losses are gains or losses. Action of the gains or losses are gains or losses are gains or losses. Action of the gains or losses are gains or losses are gains or losses. Action of the gains or losses are gains or losses are gains or losses. Action of the gains or losses are gains or losses are gains or losses are gains or losses. Action of the gains or losses are gains or losses are gains or losses are gains or losses are gains or losses. Action of the gains or losses are gains or losses. Action of the gains of the gains or losses are gai	Transit Number 0 3 5 8 3 ions	Your Bank Acc 2 5 0 1 2 3 4 5 6 7 8 9 10 11 12 12 13 14 14 14 14	6 1 9 6 7 A - All Sources 74347 -4460	00 00 00 00 00 00 00 00 00 00 00 00	8 5	inia Sources 67423	00 00 00 00 00 00 00 00 00 00
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DIRECT Domestic No Intern 1. W. 2. Int 3. Di 4. Ali 5. Bu 6. Ca 7. Ot 8. Ta 9. Re 11. Ot 12. Int 13. Lu 14. TC 15. No pe	Accounts Only ational Deposits Sident Allocation Percentage ages, salaries, tips, etc	Transit Number 0 3 5 8 3 ions. S corporations, etc	Your Bank Acc 2 5 0 1	6 1 9 6 7 A - All Sources 74347 -4460 69887 gree to obtain my Form best of my (our) knowledgeber	00 00 00 00 00 00 00 00 00 00 1099-G	B - Virg	67423 67423 96.5%	00 00 00 00 00 00 00 00 00 00
DIRECT Domestic No Intern Nonres 1. W. 2. Int 3. Di 4. Ali 5. Bu 6. Ca 7. Ot 8. Ta 9. Ra 10. Fa 11. Ot 12. Int 13. Lu 14. TC 15. No pe I (We) Your Signa	Accounts Only ational Deposits Sident Allocation Percentage ages, salaries, tips, etc	Transit Number 0 3 5 8 3 ions. S corporations, etc	Your Bank Acc 2 5 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 12 13 14 15 14 15 1 12 15 1 14 15 1 15	6 1 9 6 7 A - All Sources 74347 -4460 69887 gree to obtain my Form best of my (our) knowledgenber 52-6586	00 00 00 00 00 00 00 00 00 00 00 00 00	at www.tax	inia Sources 67423 0 0 67423 96.5% .virginia.gov. nd complete retu	00 00 00 00 00 00 00 00 00 00
DIRECT Domestic No Intern Nonres 1. W. 2. Int 3. Di 4. Ali 5. Bu 6. Ca 7. Ot 8. Ta 9. Ra 10. Fa 11. Ot 12. Int 13. Lu 14. TC 15. No pe I (We) Your Signa	Sident Allocation Percentage ages, salaries, tips, etc. terest income. singular gain or loss/capital gain distributions. ther gains or losses. arm income or loss. therest on obligations of other states from Some summers and accumulation distributions incomes are accumulation distributions incomes and accumulation distributions and accumulation distributions are accumulation distributions.	Transit Number 0 3 5 8 3 ions. S corporations, etc	Your Bank Acc 2 5 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 14 15 14 15 14 15 14 15 14 15 16 17 17 18 19 10 11 12 12 14 15 14 15 16 16 17 17 18 19 19 19 10 10 10 11 12 12 12 13 14 15 16 16 17 17 18 19 .	A - All Sources 74347 -4460 69887 gree to obtain my Form best of my (our) knowledgen ber 52 - 6586 Number	00 00 00 00 00 00 00 00 00 00 00 00 00	B - Virg	inia Sources 67423 0 67423 96.5% .virginia.gov.	00 00 00 00 00 00 00 00 00 00

2020 Schedule INC/CG

792196467

Report all W-2s, 1099s & VK-1s with VA Withholding

NAVEEN KUMAR

BANKA



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
792196467	W	3447.	451611661	30451611661F001	67423.
	Total VA Withh	nolding	SSN	VA Withholdin	
Yo Sp	oouse		792196467	344	17.
_					

01

Total # of W-2s,1099s & VK-1s

£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.	If yo	Single Married filing jointly [ou checked the MFS box, enter the reson is a child but not your dependent	name of y	ed filing separately (your spouse. If you		_		, ,	_			, , , ,
Your first name			Last nar	me					You	r soc	ial securit	y number
NAVEEN I	KUMAI	R REDDY	BANK	A					79	2-1	9-646	7
If joint return, s	pouse's	s first name and middle initial	Last nar	ne					Spor	use's	social sec	curity number
	•	er and street). If you have a P.O. box, see D HILLS DR	 e instruction	ons.				Apt. no. 15122	Che	ck h	ere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete sp	paces below.	Sta	te	ZIP	code			0,	tly, want \$3 Checking a
MANCHES'	ΓER				C'	Г	06	042	-		w will not	•
Foreign country	y name		F	Foreign province/state	/coun	ty	Fore	eign postal cod	e your	tax	or refund.	Spouse
At any time du	ring 20	D20, did you receive, sell, send, exc	hange, o	r otherwise acquire	any	financial intere	st in	any virtual	currenc	y?	Yes	
Standard Deduction		neone can claim: You as a de Spouse itemizes on a separate retu	•									
Age/Blindness	You:	Were born before January 2, 1	1956	Are blind Sp	ouse	: Was bo	rn be	fore Januar	y 2, 195	56	☐ Is bli	ind
Dependents	s (see	instructions):		(2) Social securit	У	(3) Relationsh	nip	(4) 🗸 it	qualifie	s for	(see instru	ctions):
If more		irst name Last name				to you	.	Child tax	credit	(Credit for oth	ner dependents
than four												
dependents, see instruction	<u> </u>											
and check												
here ▶ 🗌												
	1	Wages, salaries, tips, etc. Attach	Form(s) V	V-2						1	7	74,347.
Attach Sch. B if	2a	Tax-exempt interest	2a		b T	axable interes	t			2b		
required.	3a	Qualified dividends	3a		b (Ordinary divide	nds			3b		
	4a	IRA distributions	4a		b T	axable amoun	t.			4b		
	5a	Pensions and annuities	5a		b T	axable amoun	t.		.	5b		
Standard	6a	Social security benefits	6a		b T	axable amoun	t.			6b		
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	dule D if	required. If not req	uired	, check here		▶	$\sqcup \downarrow$	7		
Married filing	8	Other income from Schedule 1, lin	ne9							8	-	-4,460.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total inc	ome				•	9	(59,887.
Married filing	10	Adjustments to income:				1						
jointly or Qualifying	а	From Schedule 1, line 22				10	а					
widow(er), \$24,800	b	Charitable contributions if you take	the stan	dard deduction. See	e inst	ructions 10	b					
Head of	С	Add lines 10a and 10b. These are	your tot	al adjustments to	inco	me			•	10c	+	
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	idjusted gross inc	ome				•	11	6	59,887.
If you checked any box under	12	Standard deduction or itemized	deducti	ons (from Schedule	e A)				.	12	1	L2,400.
Standard	13	Qualified business income deduct	tion. Atta	ch Form 8995 or Fo	orm 8	8995-A			.	13		
Deduction, see instructions.	14	Add lines 12 and 13								14		L2,400.
	15	Taxable income. Subtract line 14	from line	e 11. If zero or less,	ente	er-0				15	5	57,487.

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	3 🗌			16	8,435.
	17	Amount from Schedule 2, lir	ne 3				 .	. [17	
	18	Add lines 16 and 17						. [18	8,435.
	19	Child tax credit or credit for	other dependen	ts				. [19	
	20	Amount from Schedule 3, lir	ne 7					.	20	
	21	Add lines 19 and 20						. 1	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 1	22	8,435.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .			. 1	23	0.
	24	Add lines 22 and 23. This is						ī	24	8,435.
	25	Federal income tax withheld	•					İ		- ,
	а	Form(s) W-2				25a	11,7	38.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction				25c				
	d	Add lines 25a through 25c	,						25d	11,738.
	26	2020 estimated tax paymen						t	26	1177301
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit. A				28				
If you have nontaxable	29	American opportunity credit				29				
combat pay,	30	Recovery rebate credit. See		•		30				
see instructions.	31	Amount from Schedule 3, lir				31				
		Add lines 27 through 31. The							20	
	32							1	32	11,738.
	33	Add lines 25d, 26, and 32. T							33	-
Refund	34	If line 33 is more than line 24							34	3,303.
D: 1.1 :10	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ▶ □							35a	3,303.
Direct deposit? See instructions.	▶b	Routing number 1 2 1 0 0 0 3 5 8 ▶ c Type: ▼ Checking □ Savings Account number 3 2 5 0 6 1 9 6 7 4 8 5 □ □ Savings								
	►d	· · · · · · · · · · · · · · · · · · ·				+				
	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 amo	ount you owe	now			•	37	
You Owe For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for								
how to pay, see		2020. See Schedule 3, line 1	•			1 1				
instructions.	38	Estimated tax penalty (see in				38				
Third Party		you want to allow another	•							□
Designee		structions				. ▶ ∐ Ye				⊠ No
		signee's me ▶		Phone no. ▶			Personal number (cation	
Cian		der penalties of perjury, I declare t	hat I have examine		l accompanying sch	nedules and sta			he hes	et of my knowledge and
Sign		lief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation			If the	RS ser	nt you an Identity
	k.				·					IN, enter it here
Joint return?	L				SOFTWARE 1		R	(see ir		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	ion				nt your spouse an ection PIN, enter it here
your records.								(see in	,	Ction in, enter it here
	———Ph	one no.		Email address				,		
		eparer's name	Preparer's signat			Date	P1	ΓIN		Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TALLAM			2082	703	Self-employed
Preparer		m's name GLOBAL TA		MADAG FIFTE	COLIA IADUAN	01/10/2	721 FU	1		678)965-9522
Use Only		m's address ► 2530 Pebb		n Cummin	~ CA 30041					
0-1				Cannutti				1 1111118	EIN •	
GO TO WWW.Irs.go	ov/r-orr	n1040 for instructions and the late	ist information.		BAA	REV 01/08/2	1 PRO			Form 1040 (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

NAVEEN KUMAR REDDY BANKA

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

Attachment Sequence No. **01** Your social security number

792-19-6467

Par	t 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	-4,460.
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,		4 460
Par	t II Adjustments to Income	9	-4,460.
		10	
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	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

Attachment Sequence No. **13**

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

 \blacktriangleright Go to www.irs.gov/ScheduleE for instructions and the latest information.

Your social security number

NAVE	EN KUMAR REDDY							9-646	
Part		s From Rental Real Estate and Ro	-	-			• .		
	Schedule C. See	instructions. If you are an individual, rep	ort farm renta	ıl income	or loss f	rom Form 4	8 35 on page	2, line 4	0.
A Dic	l you make any payme	nts in 2020 that would require you to	file Form(s)	1099? 5	See inst	ructions .		. 🗌 Y	′es 🗵 No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?						'. 🗌 \	'es 🗌 No
1a	Physical address of	each property (street, city, state, ZIF	code)						
Α	40-122, JAGATHG	GIRIGUTTA HYDERABAD IN 50	00037						
В									
C									
1b	Type of Property	2 For each rental real estate prop	perty listed		Faiı	Rental	Persona		QJV
	(from list below)	above, report the number of fa personal use days. Check the	ir rental and OJV box onl	V		Days	Day	S	
A	3	if you meet the requirements to	o file as a	, A		365		0	
B		qualified joint venture. See inst	ructions.	В					
C				С					
	of Property:								
_	le Family Residence	3 Vacation/Short-Term Rental			7 Self-				
	ti-Family Residence		6 Royalties	3	8 Othe	r (describe)		
Incom		Properties:		Α		E	3		С
3			3		640.				
4			4						
Expen			_						
5	•		5						
6	•	nstructions)	6		150.				
7	•	nance	7		250.				
8		· · · · · · · · · · · ·	8						_
9	Insurance		9	-					_
10	Legal and other profe		10	-	-	_			_
11	Management fees .		11	-	_	_			
12		d to banks, etc. (see instructions)	12		500				C
13			13	4,	500.				
14	•		14		200.				
15			15						
16 17			16						
18 19	Other (list) ►	e or depletion	18						
20	` ′	lines 5 through 19	20		100				
	•	•	20	, د	100.				
21		line 3 (rents) and/or 4 (royalties). If							
	file Form 6198	instructions to find out if you must	21	-4	460.				
22		l estate loss after limitation, if any,		Ι,	100.				
22	on Form 8582 (see in	•	22 (_4 4	460.)	(١	(
23a	·	eported on line 3 for all rental prope		<u> </u>	23a	\	640.	\	
b		eported on line 4 for all royalty prope			23b		<u> </u>		
C		eported on line 4 for all properties			23c				
d		eported on line 18 for all properties			23d				
e		eported on line 20 for all properties			23e		5,100.		
24		e amounts shown on line 21. Do no					. 24		
25	·	sses from line 21 and rental real estate		-		al losses he	-	(4,460.
26		ate and royalty income or (loss).							_,,
20		V, and line 40 on page 2 do not						1	
		40), line 5. Otherwise, include this ar							-4,460.

Form CT-1040 Required Fields

The following fields are required to be automatically populated or completed for taxpayers to continue filing, or must be completed in response to the selection of other fields.

Required to be Automatically-Populated Fields

Each page of each form submitted to DRS must include the following automatically populated fields:

- 1. **Document Identification Numbers -** Three occurrences of the Document Identification Number (DIN) must be on each page. The QR Code and two DINs must be on each scannable page. (See Document Identification Number and Quick Reference (QR) Code, on Page 4.)
- 2. **Social Security Number -** The Social Security Number must appear at the top of Form CT-1040, Pages 2, 3, and 4
- 3. In addition, the following **Checklist for filing your Connecticut income tax return** must be included when hard copies of the form are printed. Taxpayers should not send the checklist to DRS with the return.

Do not send this sheet with your return.

Checklist for filing your Connecticut income tax return:

- 1. Be sure that Page 1 of your return is not printed on the back of this sheet.
- 2. Verify that the address lines on the return are correct and proper abbreviations are used.
- 3. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, all withholding claimed will be disallowed and your return will not be successfully processed.
- 4. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
- 5. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
- 6. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
- 7. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at www.ct.gov/TSC using the Taxpayer Service Center.)
- 8. Do not attach or send copies of forms W-2 or 1099.
- 9. Send **all** completed pages of CT-1040, Schedule CT-EITC, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, and Form CT-6251. Send **all** four pages of your completed return, both pages of your completed CT-EITC schedule, and any other supporting schedules.
- 10. Make check payable to: Commissioner of Revenue Services
- 11. To ensure proper posting, write your SSN(s) (optional) and "2020 Form CT-1040" on your check.
- 12. To mail your return, use the following addresses:

For all tax returns with payment:

Department of Revenue Services

PO Box 2977

Hartford CT 06104-2977

For refunds and tax returns without payment:

Department of Revenue Services

PO Box 2976

Hartford CT 06104-2976

- 13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
- 14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited.
- 15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040.

Do not send this sheet with your return.

Revised: 11/05/2020



10401220V011555



Form CT-1040 - 2020

Connecticut Resident Income Tax Return (Rev. 12/20)

Page 1 of 4

Other tax year, beginning:

and ending:

Y S N FJ

N MFS

N HOH N QW

792 - 19 - 6467

-

NAVEEN KUMAR RE

BANKA

N Dec.

N Dec.

Federal Form 1310

345 BUCKLAND HILLS DR

CT-8379

CT-1040 CRC N

T CT-2210

APT 15122

MANCHESTER

CT 06042 ·

1. Federal adjusted gross inco	me (from federal Form 1040, Line 11, or federal Form 1040-SR, Line 1	11) 1.	69887
2. Additions to federal adjusted	gross income (from Schedule 1, Line 38)	2.	0
3. Add Line 1 and Line 2		3.	69887
4. Subtractions from federal ac	ljusted gross income (from Schedule 1, Line 50)	4.	0
5. Connecticut adjusted gros	ss income: Line 4 subtracted from Line 3.	5.	69887
6. Income tax		6.	3453
7. Credit for income taxes paid	to qualifying jurisdictions (from Schedule 2, Line 59)	7.	3319
8. Line 7 subtracted from Line	6. If Line 7 is greater than Line 6, "0" is entered.	8.	134
9. Connecticut alternative mini	mum tax (from Form CT-6251)	9.	0
10. Add Line 8 and Line 9.		10.	134
11. Credit for property taxes paid	on your primary residence, motor vehicle, or both (from Schedule 3, Line	e 68) 11.	0
12. Line 11 subtracted from Line	e 10. If less than zero, "0" is entered.	12.	134
13. Total allowable credits (from	Schedule CT-IT Credit, Part 1, Line 11)	13.	0
14. Connecticut income tax: L	ine 13 subtracted from Line 12. If less than zero, "0" is entered.	14.	134
15. Individual use tax (from Sch	edule 4, Line 69). If no tax is due, "0" is entered.	15.	0
16. Total tax: Add Line 14 and	Line 15.	16.	134





Form CT-1040, Page 2 of 4

17.

792196467

134

17. Amount from Line 16

Forms W-2, W-2G, and 1099 Information

Col. A - Employer or Payer's Fed. ID #

Col. B - CT Wages, Tips, etc.

Col. C - CT Income Tax Withheld

28.

29.

30.

0

0

0.00

18a. 18b. 18c. 18d.	45 - 1611661 - - -	•	6923 0 0 0	360 0 0
18e.	-	•	0	0

18f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 18f.

18. Total Connecticut income tax withheld: Amounts in Column C.	18.	360
19. All 2020 estimated tax payments and any overpayments applied from a prior year	19.	0
20. Payments made with Form CT-1040 EXT	20.	0
20a. Earned income tax credit (from Schedule CT-EITC, Line 16).	20a.	0
20b. Claim of right credit (from Form CT-1040 CRC, Line 6).	20b.	0
20c. Pass-through entity tax credit: (from Schedule CT-PE, Line 1). Schedule must be attached.	20c.	0
21. Total payments and refundable credits: Add Lines 18, 19, 20, 20a, 20b and 20c.	21.	360
22. Overpayment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21.	22.	226
23. Amount of Line 22 you want applied to your 2021 estimated tax	23.	0
24. Reserved for future use	24.	
24a. Total contributions of refund to designated charities (from Schedule 5, Line 70)	24a.	0
25. Refund: Lines 23, 24, and 24a subtracted from Line 22.	25.	226
If you have not elected to direct deposit, a refund check will be issued and processing may be	delayed.	
25a. Acct. type Y Ck. N Sv. 25b. Rout, # 121000358 25c. Acct. # 32	5061967485	
25d. Refund going to a bank account outside the U.S. 25d. N		
26. Tax due: If Line 17 is more than Line 21, Line 21 subtracted from Line 17.	26.	0
27. If late: Penalty entered. Line 26 multiplied by 10% (.10).	27.	0
28. If late: Interest entered.		

Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Your signature	J	Date	Home/cell telephone number	
•	•	6692526586		
Spouse's signature (if joint return)		Date	Daytime telephone number	
•		•	•	
Paid preparer's signature	Date	Telephone number	Paid Preparer's PTIN	
•SYAM PRIYA RAM SAGAR GUPT	•011821	• 6789659522	P02082703	
Paid preparer's name	•		FEIN	
SYAM PRIYA RAM SAGAR GUPT	A TALL		301017196	
Firm's name, address and ZIP code GLOBAL TAXES	LLC		Self-employed	
• 2530 PEBBLE CREEK LN CUM	MING G	4 30041 -	N	

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

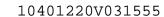
Line 26 multiplied by number of months or fraction of a month late, then by 1% (.01).

29. Interest on underpayment of estimated tax (from Form CT-2210)

30. Total amount due: Add Lines 26 through 29.

Designee's name	Telephone number	Personal identification number (PIN)
•	•	·

Form CT-1040, Page 3 of 4





• 792196467

Schedule 1 - Modifications to Federal Adjusted Gross Income				
31. Interest on state and local government obligations other than Connecti32. Mutual fund exempt-interest dividends from non-Connecticut state or n		nal government	31.	0
obligations	iluriici	pai governinent	32.	0
33. Taxable amount of lump-sum distributions from qualified plans not include	uded i	n federal adjusted		A 0
gross income 24. Repeticion's chara of Connecticut fiducions adjustment: Entered only if	faroot	tor than zoro	33.	0
34. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if35. Loss on sale of Connecticut state and local government bonds	r grea	ter than zero.	34. 35.	0 0
36. Section 168(k) federal bonus depreciation deduction allowed for property	placed	l in service during this yea		0
36a. 80% of Section 179 federal deduction.			36a.	0
37. Other - specify ●			37.	0
38. Total additions: Add Lines 31 through 37.			38.	0
39. Interest on U.S. government obligations			39.	0
40. Exempt dividends from certain qualifying mutual funds derived from U.	S. gov	vernment obligations	40.	0
41. Social Security benefit adjustment (from Social Security Benefit Adjustr	ment \	Worksheet)	41.	0
42. Refunds of state and local income taxes			42.	0
43. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuitie	es		43.	0
44. Military retirement pay			44.	0
45. 25% of income received from Connecticut Teachers' Retirement System46. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if		than zoro	45. 46.	0
47. Gain on sale of Connecticut state and local government bonds	1 1622	man zero.	40. 47.	0
48. CHET contributions made in 2020 or			77.	O
an excess carried forward from a prior year Acct. #:			48.	0
				•
48a. 25% of Section 168(k) federal bonus depreciation deduction added ba	ıck in ı	preceding three years.	48a.	0
48b. 28% of pension or annuity income.			48b.	0
49. Other - specify ●50. Total subtractions: Add Lines 39 through 49.			49. 50.	0
			00.	O .
Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions	;			
51. Modified Connecticut adjusted gross income			51.	69887
		Col. A		Col. B
52. Qualifying jurisdiction's name and two-letter code 52.	7	VIRGINIA		
50.11.0		VA		
53. Non-Connecticut income included on Line 51 and reported on a	53	67423		0
qualifying jurisdiction's income tax return (from Schedule 2 worksheet)	53.	0/423		U
54. Line 53 divided by Line 51	54.	0.9647		0.0000
55. Income tax liability: Line 11 subtracted from Line 6.	55.	3453		0
56. Line 54 multiplied by Line 55	56.	3331		0
57. Income tax paid to a qualifying jurisdiction	57.	3319		0
58. Lesser of Line 56 or Line 57	58.	3319		0
		3317		O
59. Total credit: Add Line 58, all columns.			59.	3319

10401220V031555

Form CT-1040, Page 4 of 4



10401220V041555



792196467

Schedule 3 - Property Tax Credit

, , , , , , , , , , , , , , , , , , ,	N 65 years or older	N	One or more depend	ents on federal	return
Qualifying Property Name of Connecticut Tax Town or District Description of Property	Primary Residen	• •	Auto 1	•	Auto 2
Date(s) Paid	•	•			
Amount Paid	60.	0 61.	0	62.	0
63. Total property tax paid: Add Lines 60	, 61, and 62.			63.	0
64. Maximum property tax credit allowed				64.	200
65. Lesser of Line 63 or Line 64.				65. •	0
66. Property tax credit limitation decimal ar	mount: If zero, the amount f	rom Line 65 is	s entered on Line 68.	66.	0.00
67. Line 65 multiplied by Line 66.				67. •	0
68. Line 67 subtracted from Line 65.				68.	0
Schedule 4 - Individual Use Tax					
69a. Use tax at 1% (from Connecticut Inc	dividual Use Tax Workshee	t, Section A,	Column 7)	69a.	0
69b. Use tax at 6.35% (from Connecticut	Individual Use Tax Works	neet, Section	B, Column 7)	69b.	0
69c. Use tax at 7.75% (from Connecticut	Individual Use Tax Works	neet, Section	C, Column 7)	69c.	0
69d. Use tax at 2.99% (from Connecticut	Individual Use Tax Works	neet, Section	D, Column 7)	69d.	0
69. Individual use tax: Add Lines 69a, 6 Schedule 5 - Contributions to Designa				69. ●	0
70a. AR	ted Onarities			70a.	0
70b. OT				70b.	0
70c. ES/W				70c.	0
70d. BCR				70d.	0
70e. SNS				70e.	0
70f. MR				70f.	0
70g. CBS				70g.	0
70h. MHCIA				70h.	0
70. Total Contributions: Add Lines 70a Taxpayer email	a through 70h.			70.	0

Connecticut

Summary of Credit for Income Taxes Paid to Qualifying Jurisdictions • Keep for your records

Name	as Shown on Return	Social Security Number
	EN KUMAR REDDY BANKA	792-19-6467
Q	ualifying jurisdiction's name	
	ualifying jurisdiction's two-letter code	
Α	Non-Connecticut income included in modified	
	Connecticut adjusted gross income and reported	
	on qualifying jurisdiction's income tax return (from	
	Schedule 2 worksheet)	67,423.
В	Divide line B by modified Connecticut adjusted	
	gross income (may not exceed 1.0000)	0.9647
С	Income tax liability from Form CT-1040 or	
	Form CT-1040NR/PY	3,453.
D	Multiply line C by line D	3,331.
Ε	Income tax paid to other jurisdiction	3,319.
F	Enter the smaller of line D or line E	
Q	ualifying jurisdiction's name	
Q	ualifying jurisdiction's two-letter code	
Α	Non-Connecticut income included in modified	
	Connecticut adjusted gross income and reported	
	on qualifying jurisdiction's income tax return (from	
	Schedule 2 worksheet)	
В	Divide line B by modified Connecticut adjusted	
	gross income (may not exceed 1.0000)	
С	Income tax liability from Form CT-1040 or	
	Form CT-1040NR/PY	
D	Multiply line C by line D	
Ε	Income tax paid to other jurisdiction \dots	
F_	Enter the smaller of line D or line E	
	ualifying jurisdiction's name	
Q	ualifying jurisdiction's two-letter code	
_		
Α	Non-Connecticut income included in modified	
	Connecticut adjusted gross income and reported	
	on qualifying jurisdiction's income tax return (from	
_	Schedule 2 worksheet)	
В	Divide line B by modified Connecticut adjusted	
_	gross income (may not exceed 1.0000) ▶	
С	Income tax liability from Form CT-1040 or	
_	Form CT-1040NR/PY	
D	Multiply line C by line D	
E	Income tax paid to other jurisdiction	
F_	_Enter the smaller of line D or line E	

763Page 1

2020 Virginia Nonresident Income Tax Return Due May 1, 2021



	Enclose a compl	lete copy o	f your feder	al ta	x return and all	l other required	l Virginia	enclos	ures									
First	Name			MI	Last Name		Suffix	Your S	ocial	Secu	rity N	Numbe	er				Chec	
NAV	EEN KUMAR RE	EDDY			BANKA			792	-19	-64	67						dece	ased
Spou	se's First Name (Filing	Status 2 Onl	y)	MI	Last Name		Suffix	Spous	e's S	ocial (Secu	rity N	umber	r			Chec dece	
Prese	ent Home Address (Nu	mber and Str	eet or Rural Ro	ute)			1	ır Birth Da		0	6	- 2		_	1 9	٥.	3	
	BUCKLAND HI	ILLS DR	APT 151	22	I	I	(n	nm-dd-yyy	y) L	- 0	0				1)	<i>)</i> .		
	Town or Post Office				State	ZIP Code		s Birth Da nm-dd-yyy	- 1			-		-				
	CHESTER of Residence		Important N	Jomo	CT	06042 County in which p	1			o o mr	olovn	nont d	or inco	-ma	oouroo.		cality Co	
State	of Residence		is located.	vame	e or virginia City or	County in which p	ліпсіраі рі	ace of bus	sines	s, emp	•						-	oue
СТ			FAIRFAX								2	⊈ City	OR	Ш	County	60	0	
CI	neck Applicable		nded Return Reason Code	е		Name(s) or An than Shown Return						Overs	eas (on [Due Da	ite		
	Boxes	☐ Depe	endent on And	other	r's Return [Qualifying Fa	eaman				\$				ederal r	00)	
	Filing Status Enter	r Filing Stat	us Code in bo	ox be	elow.		Exe	nptions	nouse	if			d 2. I	Ent	er the s	sum	on Line	e 12.
_			ead of housel				Y	ou Filin	ig Sta	tus D	epen	dents				T	otal Sect	ion 1
\[\]					nust have Virgir			1 +		+		=		1	X \$930) = [93	2 N
L-	3 - Mairie		Has No Incon parate Returi		rom Any Source)			05	.,						L		30
		•	•					u 65 Spou over or o	se 65 over	You Blind		pouse Blind				٦	Total Sec	tion 2
	If Filing Status 3 or 4			e Sp	ouse's Social Se	curity Number		+	+		+	-	• [X \$800) = [
	box at top of form an	nd enter Spoi	use's Name]					L		
1	Adjusted Gross Inc	come from fe	ederal return	- No	t federal taxable	e income							1			6	9887	00
2	Additions from Sch	nedule 763 A	ADJ, Line 3										2					00
3	Add Lines 1 and 2	2											3			6	9887	00
4	Age Deduction (Se					heet)					Yo	u	4a					00
	Enter Birth Dates a on Line 4a and You									Sr) (III	Δ.	4b					00
_			_										5					00
5	Social Security Act						,						-					+
6	State income tax re		. ,		•	•							6					00
7	Subtractions from S												7					00
8	Add Lines 4a, 4b,												8					00
9	Virginia Adjusted												9			6	9887	+
10	Itemized Deduction	ns from Virg	inia Schedule	A, i	f applicable. Se	e instructions							10					00
11	If you do not claim	itemized de	eductions on I	ine	10, enter standa	ard deduction. S	See instru	ıctions					11				4500	00
12	Exemption amount	t. Enter the t	total amount	from	the Exemption	Sections 1 and	2 above.						12				930	00
13	Deductions from S	chedule 763	3 ADJ, Line 9										13					00
14	Add Lines 10, 11,	12 and 13.											14				5430	00
15	Virginia Taxable Ind	come comp	uted as a res	iden	t. Subtract Line	14 from Line 9							15			6	4457	00
16	Percentage from N	lonresident .	Allocation Se	ctior	n on Page 2 (En	ter to one decim	nal place	only)					16				96.5	5 %
17	Nonresident Taxab	le Income. ((Multiply Line	15 k	oy percentage o	n Line 16)							17			6	2201	00
18	Income Tax from Tax	ax Table or	Tax Rate Sch	edul	le								18				3319	00
Va.	Dept. of Taxation F	or Local Use	LTD		¬ •						_							

2601044 Rev. 06/20

2020 FORM 763 Page 2

2020	FORM 763 Page 2							
Your N	ame EEN KUMAR REDDY BANKA	Your SSN 792-19-6467						
19a	Your Virginia income tax withheld. Enclose F		VK-1		19a		3447	00
19b	Spouse's Virginia income tax withheld. Encl						<u> </u>	00
20	2020 Estimated Tax Payments							00
21	2019 overpayment credited to 2020 estimate							00
	• •							+
22	Extension Payment - submitted using Form							00
23	Credit for Low-Income Individuals or Virginia							00
24	Total credits from Schedule OSC.							00
25	Credits from Schedule CR, Section 5, Line 7							00
26	Total payments and credits. Add Lines 1	_					3447	00
27	If Line 18 is larger than Line 26, enter the di	fference. This is the INCOME	TAX YOU	OWE	27			00
28	If Line 26 is larger than Line 18, enter the di	fference. This is the OVERPA	YMENT AM	IOUNT	28		128	00
29	Amount of overpayment on Line 28 to be CRE	EDITED TO 2021 ESTIMATE	D INCOME 1	ΓΑΧ	29			00
30	Virginia529 and ABLEnow Contributions from	m Schedule VAC, Part I, Line	6		30			00
31	Other Voluntary Contributions from Schedul	e VAC, Section II, Line 14			31			00
32	Addition to Tax, Penalty, and Interest from e	nclosed Schedule 763 ADJ,	Line 21		32			00
33	Sales and Use Tax is due on Internet, mail or		`	/	33			00
34	See instructions Che Add Lines 29 through 33]			00
35	If you owe tax on Line 27, add Lines 27 and				34			00
33	Line 34 is larger than Line 28, enter the diffe www.tax.virginia.govCheck here if pa	erence. AMOUNT YOU OWE	. Enclose pa	ayment or pay at	35			00
36	If Line 28 is larger than Line 34, subtract Line	34 from Line 28. This is the an	nount to be F	REFUNDED TO YOU.	36		128	00
If the I	Direct Deposit section below is not completed	l, your refund will be issued b	y check.					
	T BANK DEPOSIT Your Bank Routing	Transit Number	Your Bank A	ccount Number Che	ecking	X S	avings	1
Domes								_
No Inte	ernational Deposits 1 2 1 0 0	0 3 5 8		0 6 1 9 6 7	TŤ	8 5		
		0 3 5 8 3			TŤ	8 5	inia Sources]
Noni	ernational Deposits 1 2 1 0 0		2 5	0 6 1 9 6 7	TŤ	8 5		5
Noni 1.	resident Allocation Percentage		1	0 6 1 9 6 7 A - All Sources	4	8 5	inia Sources	
1. 2.	resident Allocation Percentage Wages, salaries, tips, etc		2 5 (1 2	0 6 1 9 6 7 A - All Sources	00	8 5	inia Sources	00
1. 2. 3.	resident Allocation Percentage Wages, salaries, tips, etc		1 2 3	0 6 1 9 6 7 A - All Sources	00 00	8 5	inia Sources	00
1. 2. 3. 4.	resident Allocation Percentage Wages, salaries, tips, etc		2 5 (1 2 3 4	0 6 1 9 6 7 A - All Sources	00 00 00	8 5	inia Sources	00 00 00
Non: 1. 2. 3. 4. 5.	resident Allocation Percentage Wages, salaries, tips, etc		2 5 (1 2 3 4 5	0 6 1 9 6 7 A - All Sources	00 00 00 00 00	8 5	inia Sources	00 00 00 00
Non: 1. 2. 3. 4. 5.	resident Allocation Percentage Wages, salaries, tips, etc		2 5 0 1 2 3 4 5 6	0 6 1 9 6 7 A - All Sources	00 00 00 00 00 00	8 5	inia Sources	00 00 00 00
Noni 1. 2. 3. 4. 5. 6. 7.	resident Allocation Percentage Wages, salaries, tips, etc		2 5 (1 2 3 4 5 6 7	0 6 1 9 6 7 A - All Sources	00 00 00 00 00 00 00	8 5	inia Sources	00 00 00 00 00
Noni 1. 2. 3. 4. 5. 6. 7.	resident Allocation Percentage Wages, salaries, tips, etc	tions.	2 5 0 1 2 3 4 5 6 7 8	0 6 1 9 6 7 A - All Sources	00 00 00 00 00 00 00	8 5	inia Sources	00 00 00 00 00
None 1. 2. 3. 4. 5. 6. 7. 8. 9.	resident Allocation Percentage Wages, salaries, tips, etc	tions, S corporations, etc	2 5 0 1 2 3 4 5 6 6 7 8 9	0 6 1 9 6 7 A - All Sources 74347	00 00 00 00 00 00 00 00 00 00 00 00 00	8 5	inia Sources 67423	00 00 00 00 00 00
1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	resident Allocation Percentage Wages, salaries, tips, etc	tions. , S corporations, etc	2 5 (1 2 3 4 5 6 7 8 9 10	0 6 1 9 6 7 A - All Sources 74347	00 00 00 00 00 00 00 00 00	8 5	inia Sources 67423	00 00 00 00 00 00 00
None 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.	resident Allocation Percentage Wages, salaries, tips, etc	tions, S corporations, etc	2 5 0 1 2 3 4 5 6 7 8 9 10 11 12	0 6 1 9 6 7 A - All Sources 74347	00 00 00 00 00 00 00 00 00 00	8 5	inia Sources 67423	00 00 00 00 00 00 00
Noni 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	resident Allocation Percentage Wages, salaries, tips, etc	tions. , S corporations, etc	2 5 (1 2 4 5 6 7 8 9 10 11 12 12 13	0 6 1 9 6 7 A - All Sources 74347	00 00 00 00 00 00 00 00 00 00	8 5	inia Sources 67423	00 00 00 00 00 00 00
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14.	resident Allocation Percentage Wages, salaries, tips, etc	tions, S corporations, etc	2 5 0 1 2 3 4 5 6 7 8 9 10 11 12 12 13 14	0 6 1 9 6 7 A - All Sources 74347	00 00 00 00 00 00 00 00 00 00 00	8 5	inia Sources 67423	00 00 00 00 00 00 00 00 00
Noni 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14.	resident Allocation Percentage Wages, salaries, tips, etc	tions. , S corporations, etc	2 5 (1 2 4 5 6 7 8 9 10 11 12 12 13 14 14 14	A - All Sources 74347	00 00 00 00 00 00 00 00 00 00 00 00	8 5	inia Sources 67423	00 00 00 00 00 00 00 00 00 00
Noni 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	resident Allocation Percentage Wages, salaries, tips, etc	tions. , S corporations, etc	2 5 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 14 15	A - All Sources 74347	00 00 00 00 00 00 00 00 00 00 00 00	8 5 B - Virg	67423 0 67423 96.5%	00 00 00 00 00 00 00 00 00 00
Noni 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	resident Allocation Percentage Wages, salaries, tips, etc	tions. , S corporations, etc chedule 763 ADJ, Line 1 cluded on Sch. 763 ADJ, Line ach column total here ine 14 B, by Line 14 A. Comp. Enter on Page 1, Line 16	2 5 0 1 2 4 5 6 7 8 9 10 11 12 12 13 14 15 14 15 15 15	A - All Sources 74347 -4460 69887 agree to obtain my Form the best of my (our) knowledge	00 00 00 00 00 00 00 00 00 00 00 00 00	8 5 B - Virg	67423 67423 96.5%	00 00 00 00 00 00 00 00 00 00
Noni 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	resident Allocation Percentage Wages, salaries, tips, etc	tions. , S corporations, etc chedule 763 ADJ, Line 1 cluded on Sch. 763 ADJ, Line ach column total here ine 14 B, by Line 14 A. Comp. Enter on Page 1, Line 16	2 5 0 1 2 3 4 5 6 7 8 9 10 11 12 12 13 14 12 15 14 15 15 15 17 15 17 15 17 15 17 17 17 18 19 10 11 12 12 13 14 15 15 17 15 17 17 17 17 18 18 19 19 19 10	A - All Sources 74347 -4460 69887 agree to obtain my Form the best of my (our) knowledgumber	00 00 00 00 00 00 00 00 00 00 00 00 00	8 5 B - Virg	67423 67423 96.5%	00 00 00 00 00 00 00 00 00 00
Noni 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	resident Allocation Percentage Wages, salaries, tips, etc	tions. , S corporations, etc chedule 763 ADJ, Line 1 cluded on Sch. 763 ADJ, Line ach column total here ine 14 B, by Line 14 A. Comp. Enter on Page 1, Line 16	2 5 0 1 2 3 4 5 6 7 8 9 10 11 12 12 13 14 12 15 14 15 15 15 17 15 17 15 17 15 17 17 17 18 19 10 11 12 12 13 14 15 15 17 15 17 17 17 17 18 18 19 19 19 10	A - All Sources 74347 -4460 69887 agree to obtain my Form the best of my (our) knowledgumber 252-6586	00 00 00 00 00 00 00 00 00 00 00 00 00	8 5 B - Virg	67423 67423 96.5% virginia.gov. nd complete retu	00 00 00 00 00 00 00 00 00 00
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. I (V Your Si	resident Allocation Percentage Wages, salaries, tips, etc	tions. , S corporations, etc chedule 763 ADJ, Line 1 cluded on Sch. 763 ADJ, Line ach column total here ine 14 B, by Line 14 A. Comp. Enter on Page 1, Line 16	2 5 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 14 15 14 15 14 15 17 17 17 17 18 18 18 19	A - All Sources 74347 -4460 69887 agree to obtain my Form the best of my (our) knowledgumber 252-6586 ne Number	00 00 00 00 00 00 00 00 00 00 00 00 00	8 5 B - Virg	inia Sources 67423 0 67423 96.5% .virginia.gov.	00 00 00 00 00 00 00 00 00 00

2020 Schedule INC/CG

792196467

Report all W-2s, 1099s & VK-1s with VA Withholding

NAVEEN KUMAR BANKA



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					⊣
792196467	W	3447.	451611661	30451611661F001	67423.

 Total VA Withholding
 SSN
 VA Withholding

 You
 792196467
 3447.

 Spouse
 Total # of W-2s,1099s & VK-1s
 01