

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

| | |
|-------------------------------------|--|
| Taxpayer's name SHOBHA RAO CHAVA | Social security number 315-61-0587 |
| Spouse's name SHASHANK KODEDHALA | Spouse's social security number 174-61-1083 |

Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

| | | |
|---|---|----------|
| 1 Adjusted gross income | 1 | 177,129. |
| 2 Total tax | 2 | 25,092. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 30,134. |
| 4 Amount you want refunded to you | 4 | 5,042. |
| 5 Amount you owe | 5 | |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 1 | 0 | 5 | 8 | 7 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 1 | 1 | 0 | 8 | 3 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 8 | 7 | 2 | 7 | 8 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Filing Status [] Single [X] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Form fields for personal information: Your first name and middle initial (SHOBHA RAO), Last name (CHAVA), Your social security number (315-61-0587), Spouse's social security number (174-61-1083), Home address (27422 STRAWBERRY LANE), Apt. no. (102), City, town, or post office (FARMINGTON), State (MI), ZIP code (48334), Foreign country name, Foreign province/state/county, Foreign postal code.

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

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

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

Table for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Main income tax calculation table with rows 1-15. Includes sections for Attach Sch. B if required and Standard Deduction for— with sub-rows a, b, c for adjustments.

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

| | | | |
|----|---|-----|---------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 25,092. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 25,092. |
| 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 | 25,092. |
| 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 | 25,092. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 30,134. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 30,134. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) NO | 27 | |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 30,134. |

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

Refund

| | | | |
|-----|---|-----|--------|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 5,042. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 5,042. |
| b | Routing number 0 2 1 2 0 2 3 3 7 | | |
| c | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number 8 7 2 0 5 9 9 9 8 | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |

Amount You Owe

For details on how to pay, see instructions.

| | | | |
|--|--|----|--|
| 37 | Subtract line 33 from line 24. This is the amount you owe now | 37 | |
| Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. | | | |
| 38 | Estimated tax penalty (see instructions) | 38 | |

Third Party Designee

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

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

Sign Here

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

| | | | |
|---|---------------|---------------------|---|
| Your signature | Date | Your occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. | Email address | | |

Paid Preparer Use Only

| | | | | |
|---------------------------------------|-----------------------------------|------------|-----------|--|
| Preparer's name | Preparer's signature | Date | PTIN | Check if: |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA RAM SAGAR GUPTA TALLAM | 05/07/2021 | P02082703 | <input type="checkbox"/> Self-employed |
| Firm's name | Phone no. | | | |
| GLOBAL TAXES LLC | (678) 965-9522 | | | |
| Firm's address | Firm's EIN | | | |
| 2530 Pebble Creek Ln Cumming GA 30041 | 30-1017196 | | | |

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SHOBHA RAO CHAVA & SHASHANK KODEDHALA

Your social security number
315-61-0587

Part I Additional Income

| | | | |
|-----------|---|-----------|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | |
| 2a | Alimony received | 2a | |
| b | Date of original divorce or separation agreement (see instructions) ▶ _____ | | |
| 3 | Business income or (loss). Attach Schedule C | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | -7,500. |
| 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 | -7,500. |

Part II Adjustments to Income

| | | | |
|------------|---|------------|--|
| 10 | Educator expenses | 10 | |
| 11 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | 11 | |
| 12 | Health savings account deduction. Attach Form 8889 | 12 | |
| 13 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 13 | |
| 14 | Deductible part of self-employment tax. Attach Schedule SE | 14 | |
| 15 | Self-employed SEP, SIMPLE, and qualified plans | 15 | |
| 16 | Self-employed health insurance deduction | 16 | |
| 17 | Penalty on early withdrawal of savings | 17 | |
| 18a | Alimony paid | 18a | |
| b | Recipient's SSN ▶ _____ | | |
| c | Date of original divorce or separation agreement (see instructions) ▶ _____ | | |
| 19 | IRA deduction | 19 | |
| 20 | Student loan interest deduction | 20 | |
| 21 | Tuition and fees deduction. Attach Form 8917 | 21 | |
| 22 | Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a | 22 | |

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

OMB No. 1545-0074

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

2020

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

SHOBHA RAO CHAVA & SHASHANK KODEDHALA

315-61-0587

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Yes No

B If "Yes," did you or will you file required Form(s) 1099? Yes No

| | | | | | |
|-----------|---|--|------------------|-------------------|--------------------------|
| 1a | Physical address of each property (street, city, state, ZIP code) | | | | |
| A | FNO:104,J.B.S RESIDENCY PENAMALURU VIJAYAWADA, ANDHRA PRADESH IN 521137 | | | | |
| B | | | | | |
| C | | | | | |
| 1b | Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
| A | 3 | | 365 | 0 | <input type="checkbox"/> |
| B | | | | | <input type="checkbox"/> |
| C | | | | | <input type="checkbox"/> |

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

| Income: | | Properties: | | A | B | C |
|------------------|---|-------------|--|-------------|-----|-----|
| 3 | Rents received | 3 | | 600. | | |
| 4 | Royalties received | 4 | | | | |
| Expenses: | | | | | | |
| 5 | Advertising | 5 | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | |
| 7 | Cleaning and maintenance | 7 | | 1,250. | | |
| 8 | Commissions. | 8 | | | | |
| 9 | Insurance | 9 | | | | |
| 10 | Legal and other professional fees | 10 | | | | |
| 11 | Management fees | 11 | | 600. | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | |
| 13 | Other interest. | 13 | | | | |
| 14 | Repairs. | 14 | | 1,250. | | |
| 15 | Supplies | 15 | | 2,500. | | |
| 16 | Taxes | 16 | | | | |
| 17 | Utilities | 17 | | 2,500. | | |
| 18 | Depreciation expense or depletion | 18 | | | | |
| 19 | Other (list) ▶ | 19 | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 8,100. | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 | | -7,500. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | | (-7,500.) | () | () |
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | | 600. | | |
| b | Total of all amounts reported on line 4 for all royalty properties | 23b | | | | |
| c | Total of all amounts reported on line 12 for all properties | 23c | | | | |
| d | Total of all amounts reported on line 18 for all properties | 23d | | | | |
| e | Total of all amounts reported on line 20 for all properties | 23e | | 8,100. | | |
| 24 | Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | | (7,500.) | | |
| 26 | Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | 26 | | -7,500. | | |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-7,500.

Schedule E (Form 1040) 2020

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form8889 for instructions and the latest information.**

2020
Attachment
Sequence No. **52**

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

Social security number of HSA
beneficiary. If both spouses
have HSAs, see instructions ▶ **174-61-1083**

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

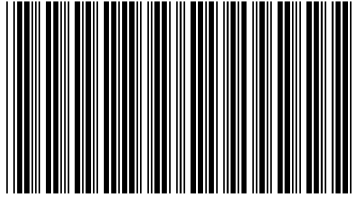
| | | | |
|-----------|--|------------------------------------|--|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions ▶ | <input type="checkbox"/> Self-only | <input checked="" type="checkbox"/> Family |
| 2 | HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions | 2 | 0. |
| 3 | If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others , see the instructions for the amount to enter | 3 | 7,100. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs | 4 | 0. |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 7,100. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter | 6 | 7,100. |
| 7 | If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions | 7 | |
| 8 | Add lines 6 and 7 | 8 | 7,100. |
| 9 | Employer contributions made to your HSAs for 2020 | 9 | 2,000. |
| 10 | Qualified HSA funding distributions | 10 | |
| 11 | Add lines 9 and 10 | 11 | 2,000. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | 5,100. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | 13 | 0. |

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

| | | | |
|------------|---|------------|--|
| 14a | Total distributions you received in 2020 from all HSAs (see instructions) | 14a | |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions | 14b | |
| c | Subtract line 14b from line 14a | 14c | |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 | |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line | 16 | |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/> | | |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box | 17b | |

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

| | | | |
|-----------|---|-----------|--|
| 18 | Last-month rule | 18 | |
| 19 | Qualified HSA funding distribution | 19 | |
| 20 | Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line | 20 | |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box | 21 | |



040MP01200

For Privacy Act Notification, See Instructions

Your Social Security Number (required)
315610587

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)
CHAVA SHOBHA RAO & KODEDHALA SHASHANK

Spouse's/CU Partner's SSN (if filing jointly)
174611083

County/Municipality Code (See Table page 50)
1205

Home Address (Number and Street, including apartment number)
27422 STRAWBERRY LANE APT 102

City, Town, Post Office State ZIP Code
FARMINGTON MI 48334

Driver's License Number (Voluntary) (See instructions)
C900000021513

- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.

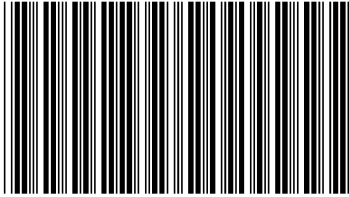
Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

| | | | |
|---|-------------------|-----|----|
| Do you want to designate \$1 to the Gubernatorial Elections Fund? | You | Yes | No |
| If joint return, does your spouse want to designate \$1? | Spouse/CU Partner | Yes | No |

Direct Deposit Information

| | | | |
|--|------|---|-----------|
| dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit) | dd1. | 1 | |
| dd2. Account type (C for checking, S for savings) | dd2. | C | |
| dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States | dd3. | | |
| dd4. Routing number | dd4. | | 021202337 |
| dd5. Account number | dd5. | | 872059998 |





040MP02200

Name(s) as shown on Form NJ-1040

CHAVA SHOBHA RAO & KODEDHALA SHASHANK

Your Social Security Number

315610587

1555

Part-year residents, provide months/days you were a New Jersey resident during 2020:

From: 010120 To: 083120

Fiscal year filers only:

Enter month of your year end 2 0 2 1

Filing Status

Fill in only one.

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Enter spouse's/CU partner's SSN
- 5. Qualifying Widow(er)/Surviving CU Partner
Indicate the year of your spouse's/CU partner's death: 2018 2019

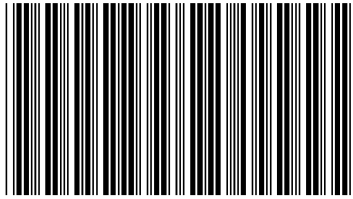
Exemptions

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

- | | | | | | | | | |
|--|-------------------------------------|------|-------------------------------------|-------------------|------------------|---|-------------|---------------|
| 6. Regular | <input checked="" type="checkbox"/> | Self | <input checked="" type="checkbox"/> | Spouse/CU Partner | Domestic Partner | 2 | x \$1,000 = | <u>2000</u> |
| 7. Senior 65+ (Born in 1955 or earlier) | | Self | | Spouse/CU Partner | | | x \$1,000 = | _____ |
| 8. Blind/Disabled | | Self | | Spouse/CU Partner | | | x \$1,000 = | _____ |
| 9. Veteran | | Self | | Spouse/CU Partner | | | x \$6,000 = | _____ |
| 10. Qualified Dependent Children | | | | | | | x \$1,500 = | _____ |
| 11. Other Dependents | | | | | | | x \$1,500 = | _____ |
| 12. Dependents Attending Colleges (See instructions) | | | | | | | x \$1,000 = | _____ |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) | | | | | | | 13. | <u>2000</u> . |

14. Dependent Information. Provide the following information for each dependent.

| | Last Name, First Name, Middle Initial | Social Security Number | Birth Year | No Health Insurance |
|----|---------------------------------------|------------------------|------------|---------------------|
| a. | _____ | | | |
| b. | _____ | | | |
| c. | _____ | | | |
| d. | _____ | | | |



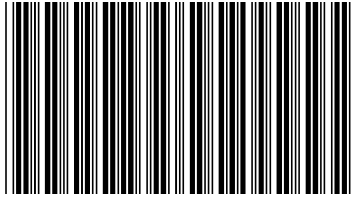
040MP03200

Name(s) as shown on Form NJ-1040
CHAVA SHOBHA RAO & KODEDHALA SHASHANK

Your Social Security Number
315610587

1555

| | | | |
|--|-----------|--------|--------------------------------------|
| 15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions) | 15. | 62746 | . |
| 16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions) | 16a. | . | . |
| 16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a | 16b. | . | . |
| 17. Dividends | 17. | . | . |
| 18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C) | 18. | . | . |
| 19. Net gains or income from disposition of property (Schedule NJ-DOP, line 4) | 19. | . | . |
| 20a. Pensions, Annuities, and IRA Withdrawals (See instructions) | 20a. | . | . |
| 20b. Excludable Pensions, Annuities, and IRA Withdrawals | 20b. | . | . |
| 21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1) | 21. | . | . |
| 22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1) | 22. | . | . |
| 23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4) | 23. | . | . |
| 24. Net Gambling Winnings (See instructions) | 24. | . | . |
| 25. Alimony and Separate Maintenance Payments received | 25. | . | . |
| 26. Other (Enclose documents) (See instructions) | 26. | . | . |
| 27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26) | 27. | 62746 | . |
| 28a. Retirement/Pension Exclusion (See instructions) | 28a. | . | . |
| 28b. Other Retirement Income Exclusion (See Worksheet D and instructions page 19) | 28b. | . | . |
| 28c. Total Exclusion Amount (Add lines 28a and 28b) | 28c. | . | . |
| 29. New Jersey Gross Income (Subtract line 28c from line 27) (See instructions) | 29. | 62746 | . |
| 30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.) | 30. | 1333 | . |
| 31. Medical Expenses (See Worksheet F and instructions) | 31. | . | . |
| 32. Alimony and Separate Maintenance Payments (See instructions) | 32. | . | . |
| 33. Qualified Conservation Contribution | 33. | . | . |
| 34. Health Enterprise Zone Deduction | 34. | . | . |
| 35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11) | 35. | 0 | . |
| 36. Organ/Bone Marrow Donation Deduction (See instructions) | 36. | . | . |
| 37. Total Exemptions and Deductions (Add lines 30 through 36) | 37. | 1333 | . |
| 38. Taxable Income (Subtract line 37 from line 29) | 38. | 61413 | . |
| 39a. Total Property Taxes (18% of Rent) Paid (See instructions page 23) | 39a. | 2304 | . |
| 39b. Block | . | . | . |
| 39b. Lot | . | . | . |
| 39b. Qualifier | | | Fill in if you completed Worksheet G |
| 39c. County/Municipality Code | | | |
| 39d. Indicate your residency status during 2020 (fill in only one) | Homeowner | Tenant | Both |
| 40. Property Tax Deduction (From Worksheet H) (See instructions) | 40. | 2304 | . |
| 41. New Jersey Taxable Income (Subtract line 40 from line 38) | 41. | 59109 | . |
| 42. Tax on Amount on line 41 (Tax Table page 52) | 42. | 1029 | . |
| 43. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions) | 43. | . | . |
| Enter Code | | | |
| 44. Balance of Tax (Subtract line 43 from line 42) | 44. | 1029 | . |
| 45. Child and Dependent Care Credit (See instructions) | 45. | . | . |
| Fill in if you are a CU couple claiming the Child and Dependent Care Credit | | | |
| 46. Sheltered Workshop Tax Credit | 46. | . | . |
| 47. Gold Star Family Counseling Credit (See instructions) | 47. | . | . |
| 48. Credit for Employer of Organ/Bone Marrow Donor (See instructions) | 48. | . | . |
| 49. Total credits (Add lines 45 through 48) | 49. | . | . |
| 50. Balance of Tax After Credits (Subtract line 49 from line 44) If zero or less, make no entry | 50. | 1029 | . |
| 51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0 | 51. | 0 | . |
| 52. Interest on Underpayment of Estimated Tax | 52. | . | . |
| Fill in if Form NJ-2210 is enclosed | | | |



040MP04200

Name(s) as shown on Form NJ-1040
CHAVA SHOBHA RAO & KODEDHALA SHASHANK

Your Social Security Number
315610587

1555

| | | | |
|---|-----|------|---|
| 53. Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in | 53. | 0 | . |
| 54. Total Tax Due (Add lines 50 through 53) | 54. | 1029 | . |
| 55. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099) | 55. | 2667 | . |
| 56. Property Tax Credit (See instructions page 23) | 56. | . | . |
| 57. New Jersey Estimated Tax Payments/Credit from 2019 tax return | 57. | . | . |
| 58. New Jersey Earned Income Tax Credit (See instructions) Fill in if you had the IRS calculate your federal earned income credit Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit | 58. | . | . |
| 59. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions) | 59. | . | . |
| 60. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions) | 60. | . | . |
| 61. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions) | 61. | . | . |
| 62. Wounded Warrior Caregivers Credit (See instructions) | 62. | . | . |
| 63. Pass-Through Business Alternative Income Tax Credit (See instructions) | 63. | . | . |
| 64. Total Withholdings, Credits, and Payments (Add lines 55 through 63) | 64. | 2667 | . |
| 65. If line 64 is less than line 54, you have tax due. Subtract line 64 from line 54 and enter the amount you owe If you owe tax, you can still make a donation on lines 68 through 75. | 65. | . | . |
| 66. If the total on line 64 is more than line 54, you have an overpayment. Subtract line 54 from line 64 and enter the overpayment | 66. | 1638 | . |
| 67. Amount from line 66 you want to credit to your 2021 tax | 67. | . | . |
| 68. Contribution to N.J. Endangered Wildlife Fund \$10 \$20 Other | 68. | . | . |
| 69. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse \$10 \$20 Other | 69. | . | . |
| 70. Contribution to N.J. Vietnam Veterans' Memorial Fund \$10 \$20 Other | 70. | . | . |
| 71. Contribution to N.J. Breast Cancer Research Fund \$10 \$20 Other | 71. | . | . |
| 72. Contribution to U.S.S. New Jersey Educational Museum Fund \$10 \$20 Other | 72. | . | . |
| 73. Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code | 73. | . | . |
| 74. Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code | 74. | . | . |
| 75. Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code | 75. | . | . |
| 76. Total Adjustments to Tax Due/Overpayment amount (Add lines 67 through 75) | 76. | . | . |
| 77. Balance due (If line 65 is more than zero, add line 65 and line 76) | 77. | . | . |
| 78. Refund amount (If line 66 is more than zero, subtract line 76 from line 66) | 78. | 1638 | . |

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date

Paid Preparer's Signature Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703
Firm's Name Firm's Federal Employer Identification Number

GLOBAL TAXES LLC 30-1017196

Tax Due Address
Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:
State of New Jersey
Division of Taxation
Revenue Processing Center - Payment
PO Box 111
Trenton, NJ 08645-0111
Include Social Security number and make check or money order payable to:
State of New Jersey - TGI
You can also make a payment on our website:
www.njtaxation.org

Refund or No Tax Due Address
Use the labels provided with the envelope and mail to:
New Jersey Division of Taxation
Revenue Processing Center - Refunds
PO Box 555
Trenton, NJ 08647-0555

| | |
|---|---------------------------------------|
| Name(s) as shown on Form NJ-1040 CHAVA, SHOBHA RAO & KODEDHALA, SHASHANK | Social Security Number 315-61-0587 |
|---|---------------------------------------|

Schedule NJ-BUS-1
(Form NJ-1040)

New Jersey Gross Income Tax
Business Income Summary Schedule

2020

| Part I Net Profits From Business | | List the net profit (loss) from business(es). See Instructions. | |
|---|---|---|------------------|
| | Business Name | Social Security Number/ Federal EIN | Profit or (Loss) |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | Net Profit or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 18, NJ-1040. If loss, make no entry on line 18.) | | 4. |

| Part II Distributive Share of Partnership Income | | List the distributive share of income (loss) from partnership(s). See instructions. | |
|---|---|---|--|
| | Partnership Name | Federal EIN | Share of Partnership Income or (Loss) |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 21, NJ-1040. If loss, make no entry on line 21.) | | 4. |

| Part III Net Pro Rata Share of S Corporation Income | | List the pro rata share of income (usable loss) from S corporation(s). See instructions. | |
|--|--|--|--|
| | S Corporation Name | Federal EIN | Pro Rata Share of S Corporation Income or (Usable Loss) |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ-1040. If loss, make no entry on line 22.) | | 4. |

| Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights | | List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights | | | |
|---|---|---|-------------------------------------|------------------|---------|
| | Source of Income or Loss. If rental real estate, enter physical address of property. | Social Security Number/ Federal EIN | Type – Enter number from list above | Income or (Loss) | |
| 1. | FNO:104, J.B.S RESIDENCY | 315610587 | 1 | -5,000. | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.) | | | 4. | -5,000. |

Keep a copy of this schedule for your records

Schedule NJ-BUS-2 New Jersey Gross Income Tax **2020**
(Form NJ-1040) Alternative Business Calculation Adjustment

| PART I Income (Loss) | | Column A | | | Column B | | |
|---|---|------------------------------------|------|--------|------------------------------------|--|---|
| | | Reportable Regular Business Income | | | Alternative Business Income (Loss) | | |
| 1. | Net Profits From Business | 1a. | 0. | 1b. | 0. | | |
| 2. | Distributive Share of Partnership Income | 2a. | 0. | 2b. | 0. | | |
| 3. | Net Pro Rata Share of S Corporation Income | 3a. | 0. | 3b. | 0. | | |
| 4. | Net Gain or Income From Rents, Royalties, Patents, and Copyrights | 4a. | 0. | 4b. | -5,000. | | |
| 5. | Loss Carryforward From Tax Year 2019 | | | 5b. | (| |) |
| 6. | Totals | 6a. | 0. | 6b. | -5,000. | | |
| PART II Adjustment Calculation | | | | | | | |
| 7. | Total Regular Business Income | 7. | 0. | | | | |
| 8. | Total Alternative Business Income/(Loss). (If loss, enter zero) | 8. | 0. | | | | |
| 9. | Business Increment (Line 7 minus line 8) | 9. | 0. | | | | |
| 10. | Adjustment Percentage | 10. | 0.50 | | | | |
| 11. | Alternative Business Calculation Adjustment (Line 9 x 0.50) | 11. | 0. | | | | |
| PART III Loss Carryforward to Tax Year 2021 | | | | | | | |
| 12. | Loss Carryforward to Tax Year 2021 | 12. | (| 5,000. | | |) |

Instructions

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2019 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2020 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

If your income on line 29 is at or below the filing threshold,
do not complete this schedule.

| | |
|--|------------------------------------|
| Name as Shown on Return CHAVA, SHOBHA RAO & KODEDHALA, SHASHANK | Social Security No. 315-61-0587 |
|--|------------------------------------|

Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2020 (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident.

- Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53, NJ-1040, and enclose this schedule with your return.
- No. Continue to Part II.

Part II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

QuickZoom to Shared Responsibility Payment Calculation Worksheet → _____

| Name | SSN | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--------------------|-------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . | | | | | | | | | | | |
| | | Check box if this individual is under 18 | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . | | | | | | | | | | | |
| | | Check box if this individual is under 18 | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . | | | | | | | | | | | |
| | | Check box if this individual is under 18 | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . | | | | | | | | | | | |
| | | Check box if this individual is under 18 | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . | | | | | | | | | | | |
| | | Check box if this individual is under 18 | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . | | | | | | | | | | | |
| | | Check box if this individual is under 18 | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . | | | | | | | | | | | |
| | | Check box if this individual is under 18 | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . | | | | | | | | | | | |
| | | Check box if this individual is under 18 | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2021 MI-1040ES, Michigan Estimated Income Tax for Individuals

Important Information

If you are married and plan to file your annual return as “married filing separately,” DO NOT use preprinted vouchers containing the Social Security numbers (SSN) or correspondence identification numbers (CID) for both you and your spouse; separate vouchers and payments must be submitted for each filer.

Failure to provide a complete Social Security number on Form MI-1040ES will result in processing delays.

Who Must File Estimated Tax Payments

You must make estimated income tax payments if you expect to owe more than \$500 when you file your 2021 MI-1040 return. If you owe more than \$500, you may not have to make estimated payments if you expect your 2021 withholding to be at least:

- 90 percent of your total 2021 tax (qualified farmers, fishermen and seafarers use 66 and 2/3 percent),
- 100 percent of your 2020 tax, or
- 110 percent of your total 2020 tax if your 2020 adjusted gross income is more than \$150,000 (\$75,000 for married filing separately).

Total 2020 tax is the amount on your 2020 MI-1040, line 21 less the sum of your tax credits on lines 25, 26, 27b, and 28. Estimated tax payments are not needed if two-thirds of your gross income is from farming, fishing or seafaring and you meet the qualifications. Estimate filing requirements apply whether or not you are a Michigan resident.

Do not submit this form for any quarter that you do not have estimated tax due.

Payment Due Dates

You may pay in full with the first estimate voucher due April 15, 2021. You may also pay in equal installments due on or before April 15, 2021, June 15, 2021, September 15, 2021, and January 18, 2022.

NOTE: You will not receive reminder notices; save this set of forms for all of your 2021 payments.

How to Pay Estimated Tax

e-Payments

You may choose to make your estimated income tax payments electronically instead of mailing a payment with the personalized form provided. Paying electronically is easy, fast and secure. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card. If you choose to make your payment electronically, you do not need to mail the MI-1040ES form to Treasury. Visit www.michigan.gov/it for more information.

Mail Your Payment

If you choose to mail your payment, make your check payable to “State of Michigan.” Print the last four digits of your SSN and “2021 MI-1040ES” on the check. If paying on behalf of another filer, write the filer’s name and the last four digits of the filer’s SSN on the check. For accurate processing of your payment, do not combine this payment with any other payments. Send your check with the MI-1040ES voucher for that installment. Do not staple your check to the voucher.

Send your voucher and check to:

**Michigan Department of Treasury
 P.O. Box 30774
 Lansing, MI 48909**

DETACH HERE AND MAIL THE RETURN WITH YOUR PAYMENT. DO NOT FOLD OR STAPLE THE RETURN.

2021 MICHIGAN MI-1040ES Estimated Individual Income Tax Voucher

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Due Date for Calendar Year Filers
 04-15-2021

| | | |
|---|--|---|
| Filer's Name(s) SHOBHA RAO CHAVA & SHASHANK KODEDHALA | Filer's Full Social Security Number 315-61-0587 | Spouse's Full Social Security Number 174-61-1083 |
| Address (Street, City, State, ZIP Code) 27422 STRAWBERRY LANE, APT. 102 FARMINGTON MI 48334 | | WRITE PAYMENT AMOUNT HERE \$ 320 .00 MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909 Enclose check payable to “ State of Michigan. ” Write last four digits of filer’s SSN and “ 2021 MI-1040ES ” on the front of your check. Do not fold or staple. |

DO NOT WRITE IN THIS SPACE

2021 MI-1040ES, Michigan Estimated Income Tax for Individuals

Important Information

If you are married and plan to file your annual return as “married filing separately,” DO NOT use preprinted vouchers containing the Social Security numbers (SSN) or correspondence identification numbers (CID) for both you and your spouse; separate vouchers and payments must be submitted for each filer.

Failure to provide a complete Social Security number on Form MI-1040ES will result in processing delays.

Who Must File Estimated Tax Payments

You must make estimated income tax payments if you expect to owe more than \$500 when you file your 2021 MI-1040 return. If you owe more than \$500, you may not have to make estimated payments if you expect your 2021 withholding to be at least:

- 90 percent of your total 2021 tax (qualified farmers, fishermen and seafarers use 66 and 2/3 percent),
- 100 percent of your 2020 tax, or
- 110 percent of your total 2020 tax if your 2020 adjusted gross income is more than \$150,000 (\$75,000 for married filing separately).

Total 2020 tax is the amount on your 2020 MI-1040, line 21 less the sum of your tax credits on lines 25, 26, 27b, and 28. Estimated tax payments are not needed if two-thirds of your gross income is from farming, fishing or seafaring and you meet the qualifications. Estimate filing requirements apply whether or not you are a Michigan resident.

Do not submit this form for any quarter that you do not have estimated tax due.

Payment Due Dates

You may pay in full with the first estimate voucher due April 15, 2021. You may also pay in equal installments due on or before April 15, 2021, June 15, 2021, September 15, 2021, and January 18, 2022.

NOTE: You will not receive reminder notices; save this set of forms for all of your 2021 payments.

How to Pay Estimated Tax

e-Payments

You may choose to make your estimated income tax payments electronically instead of mailing a payment with the personalized form provided. Paying electronically is easy, fast and secure. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card. If you choose to make your payment electronically, you do not need to mail the MI-1040ES form to Treasury. Visit www.michigan.gov/it for more information.

Mail Your Payment

If you choose to mail your payment, make your check payable to “State of Michigan.” Print the last four digits of your SSN and “2021 MI-1040ES” on the check. If paying on behalf of another filer, write the filer’s name and the last four digits of the filer’s SSN on the check. For accurate processing of your payment, do not combine this payment with any other payments. Send your check with the MI-1040ES voucher for that installment. Do not staple your check to the voucher.

Send your voucher and check to:

**Michigan Department of Treasury
 P.O. Box 30774
 Lansing, MI 48909**

DETACH HERE AND MAIL THE RETURN WITH YOUR PAYMENT. DO NOT FOLD OR STAPLE THE RETURN.

2021 MICHIGAN

MI-1040ES Estimated Individual Income Tax Voucher

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Due Date for Calendar Year Filers
 06-15-2021

| | | |
|---|--|---|
| Filer's Name(s) SHOBHA RAO CHAVA & SHASHANK KODEDHALA | Filer's Full Social Security Number 315-61-0587 | Spouse's Full Social Security Number 174-61-1083 |
| Address (Street, City, State, ZIP Code) 27422 STRAWBERRY LANE, APT. 102 FARMINGTON MI 48334 | | WRITE PAYMENT AMOUNT HERE \$ 320 .00 MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909 Enclose check payable to “ State of Michigan. ” Write last four digits of filer’s SSN and “ 2021 MI-1040ES ” on the front of your check. Do not fold or staple. |

DO NOT WRITE IN THIS SPACE

2021 MI-1040ES, Michigan Estimated Income Tax for Individuals

Important Information

If you are married and plan to file your annual return as “married filing separately,” DO NOT use preprinted vouchers containing the Social Security numbers (SSN) or correspondence identification numbers (CID) for both you and your spouse; separate vouchers and payments must be submitted for each filer.

Failure to provide a complete Social Security number on Form MI-1040ES will result in processing delays.

Who Must File Estimated Tax Payments

You must make estimated income tax payments if you expect to owe more than \$500 when you file your 2021 MI-1040 return. If you owe more than \$500, you may not have to make estimated payments if you expect your 2021 withholding to be at least:

- 90 percent of your total 2021 tax (qualified farmers, fishermen and seafarers use 66 and 2/3 percent),
- 100 percent of your 2020 tax, or
- 110 percent of your total 2020 tax if your 2020 adjusted gross income is more than \$150,000 (\$75,000 for married filing separately).

Total 2020 tax is the amount on your 2020 MI-1040, line 21 less the sum of your tax credits on lines 25, 26, 27b, and 28. Estimated tax payments are not needed if two-thirds of your gross income is from farming, fishing or seafaring and you meet the qualifications. Estimate filing requirements apply whether or not you are a Michigan resident.

Do not submit this form for any quarter that you do not have estimated tax due.

Payment Due Dates

You may pay in full with the first estimate voucher due April 15, 2021. You may also pay in equal installments due on or before April 15, 2021, June 15, 2021, September 15, 2021, and January 18, 2022.

NOTE: You will not receive reminder notices; save this set of forms for all of your 2021 payments.

How to Pay Estimated Tax

e-Payments

You may choose to make your estimated income tax payments electronically instead of mailing a payment with the personalized form provided. Paying electronically is easy, fast and secure. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card. If you choose to make your payment electronically, you do not need to mail the MI-1040ES form to Treasury. Visit www.michigan.gov/it for more information.

Mail Your Payment

If you choose to mail your payment, make your check payable to “State of Michigan.” Print the last four digits of your SSN and “2021 MI-1040ES” on the check. If paying on behalf of another filer, write the filer’s name and the last four digits of the filer’s SSN on the check. For accurate processing of your payment, do not combine this payment with any other payments. Send your check with the MI-1040ES voucher for that installment. Do not staple your check to the voucher.

Send your voucher and check to:

**Michigan Department of Treasury
 P.O. Box 30774
 Lansing, MI 48909**

DETACH HERE AND MAIL THE RETURN WITH YOUR PAYMENT. DO NOT FOLD OR STAPLE THE RETURN.

2021 MICHIGAN MI-1040ES Estimated Individual Income Tax Voucher

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Due Date for Calendar Year Filers
 09-15-2021

| | | |
|---|--|--|
| Filer's Name(s) SHOBHA RAO CHAVA & SHASHANK KODEDHALA | Filer's Full Social Security Number 315-61-0587 | Spouse's Full Social Security Number 174-61-1083 |
| Address (Street, City, State, ZIP Code) 27422 STRAWBERRY LANE, APT. 102 FARMINGTON MI 48334 | | WRITE PAYMENT AMOUNT HERE \$ 320 .00 |
| MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909 | | Enclose check payable to “ State of Michigan. ” Write last four digits of filer’s SSN and “ 2021 MI-1040ES ” on the front of your check. Do not fold or staple. |

DO NOT WRITE IN THIS SPACE

2021 MI-1040ES, Michigan Estimated Income Tax for Individuals

Important Information

If you are married and plan to file your annual return as “married filing separately,” DO NOT use preprinted vouchers containing the Social Security numbers (SSN) or correspondence identification numbers (CID) for both you and your spouse; separate vouchers and payments must be submitted for each filer.

Failure to provide a complete Social Security number on Form MI-1040ES will result in processing delays.

Who Must File Estimated Tax Payments

You must make estimated income tax payments if you expect to owe more than \$500 when you file your 2021 MI-1040 return. If you owe more than \$500, you may not have to make estimated payments if you expect your 2021 withholding to be at least:

- 90 percent of your total 2021 tax (qualified farmers, fishermen and seafarers use 66 and 2/3 percent),
- 100 percent of your 2020 tax, or
- 110 percent of your total 2020 tax if your 2020 adjusted gross income is more than \$150,000 (\$75,000 for married filing separately).

Total 2020 tax is the amount on your 2020 MI-1040, line 21 less the sum of your tax credits on lines 25, 26, 27b, and 28. Estimated tax payments are not needed if two-thirds of your gross income is from farming, fishing or seafaring and you meet the qualifications. Estimate filing requirements apply whether or not you are a Michigan resident.

Do not submit this form for any quarter that you do not have estimated tax due.

Payment Due Dates

You may pay in full with the first estimate voucher due April 15, 2021. You may also pay in equal installments due on or before April 15, 2021, June 15, 2021, September 15, 2021, and January 18, 2022.

NOTE: You will not receive reminder notices; save this set of forms for all of your 2021 payments.

How to Pay Estimated Tax

e-Payments

You may choose to make your estimated income tax payments electronically instead of mailing a payment with the personalized form provided. Paying electronically is easy, fast and secure. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card. If you choose to make your payment electronically, you do not need to mail the MI-1040ES form to Treasury. Visit www.michigan.gov/it for more information.

Mail Your Payment

If you choose to mail your payment, make your check payable to “State of Michigan.” Print the last four digits of your SSN and “2021 MI-1040ES” on the check. If paying on behalf of another filer, write the filer’s name and the last four digits of the filer’s SSN on the check. For accurate processing of your payment, do not combine this payment with any other payments. Send your check with the MI-1040ES voucher for that installment. Do not staple your check to the voucher.

Send your voucher and check to:

**Michigan Department of Treasury
 P.O. Box 30774
 Lansing, MI 48909**

DETACH HERE AND MAIL THE RETURN WITH YOUR PAYMENT. DO NOT FOLD OR STAPLE THE RETURN.

2021 MICHIGAN MI-1040ES Estimated Individual Income Tax Voucher

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Due Date for Calendar Year Filers
 01-18-2022

| | | |
|---|--|---|
| Filer's Name(s) SHOBHA RAO CHAVA & SHASHANK KODEDHALA | Filer's Full Social Security Number 315-61-0587 | Spouse's Full Social Security Number 174-61-1083 |
| Address (Street, City, State, ZIP Code) 27422 STRAWBERRY LANE, APT. 102 FARMINGTON MI 48334 | | WRITE PAYMENT AMOUNT HERE \$ 320 .00 MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909 Enclose check payable to “ State of Michigan. ” Write last four digits of filer’s SSN and “ 2021 MI-1040ES ” on the front of your check. Do not fold or staple. |

DO NOT WRITE IN THIS SPACE

Instructions for Form MI-1040-V

2020 Michigan Individual Income Tax Payment Voucher

Important Information

Use this voucher only if making your payment after you file your MI-1040 return.

Do not use this voucher to do any of the following:

- Make any other payments to the State of Michigan
- Make estimated income tax payments. Estimated income tax payments should be made using the MI-1040ES
- Pay tax owed on your City of Detroit return. The City of Detroit tax due should be paid using the CITY-V.

Failure to provide a complete Social Security number on Form MI-1040-V will result in processing delays.

Enter on Form MI-1040-V below the tax due as shown on your *Individual Income Tax Return* (MI-1040), line 33.

Your payment and MI-1040-V are due April 15, 2021. If your payment is late, you will owe interest and penalty in addition to the tax due. The annual interest rate is 1 percent above the current prime rate. Penalty is 5 percent of the tax due for the first two months, then 5 percent for each month thereafter until the full payment is received, up to a maximum penalty of 25 percent. If you pay late, you may calculate and add interest and penalty to your payment or Treasury will send you a bill for any additional amount due. Interest rates are adjusted on July 1 and January 1. For current interest rates visit www.michigan.gov/taxes.

If you do not owe any tax on your MI-1040, do not file this form.

Electronic Payments

You may choose to make your individual income tax payment electronically. Paying electronically is easy, fast and secure. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card.

You can also make your Individual Income Tax payment using direct debit when supported by your e-file software provider.

If you choose to make your payment electronically, you do not need to mail the MI-1040-V to Treasury. Visit www.michigan.gov/iit for more information.

Mailing Instructions

- Make your check payable to the **“State of Michigan.”** Print **“2020 MI-1040-V”** and the last four digits of your **Social Security number** on the check. If paying on behalf of another filer, write the filer’s name and the last four digits of the filer’s Social Security number on the check.
- Detach Form MI-1040-V along the dotted line.
- Do not attach your payment to Form MI-1040-V. Instead, place both items loose in the envelope and mail to:
Michigan Department of Treasury
P.O. Box 30774
Lansing, MI 48909
- Do not attach a copy of your return to the MI-1040-V. Attaching a copy of your return will delay the application of payment to your account.
- Do not write notes on the MI-1040-V or submit the voucher without payment.
- If you mail your payment with your paper filed return, you do not need to mail the MI-1040-V to Treasury.

If you have questions, you may call 517-636-4486. Assistance is available using TTY through the Michigan Relay Service by calling 711.

Visit www.michigan.gov/taxes for additional information.

Mail this form with payment for your MI-1040 return. Do not file with your paper return.

Detach here and mail with your payment. Do not fold or staple the voucher.

Michigan Department of Treasury (Rev. 03-20)

2020 MICHIGAN Individual Income Tax Payment Voucher

MI-1040-V

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Mail Form MI-1040-V with your payment after you file your MI-1040 return.

Do not use this form to make any other payments to the State of Michigan.

REV 04/08/21 PRO

| | | |
|--|--|--|
| Filer's Name(s) (First, Middle Initial, Last) and Home Address (Street, City, State, ZIP Code) SHOBHA RAO CHAVA SHASHANK KODEDHALA 27422 STRAWBERRY LANE APT 102 FARMINGTON MI 48334 | Filer's Full Social Security Number 315-61-0587 | Spouse's Full Social Security Number 174-61-1083 |
| WRITE PAYMENT AMOUNT HERE ➡ \$ | | 789 .00 |
| MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909 | | Make check payable to “State of Michigan.” Write the last four digits of filer's Social Security number and “2020 MI-1040-V” on the check. Do not fold or staple. |

DO NOT WRITE IN THIS SPACE

1555

67726586 02 2020 174611083 315610587 5

2020 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AMD)

Return is due April 15, 2021. Type or print in blue or black ink.

| | | | | |
|---|------|------------------------|--|--|
| 1. Filer's First Name SHOBHA RAO | M.I. | Last Name CHAVA | 2. Filer's Full Social Security No. (Example: 123-45-6789) 315 — 61 — 0587 | |
| If a Joint Return, Spouse's First Name SHASHANK | M.I. | Last Name KODEDHALA | 3. Spouse's Full Social Security No. (Example: 123-45-6789) 174 — 61 — 1083 | |
| Home Address (Number, Street, or P.O. Box) 27422 STRAWBERRY LANE, APT. 102 | | | 4. School District Code (5 digits – see page 60) 63200 | |
| City or Town FARMINGTON | | State MI | ZIP Code 48334 | |

| | | | | | | | |
|---|--------------------------|--------------------------|-------|----|--------------------------|--------|---|
| 5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. <table style="margin-left: 20px;"> <tr> <td>a.</td> <td><input type="checkbox"/></td> <td>Filer</td> </tr> <tr> <td>b.</td> <td><input type="checkbox"/></td> <td>Spouse</td> </tr> </table> | a. | <input type="checkbox"/> | Filer | b. | <input type="checkbox"/> | Spouse | 6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring. |
| a. | <input type="checkbox"/> | Filer | | | | | |
| b. | <input type="checkbox"/> | Spouse | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------------------------------|----------------------------|--|--|----|-------------------------------------|------------------------|--|----|--------------------------|----------------------------|--|--|----|--------------------------|----------|--|----|--------------------------|---------------|--|----|-------------------------------------|----------------------|---|
| 7. 2020 FILING STATUS. Check one. <table style="margin-left: 20px;"> <tr> <td>a.</td> <td><input type="checkbox"/></td> <td>Single</td> <td></td> </tr> <tr> <td>b.</td> <td><input checked="" type="checkbox"/></td> <td>Married filing jointly</td> <td>* If you check box "c," complete line 3 and enter spouse's full name below: <div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> </tr> <tr> <td>c.</td> <td><input type="checkbox"/></td> <td>Married filing separately*</td> <td></td> </tr> </table> | a. | <input type="checkbox"/> | Single | | b. | <input checked="" type="checkbox"/> | Married filing jointly | * If you check box "c," complete line 3 and enter spouse's full name below: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | c. | <input type="checkbox"/> | Married filing separately* | | 8. 2020 RESIDENCY STATUS. Check all that apply. <table style="margin-left: 20px;"> <tr> <td>a.</td> <td><input type="checkbox"/></td> <td>Resident</td> <td></td> </tr> <tr> <td>b.</td> <td><input type="checkbox"/></td> <td>Nonresident *</td> <td></td> </tr> <tr> <td>c.</td> <td><input checked="" type="checkbox"/></td> <td>Part-Year Resident *</td> <td>* If you check box "b" or "c," you must complete and include Schedule NR.</td> </tr> </table> | a. | <input type="checkbox"/> | Resident | | b. | <input type="checkbox"/> | Nonresident * | | c. | <input checked="" type="checkbox"/> | Part-Year Resident * | * If you check box "b" or "c," you must complete and include Schedule NR. |
| a. | <input type="checkbox"/> | Single | | | | | | | | | | | | | | | | | | | | | | | |
| b. | <input checked="" type="checkbox"/> | Married filing jointly | * If you check box "c," complete line 3 and enter spouse's full name below: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | | | | | | | | | | | | | | | | | | | |
| c. | <input type="checkbox"/> | Married filing separately* | | | | | | | | | | | | | | | | | | | | | | | |
| a. | <input type="checkbox"/> | Resident | | | | | | | | | | | | | | | | | | | | | | | |
| b. | <input type="checkbox"/> | Nonresident * | | | | | | | | | | | | | | | | | | | | | | | |
| c. | <input checked="" type="checkbox"/> | Part-Year Resident * | * If you check box "b" or "c," you must complete and include Schedule NR. | | | | | | | | | | | | | | | | | | | | | | |

9. EXEMPTIONS. NOTE: If someone else can claim you as a dependent, check box 9e, enter 0 on line 9a and enter \$1,500 on line 9e (see instr.).

| | | | | | | | |
|---|-----|--------------------------|---|---------|-----|------|----|
| a. Number of exemptions (see instructions)..... | a. | 2 | x | \$4,750 | 9a. | 9500 | 00 |
| b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled..... | b. | | x | \$2,800 | 9b. | | 00 |
| c. Number of qualified disabled veterans..... | c. | | x | \$400 | 9c. | | 00 |
| d. Number of Certificates of Stillbirth from MDHHS (see instructions)..... | 9d. | | x | \$4,750 | 9d. | | 00 |
| e. Claimed as dependent, see line 9 NOTE above..... | 9e. | <input type="checkbox"/> | | | 9e. | | 00 |
| f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15..... | 9f. | | | | 9f. | 9500 | 00 |

| | | | |
|--|-----|--------|----|
| 10. Adjusted Gross Income from your U.S. Forms 1040 or 1040NR (see instructions)..... | 1 | 177129 | 00 |
| 11. Additions from Schedule 1, line 9. Include Schedule 1 | 11. | | 00 |
| 12. Total. Add lines 10 and 11..... | 12. | 177129 | 00 |
| 13. Subtractions from Schedule 1, line 29. Include Schedule 1 | 1 | 54946 | 00 |
| 14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" | 14. | 122183 | 00 |
| 15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19..... | 15. | 6553 | 00 |
| 16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" | | 115630 | 00 |
| 17. Tax. Multiply line 16 by 4.25% (0.0425) | 17. | 4914 | 00 |

NON-REFUNDABLE CREDITS

| | | AMOUNT | | CREDIT | | | |
|---|------|--------|----|--------|--|------|----|
| 18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions)..... | 18a. | | 00 | 18b. | | 00 | |
| 19. Michigan Historic Preservation Tax Credit carryforward (see instructions)..... | 19a. | | 00 | 19b. | | 00 | |
| 20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0" | | | | | | 4914 | 00 |

Filer's Full Social Security Number

315 — 61 — 0587

| | | | |
|--|-----|------|----|
| 21. Enter amount of Income Tax from line 20..... | 21. | 4914 | 00 |
| 22. Voluntary Contributions from Form 4642, line 6. Include Form 4642 | 2 | | 00 |
| 23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions)..... | 23. | 0 | 00 |
| 24. Total Tax Liability. Add lines 21, 22 and 23..... | 24. | 4914 | 00 |

REFUNDABLE CREDITS AND PAYMENTS

| | | | |
|--|------|------|----|
| 25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2 | 25. | | 00 |
| 26. Farmland Preservation Tax Credit. Include MI-1040CR-5 | 26. | | 00 |
| 27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b..... | a. | | 00 |
| 27b. | 27b. | | 00 |
| 28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581 | | | 00 |
| 29. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s) | 29. | 4125 | 00 |
| 30. Estimated tax, extension payments and 2019 credit forward..... | 30. | | 00 |
| 31. 2020 AMENDED RETURNS ONLY. Taxpayers completing an original 2020 return should skip to line 32. Amended returns must include Schedule AMD (see instructions) . | | | |
| 31a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 31a and enter this amount as a negative number on line 31c. | | | |
| 31b. <input type="checkbox"/> If you paid with the original return, check box 31b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 31c. Do not include interest or penalty. | 31c. | | 00 |
| 32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c..... | | 4125 | 00 |

REFUND OR TAX DUE

| | | | |
|--|-----|-----|----|
| 33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions. Include interest <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 00 and penalty <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 00..... YOU OWE | 33. | 789 | 00 |
| 34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32..... | | | 00 |
| 35. Credit Forward. Amount of line 34 to be credited to your 2021 estimated tax for your 2021 tax return ... | 35. | | 00 |
| 36. Subtract line 35 from line 34..... REFUND | 36. | | 00 |

| | | | | |
|--|----------------------------------|--------------------------|--------------------------------------|-------------------------------------|
| DIRECT DEPOSIT Deposit your refund directly to your financial institution! See instructions and complete a, b and c. | a. Routing Transit Number | b. Account Number | c. Type of Account | |
| | | | 1. <input type="checkbox"/> Checking | 2. <input type="checkbox"/> Savings |

| | | | |
|---|---|---|---|
| Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2019, enter dates below. ENTER DATE OF DEATH ONLY. Example: 04-15-2020 (MM-DD-YYYY) | | Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge. | |
| Filer | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Spouse | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | | Preparer's PTIN, FEIN or SSN P02082703 | |
| Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge. | | Preparer's Name (print or type) SYAM PRIYA RAM SAGAR GUPTA TA | |
| Filer's Signature | Date | Preparer's Signature SYAM PRIYA RAM SAGAR GUPTA TA | |
| Spouse's Signature | Date | Preparer's Business Name, Address and Telephone Number GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 678-965-9522 | |
| <input type="checkbox"/> By checking this box, I authorize Treasury to discuss my return with my preparer. | | | |

Refund, credit, or zero returns. Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**
Pay amount on line 33 (see instructions). Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

2020 MICHIGAN Schedule 1 Additions and Subtractions

Issued under authority of Public Act 281 of 1967, as amended.

Attachment 01

Include with Form MI-1040. Type or print in blue or black ink.

| | | | |
|----------------------------------|------|--------------------|--|
| Filer's First Name SHOBHA RAO | M.I. | Last Name CHAVA | Filer's Full Social Security No. (Example: 123-45-6789) 315 — 61 — 0587 |
|----------------------------------|------|--------------------|--|

Additions to Income (all entries must be positive numbers)

| | | | |
|--|----|---|----|
| 1. Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions..... | 1. | | 00 |
| 2. Deduction for taxes on, or measured by, income including self-employment tax taken on your federal return (see instructions)..... | 2. | | 0 |
| 3. Gains from Michigan column of MI-1040D and MI-4797 | 3. | | |
| 4. Losses attributable to other states (see instructions) | 4. | | 0 |
| 5. Net loss from federal column of your Michigan MI-1040D or MI-4797 | 5. | | 0 |
| 6. Oil, gas, and nonferrous metallic mineral expenses (Michigan sourced) deducted to arrive at Adjusted Gross Income (AGI)..... | 6. | | 00 |
| 7. Federal Net Operating Loss deduction included in AGI..... | 7. | | 00 |
| 8. Other (see instructions). Describe: _____ | 8. | | 00 |
| 9. Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11 | 9. | 0 | 00 |

Subtractions from Income (all entries must be positive numbers)

| | | | |
|--|-----|-------|----|
| 10. Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Include U.S. <i>Schedule B</i> if over \$5,000..... | 10. | | 00 |
| 11. Amount included in MI-1040, line 10, from military retirement benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement benefits | 11. | | 00 |
| 12. Gains from federal column of Michigan MI-1040D and MI-4797 | | | |
| 13. Income attributable to another state. Explain type and source: <u>SCHEDULE NR</u> | 13. | 54946 | 00 |
| 14. Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10 .. | 14. | | 00 |
| 15. Income earned while a resident of a Renaissance Zone (see instructions). | 15. | | 00 |
| 16. Michigan state and local income tax refunds received in 2020 and included on MI-1040, line 10..... | 16. | | |
| 17. Michigan Education Savings Program, MI 529 Advisor Plan, and Michigan Achieving a Better Life Experience Program. | 17. | | 00 |
| 18. Michigan Education Trust | 18. | | 00 |
| 19. Oil, gas, and nonferrous metallic minerals income (Michigan sourced) included in AGI | 19. | | 00 |
| 20. Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to <i>Revenue Administrative Bulletin 1988-47</i> | 20. | | 00 |
| 21. Miscellaneous subtractions (see instructions). Describe: _____ | 21. | | 00 |

REV 04/08/21 PRO

2020 MICHIGAN Schedule 1 Additions and Subtractions

| | | | |
|----------------------------------|------|--------------------|--|
| Filer's First Name SHOBHA RAO | M.I. | Last Name CHAVA | Filer's Full Social Security No. (Example: 123-45-6789) 315 — 61 — 0587 |
|----------------------------------|------|--------------------|--|

Deduction Based on Year of Birth

Complete 22A through 22H if claiming the Michigan Standard Deduction, the retirement benefits deduction or the senior investment income deduction on lines 23, 24, 25, or 26. Check box(es) 22C and/or 22G **only** if you or your spouse received retirement benefits from employment with a governmental agency not covered by the federal Social Security Act (SSA exempt employment). **See instructions before continuing.**

| 22. | FILER | | | | SPOUSE | | | |
|-----|-------------------------------|----------------------------------|--|--|-------------------------------|----------------------------------|---|--|
| | A. Year of Birth (19xx) | B. Age as of 12-31-2020 | C. Check if filer received benefits from SSA exempt employment | D. Check if retired as of 01-01-2013 and born after 1952 | E. Year of Birth (19xx) | F. Age as of 12-31-2020 | G. Check if spouse received benefits from SSA exempt employment | H. Check if retired as of 01-01-2013 and born after 1952 |
| | 1992 | 28 | <input type="checkbox"/> | <input type="checkbox"/> | 1991 | 29 | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|-----|--|----|
| 23. Tier 2 Michigan Standard Deduction. Complete this line ONLY if the older of you or your spouse (if married) was born during the period January 1, 1946 through December 31, 1952, and reached age 67 before December 31, 2020. Do not complete lines 24, 25 or 26 | 23. | | 00 |
| 24. Tier 3 Michigan Standard Deduction. Complete this line ONLY if the older of you or your spouse (if married) was born during the period January 1, 1953 through January 1, 1954, and reached age 67 on or before December 31, 2020. Do not complete lines 23, 25 or 26. Enter amount from line 6 of Worksheet 2..... | 24. | | 00 |
| 25. Retirement benefits. Enter amount from line 16, 27, 28 or 29 of Form 4884, <i>Michigan Pension Schedule</i> . Include Form 4884 | 25. | | 00 |
| 26. Dividend/interest/capital gains deduction for taxpayers 75 years and older . Deduction is limited to \$11,983 for single or married filing separately filers and \$23,966 for joint filers, less any deduction for retirement benefits (see instructions)..... | 26. | | 00 |

Check this box if you are the unremarried surviving spouse claiming a dividend, interest or capital gains deduction for someone born before 1946 who was at least age 65 at the time of death.

| | | | |
|---|-----|-------------------|----|
| 27. Reserved. Skip to line 28..... | 27. | X X X X X X X X X | 00 |
| 28. Michigan Net Operating Loss | 28. | | 00 |
| 29. Total Subtractions. Add lines 10 through 28. Enter here and on MI-1040, line 13..... | 29. | 54946 | 00 |

2020 MICHIGAN Nonresident and Part-Year Resident Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Include with Form MI-1040. Read all instructions before completing this form.

Attachment 02

| | | | |
|--|------|------------------------|--|
| 1. Filer's First Name SHOBHA RAO | M.I. | Last Name CHAVA | 2. Filer's Full Social Security No. (Example: 123-45-6789) 315 — 61 — 0587 |
| If a Joint Return, Spouse's First Name SHASHANK | M.I. | Last Name KODEDHALA | 3. Spouse's Full Social Security No. (Example: 123-45-6789) 174 — 61 — 1083 |

4. 2020 RESIDENCY STATUS:

Check all that apply.

a. Nonresident

b. Part-Year Resident of Michigan.
Enter dates of Michigan residency in 2020*

*Dates of Michigan residency in 2020 (Enter dates as MM-DD-YYYY, Example: 04-15-2020)

| | FILER | SPOUSE |
|-------|----------------|----------------|
| FROM: | 09 — 01 — 2020 | 09 — 01 — 2020 |
| TO: | 12 — 31 — 2020 | 12 — 31 — 2020 |

Income Allocation

| | A. Total Income | | B. Michigan Income | | C. Other State(s) Income | |
|--|-----------------|----|--------------------|----|--------------------------|----|
| 5. Wages, salaries, other payments (tips, etc.) | 184929 | 00 | 122183 | 00 | 62746 | 00 |
| 6. Interest and dividends | | 00 | | 00 | | 00 |
| 7. Business and farm income (include U.S. Schedules C and F)..... | | 00 | | 00 | | 00 |
| 8. Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S Form 4797..... | | 00 | | 00 | | 00 |
| 9. Income reported on U.S. Schedule E (include U.S. Schedule E and supporting statements).... | -7500 | 00 | 0 | 00 | -7500 | 00 |
| 10. Pensions, IRA distributions, annuities and Social Security (see Form 4884)..... | | 00 | | 00 | | 00 |
| 11. Other (see instructions) | | 00 | | 00 | | 00 |
| 12. Total income. Add lines 5 through 11..... | 177429 | 00 | 122183 | 00 | 55246 | 00 |
| 13. Enter the total adjustments from U.S. 1040, Schedule 1 Describe: <u>OTHER ADJUSTMENTS</u> | 300 | 00 | 0 | 00 | 300 | 00 |
| 14. Subtract line 13 from line 12. The amount in column A should equal MI-1040, line 10. Enter amount in column C on Schedule 1, line 13 or, if a negative amount, enter as a positive amount on Schedule 1, line 4. | 177129 | 00 | 122183 | 00 | 54946 | 00 |

Exemption Allowance (If one spouse is a full-year resident, and the other is not, see instructions.)

| | | | |
|--|-----|--------|----|
| 15. Enter amount from MI-1040, line 9f..... | 15. | 9500 | 00 |
| 16. Enter Michigan source income from line 14, column B..... | 16. | 122183 | 00 |
| 17. Enter total income from line 14, column A..... | 17. | 177129 | 00 |
| 18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%)..... | 18. | 68.98 | % |
| 19. If both spouses are part-year or nonresidents, multiply line 15 by the percentage on line 18 and enter here and on MI-1040, line 15. If one spouse is a full-year resident, complete Worksheet 6 and enter here and on MI-1040, line 15..... | 19. | 6553 | 00 |

2020 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2020, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 29). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

| | | | |
|--|------|----------------------------|--|
| 1. Filer's First Name SHOBHA RAO | M.I. | Last Name CHAVA | 2. Filer's Full Social Security No. (Example: 123-45-6789) 315 — 61 — 0587 |
| If a Joint Return, Spouse's First Name SHASHANK | M.I. | Last Name KODEDHALA | 3. Spouse's Full Social Security No. (Example: 123-45-6789) 174 — 61 — 1083 |

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

| A | | B | C | D | | E | |
|--|---|---|-------------------------|--|----|--|--------|
| Enter "X" for: Filer or Spouse | | Employer's identification number (Example: 38-1234567) | Box c — Employer's name | Box 1 — Wages, tips, other compensation | | Box 17 — Michigan income tax withheld | |
| | X | 38-0549190 | FORD MOTOR COMPA | 91190 | 00 | 3691 | 00 |
| | X | 38-2563079 | EPITEC INC | 11858 | 00 | 434 | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| Enter Table 1 Subtotal from additional Schedule W forms (if applicable)..... | | | | | | | 00 |
| 4. SUBTOTAL. Enter total of Table 1, column E. | | | | | | 4. | 4125 0 |

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

| A | | B | C | D | E | | |
|---|--|--|--------------|---|---------------------------------|----|---------|
| Enter "X" for: Filer or Spouse | | Payer's federal identification number (Example: 38-1234567) | Payer's name | Taxable pension distribution, misc. income, etc. (see inst.) | Michigan income tax withheld | | |
| | | | | | 00 | 00 | |
| | | | | | 00 | 00 | |
| | | | | | 00 | 00 | |
| | | | | | 00 | 00 | |
| | | | | | 00 | 00 | |
| Enter Table 2 Subtotal from additional Schedule W forms (if applicable)..... | | | | | | | 00 |
| 5. SUBTOTAL. Enter total of Table 2, column E. | | | | | | 5. | 00 |
| 6. TOTAL. Add lines 4 and 5. Enter here and carry to MI-1040, line 29..... | | | | | | 6. | 4125 00 |