

Filing Status Single 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 ▶

Your first name and middle initial ANANTHACHARY	Last name RUDROJU	Your social security number 179-61-9948
If joint return, spouse's first name and middle initial ANURADHA	Last name SREEPADA	Spouse's social security number 027-59-1534
Home address (number and street). If you have a P.O. box, see instructions. 915 BLACKMORE DR		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. DELAWARE		State OH
		ZIP code 43015
Foreign country name	Foreign province/state/county	Foreign postal code

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

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

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

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

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
SAI RITHVIK	RUDROJU	946-94-0666	Son	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required. Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	190,071.	
	2a	Tax-exempt interest	2a	2b		
	3a	Qualified dividends	3a	57.	3b	60.
	4a	IRA distributions	4a		4b	
	5a	Pensions and annuities	5a		5b	
	6a	Social security benefits	6a		6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			7	-3,000.
	8	Other income from Schedule 1, line 9			8	-26,670.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶			9	160,461.
	10	Adjustments to income:				
	a	From Schedule 1, line 22	10a		10c	300.
	b	Charitable contributions if you take the standard deduction. See instructions	10b	300.		
	c	Add lines 10a and 10b. These are your total adjustments to income ▶				
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶			11	160,161.
	12	Standard deduction or itemized deductions (from Schedule A)			12	24,800.
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A			13		
14	Add lines 12 and 13			14	24,800.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15	135,361.	

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	21,356.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	21,356.
19	Child tax credit or credit for other dependents	19	500.
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	500.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	20,856.
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	20,856.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	31,928.
b	Form(s) 1099	25b	2.
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	31,930.
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	1,827.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,827.
33	Add lines 25d, 26, and 32. These are your total payments	33	33,757.

• 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	12,901.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	12,901.
b	Routing number 044000037 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 235322617		
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	
38	Estimated tax penalty (see instructions)	38	

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.

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	04/03/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Firm's address			Phone no.
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041			(678) 965-9522
Firm's EIN				30-1017196

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
ANANTHACHARY RUDROJU & ANURADHA SREEPADA

Your social security number
179-61-9948

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-26,670.
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	-26,670.

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 D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2020

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

- ▶ Attach to Form 1040, 1040-SR, or 1040-NR.
- ▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
- ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return: ANANTHACHARY RUDROJU & ANURADHA SREEPADA
Your social security number: 179-61-9948

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	512,087.	549,720.	13,577.	-24,056.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	5.	12.		-7.
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -24,063.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 	16	-24,063.
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p>	18	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	(3,000.)
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return: ANANTHACHARY RUDROJU & ANURADHA SREEPADA
Social security number or taxpayer identification number: 179-61-9948

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

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

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

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

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Securities LLC	11/12/20	12/12/20	512,087.	549,720.	W	13,577.	-24,056.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				512,087.	549,720.		13,577.	-24,056.

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

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2020
Attachment
Sequence No. **12A**

Name(s) shown on return

ANANTHACHARY RUDROJU & ANURADHA SREEPADA

Social security number or taxpayer identification number

179-61-9948

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

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

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

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

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Securities LLC	11/12/20	12/12/20	5.	12.			-7.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				5.	12.			-7.

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

SCHEDULE E
(Form 1040)

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, 1040-NR, or 1041.**
▶ **Go to www.irs.gov/ScheduleE for instructions and the latest information.**

Name(s) shown on return

ANANTHACHARY RUDROJU & ANURADHA SREEPADA

Your social security number

179-61-9948

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	8510 GREENWAY BLVD,U 103 MIDDLETON WI 535623590				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	2		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	1,000.		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	5,371.		
8 Commissions	8			
9 Insurance	9	360.		
10 Legal and other professional fees	10			
11 Management fees	11	2,376.		
12 Mortgage interest paid to banks, etc. (see instructions)	12	5,115.		
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16	3,584.		
17 Utilities	17	1,000.		
18 Depreciation expense or depletion	18	4,507.		
19 Other (list) ▶ <u>See Line 19 Other Expenses</u>	19	5,357.		
20 Total expenses. Add lines 5 through 19	20	27,670.		
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	-26,670.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-26,670.)		
23a Total of all amounts reported on line 3 for all rental properties	23a		1,000.	
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		5,115.	
d Total of all amounts reported on line 18 for all properties	23d		4,507.	
e Total of all amounts reported on line 20 for all properties	23e		27,670.	
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	(26,670.)		
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			-26,670.

For Paperwork Reduction Act Notice, see the separate instructions.

NPA -26,670.

Schedule E (Form 1040) 2020

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

2020

Department of the Treasury
Internal Revenue Service

**▶ To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
▶ Go to www.irs.gov/Form8867 for instructions and the latest information.**

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return **ANANTHACHARY RUDROJU & ANURADHA SREEPADA** Taxpayer identification number **179-61-9948**

Enter preparer's name and PTIN **SYAM PRIYA RAM SAGAR GUPTA TALLAM** **P02082703**

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2020 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

- ▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
 - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
 - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - C. Submit Form 8867 in the manner required; **and**
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

▶ **If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Additional information from your 2020 Federal Tax Return**Schedule E: Supplemental Income and Loss****Line 19 Other Expenses: Property (1)****Continuation Statement**

Expense Description	Amount
GLASS UNIT INSTALLATION	1,499.
Customer service and labor	600.
Mold Mitigation	3,258.
Total	5,357.

Nonresident & part-year resident Wisconsin income tax

For the year Jan. 1-Dec. 31, 2020, or other tax year beginning _____, 2020 ending _____, 20_____.

Check here if this is an amended return [] Complete form using BLACK INK

Note

DO NOT STAPLE

PAPER CLIP withholding statements here

Form fields for personal information: Your legal last name (RUDROJU), Legal first name (ANANTHACHARY), M.I., Your social security number (179619948), Spouse's legal first name (ANURADHA), Spouse's social security number (027591534), Home address (915 BLACKMORE DR), State (OH), Zip code (43015), Filing status (Married filing joint return), Resident status (Nonresident of Wisconsin; state of residence OH).



Note: Complete residence questionnaire, page 6

PAPER CLIP check or money order here

Table with 4 columns: Income, Print numbers like this (0123456789), NO COMMAS NO CENTS, A. Federal column, B. Wisconsin column. Rows include Wages, salaries, tips, etc. (190071.00), Taxable interest (.00), Ordinary dividends (60.00), Taxable refunds, credits, or offsets of state and local income taxes (.00), Alimony received (.00), Business income or (loss) (.00), Capital gain or (loss) (-3000.00), Other gains or (losses) (.00), IRA distributions (.00), Pensions and annuities (.00), Rental real estate, royalties, partnerships, S corporations, trusts, etc. (-26670.00), Farm income or (loss) (.00), Unemployment compensation (.00), Social security benefits (.00), Other income (.00), and Combine lines 1 through 15 (160461.00).

I-0501 (R. 02-21)

Adjustments to Income

	A. Federal column	B. Wisconsin column
17 Educator expenses (see page 25) . . . . .	.00	.00
1 Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 25) . . . . .	.00	.00
19 Health savings account deduction (see page 26) . . . . .	.00	.00
20 Moving expenses for members of the Armed Forces (see page 26) . . . . .	.00	.00
21 Deductible part of self-employment tax (see page 26) . . . . .	.00	.00
22 Self-employed SEP, SIMPLE, and qualified plans (see page 26) . . . . .	.00	.00
23 Self-employed health insurance deduction (see page 27) . . . . .	.00	.00
24 Penalty on early withdrawal of savings (see page 28) . . . . .	.00	0.00
25 Alimony paid (see page 28) . . . . .	.00	.00
26 IRA deduction (see page 29) . . . . .	.00	.00
27 Student loan interest deduction (see page 29) . . . . .	.00	.00
28 Tuition and fees (see page 29)	Not deductible for Wisconsin	
29 Other adjustments (see page 29). Enclose Schedule M if line 29b has an amount	300.00	300.00
30 Total adjustments to income. Add lines 17 through 29	300.00	300.00
Adjusted Gross Income		
31 Wisconsin income. Subtract line 30, column B from line 16, column B		-8361.00
32 Federal income. Subtract line 30, column A from line 16, column A	160161.00	
33 Divide line 31 by line 32. Carry the decimal to four places. If amount on line 31 is more than amount on line 32, fill in 1.0000. (See page 30)		1.0000

Tax Computation

34 Fill in the larger of Wisconsin income from line 31, column B or federal income from line 32, column A. But , if Wisconsin income from line 31 is zero or less, fill in 0 (zero)	34	0.00
35a If you (or your spouse) can be claimed as a dependent on anyone else's return, check here and see the "Exception" in the instructions for line 35c on page 31	35a	<input type="checkbox"/>
35b Aliens (see page 31 to determine if you must check line 35b)	35b	<input type="checkbox"/>
35c Find the standard deduction for amount on line 32 using table on page 50	35c	0.00
36 Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zero)	36	0.00
37 Exemptions (Caution: see page 31)		
a Fill in exemptions allowed 3 x \$700	37a	2100.00
b Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250	37b	.00
c Add lines 37a and 37b	37c	2100.00
38 Subtract line 37c from line 36. If line 37c is more than line 36, fill in 0 (zero)	38	0.00
39 Tax (see table on page 52)	39	0.00
40 Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)	40	511.00
41 School property tax credits (part-year and full-year residents only)		
a Rent paid in 2020—heat included00 } Find credit from table page 35	41a	.00
Rent paid in 2020—heat not included00 }		
b Property taxes paid on home in 202000 } Find credit from table page 36	41b	.00
42 Add credits on lines 40, 41a, and 41b	42	511.00
43 Subtract line 42 from line 39. If line 42 is more than line 39, fill in 0 (zero)	43	0.00
44 Fill in ratio from line 33	44	1.0000
45 Multiply line 43 by ratio on line 44	45	0.00



Name(s) shown on Form 1NPR ANANTHACHARY RUDROJU & ANURADHA SREEPADA		Your social security number 179619948
46	Fill in amount from line 45	46 <u>0.00</u>
47	Armed forces member credit. (Full-year Wisconsin residents only)	47 <u>.00</u>
48	Working families tax credit. (Full-year Wisconsin residents only)	48 <u>.00</u>
49	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	49 <u>0.00</u>
50	Nonrefundable credits from Schedule CR, line 34. Enclose Schedule CR	50 <u>.00</u>
51	Net income tax paid to another state. Enclose Schedule OS	51 <u>.00</u>
52	Add lines 47 through 51	52 <u>0.00</u>
53	Subtract line 52 from line 46. If line 52 is more than line 46, fill in 0 (zero). This is your net tax	53 <u>0.00</u>
54	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 39) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	54 <u>.00</u>
55	Donations (decreases refund or increases amount owed)	
	a Endangered resources <u>.00</u>	e Military family relief <u>.00</u>
	b Cancer research <u>.00</u>	f Second Harvest/Feeding Amer. <u>.00</u>
	c Veterans trust fund <u>.00</u>	g Red Cross WI Disaster Relief <u>.00</u>
	d Multiple sclerosis <u>.00</u>	h Special Olympics Wisconsin <u>.00</u>
	Total (add lines a through h) .. →	55i <u>.00</u>
56	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 41) <u>.00</u> x .33 =	56 <u>.00</u>
57	Other penalties (see page 41)	57 <u>.00</u>
58	Add lines 53 through 57	58 <u>0.00</u>

Payments and Credits

59	Wisconsin income tax withheld. Enclose readable withholding statements	59 <u>1091.00</u>
60	2020 Wisconsin estimated tax paid and amount applied from 2019 return	60 <u>.00</u>
61	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children ▶ _____ Federal credit <u>.00</u> x _____ % =	61 <u>.00</u>
62	Farmland preservation credit. a. Schedule FC, line 17	62a <u>.00</u>
	b. Schedule FC-A, line 13	62b <u>.00</u>
63	Repayment credit	63 <u>.00</u>
64	Homestead credit. (Full-year Wisconsin residents only)	64 <u>.00</u>
65	Eligible veterans and surviving spouses property tax credit	65 <u>.00</u>
66	Refundable credits from Schedule CR, line 40	66 <u>.00</u>
67	AMENDED RETURN ONLY – amount previously paid (see page 47)	67 <u>.00</u>
68	Add lines 59 through 67	68 <u>1091.00</u>
69	AMENDED RETURN ONLY – amount previously refunded (see page 47)	69 <u>.00</u>
70	Subtract line 69 from line 68	70 <u>1091.00</u>



Refund or Amount You Owe

Table with 2 columns: Description and Amount. Rows include: 71 If line 70 is more than line 58, subtract line 58 from line 70. This is the AMOUNT OVERPAID... 1091.00; 72 Amount of line 71 you want REFUNDED TO YOU... 1091.00; 73 Amount of line 71 to be APPLIED TO YOUR 2021 ESTIMATED TAX... 0.00; 74 If line 70 is less than line 58, subtract line 70 from line 58... This is the AMOUNT YOU OWE... .00; 75 Underpayment interest. Fill in exception code - see Sch. U -> .00

Third Party Designee: Do you want to allow another person to discuss this return with the department (see page 49)? [] Yes Complete the following. [X] No. Includes fields for Designee's name, Phone no., and Personal identification number (PIN).

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Sign here: Your signature, Spouse's signature (if filing jointly, BOTH must sign), Date

Mail your return to: Wisconsin Department of Revenue. (if tax is due) PO Box 268, Madison WI 53790-0001. (if refund or no tax due) PO Box 59, Madison WI 53785-0001

Schedule 1 - Wisconsin Itemized Deduction Credit (see line 40 instructions)

Table with 2 columns: Description and Amount. Rows include: 1 Medical and dental expenses from federal Schedule A... .00; 2 Interest paid from federal Schedule A... 10219.00; 3 Gifts to charity from federal Schedule A... 0.00; 4 Casualty losses from federal Schedule A... .00; 5 Add lines 1 through 4... 10219.00; 6 Wisconsin standard deduction from Form 1NPR, line 35c... 0.00; 7 Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0 (zero)... 10219.00; 8 Rate of credit is .05 (5%)... x .05; 9 Multiply line 7 by line 8. Fill in here and on line 40 of Form 1NPR... 511.00

Schedule 2 - Married Couple Credit May be claimed only when both spouses have earned income taxable by Wisconsin.

Table with 3 columns: Description, (A) YOURSELF, and (B) YOUR SPOUSE. Rows include: 1 Wages, salaries, tips, etc., included in column B of line 1 on Form 1NPR. Do not include deferred compensation... 0.00, 18609.00; 2 Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F... .00, .00; 3 Combine lines 1 and 2. This is your total Wisconsin earned income... 0.00, 18609.00; 4 Add amounts on Form 1NPR, lines 18, 22, 26, and 29, column B. Fill in the total of these adjustments that apply to your or your spouse's earned income... 0.00, .00; 5 Subtract line 4 from line 3. This is your qualified earned income... 0.00, 18609.00; 6 Compare the amount in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000... 0.00; 7 Rate of credit is .03 (3%)... x .03; 8 Multiply line 6 by line 7. Round the result and fill in here and on line 49 of Form 1NPR. Do not fill in more than \$480... 0.00



Name ANANTHACHARY RUDROJU & ANURADHA SREEPADA	Social security number 179619948
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Part I - Additions to Income

<u>1</u> Other income (see instructions). List type and amount _____	<u>1</u>	.00
<u>2</u> Farmland preservation credit	<u>2</u>	.00
<u>3</u> Enterprise zone jobs credit	<u>3</u>	.00
<u>4</u> Development zones credit	<u>4</u>	.00
<u>5</u> Capital investment credit	<u>5</u>	.00
<u>6</u> Manufacturing investment credit	<u>6</u>	.00
<u>7</u> Economic development tax credit	<u>7</u>	.00
<u>8</u> Jobs tax credit	<u>8</u>	.00
<u>9</u> Community rehabilitation program credit	<u>9</u>	.00
<u>10</u> Research expense credit	<u>10</u>	.00
<u>11</u> Manufacturing/Agriculture credit	<u>11</u>	.00
<u>12</u> Business development credit	<u>12</u>	.00
<u>13</u> Electronics and information technology manufacturing zone credit	<u>13</u>	.00
<u>14</u> Employee college savings account contribution credit	<u>14</u>	.00
<u>15</u> Federal net operating loss deduction (only if included in line 1 above)	<u>15</u>	.00
<u>16</u> Excess distribution from a passive foreign investment company	<u>16</u>	.00
<u>17</u> Expenses paid to or incurred with related entities	<u>17</u>	.00
<u>18</u> Nonqualified distributions from Edvest and Tomorrow's Scholar college savings account	<u>18</u>	.00
<u>19</u> Nonqualified distributions from ABLE accounts	<u>19</u>	.00
<u>20</u> Expenses for moving business outside Wisconsin or the United States (see instructions)	<u>20</u>	.00
<u>21</u> Add lines 1 through 20. Enter this amount on Form 1NPR, line 15, column B	<u>21</u>	.00

Now go to page 2 →



Name	Social security number
ANANTHACHARY RUDROJU & ANURADHA SREEPADA	179619948

Part II - Subtractions from Income

22 Other adjustments (see instructions). List type and amount <u>SEE FORM 1NPR,</u>	22	<u>300.00</u>
23 Farm loss carryover	23	<u>.00</u>
24 Recoveries of federal itemized deductions (only if included on line 1 of this schedule)	24	<u>.00</u>
25 Wisconsin net operating loss deduction	25	<u>.00</u>
26 Medical care insurance	26	<u>.00</u>
27 Long-term care insurance	27	<u>.00</u>
28 Retirement income exclusion	28	<u>.00</u>
29 Amounts not taxable by Wisconsin (only if included in column B of Form 1NPR or line 1 of this schedule) List type and amount	29	<u>.00</u>
30 Adoption expenses	30	<u>.00</u>
31 Tuition and fee expenses	31	<u>.00</u>
32 Contributions to a Wisconsin state-sponsored college savings program	32	<u>.00</u>
33 Child and dependent care expenses	33	<u>.00</u>
34 Sale of business assets or assets used in farming to a related person	34	<u>.00</u>
35 Repayment of income previously taxed	35	<u>.00</u>
36 Human organ donation	36	<u>.00</u>
37 Contributions to ABLE accounts	37	<u>.00</u>
38 U.S. Olympic subtraction (see instructions, page 10)	38	<u>.00</u>
39 Expenses paid to related entities	39	<u>.00</u>
40 Income from a related entity	40	<u>.00</u>
41 Sales of certain insurance policies (only if included in column B of Form 1NPR or line 1 of this schedule)	41	<u>.00</u>
42 Combat zone related death	42	<u>.00</u>
43 Private school tuition	43	<u>.00</u>
44 Physician or psychiatrist grant (only if included in column B of Form 1NPR or line 1 of this schedule)	44	<u>.00</u>
45 Distributions of certain earnings from Wisconsin state-sponsored college tuition programs	45	<u>.00</u>
46 Add lines 22 through 45. Enter this amount on Form 1NPR, line 29, column B	46	<u>300.00</u>



Schedule WD

Wisconsin
Department of Revenue

Capital Gains and Losses

◆ Enclose with Wisconsin Form 1 or 1NPR ◆

2020

Name(s) shown on Form 1 or Form 1NPR

Your social security number

ANANTHACHARY RUDROJU & ANURADHA SREEPADA

179-61-9948

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

Note: Round all amounts (use a minus sign (-) for negative amounts)	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)
1a Amount from line 1a of Schedule D	.00	.00		.00
1b Amount from line 1b of Schedule D	512087.00	549720.00	13577.00	-24056.00
2 Amount from line 2 of Schedule D	.00	.00	.00	.00
3 Amount from line 3 of Schedule D	5.00	12.00	.00	-7.00
4 Short-term gain from Form 6252 and short-term gain or loss from Forms 4684, 6781, and 8824			4	.00
5 Net short-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	.00
6 Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)			6	.00
7 Short-term capital loss carryover from 2019 Wisconsin Schedule WD, line 34. Enter amount as a negative number			7	.00
8 Net short-term capital gain or loss. Combine lines 1a through 7 in column (h)			8	-24063.00

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

Note: Round all amounts (use a minus sign (-) for negative amounts)	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)
9a Amount from line 8a of Schedule D	.00	.00		.00
9b Amount from line 8b of Schedule D	.00	.00	.00	.00
10 Amount from line 9 of Schedule D	.00	.00	.00	.00
11 Amount from line 10 of Schedule D	.00	.00	.00	.00
12 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or loss from from Forms 4684, 6781, and 8824			12	.00
13 Net long-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			13	.00
14 Capital gain distributions			14	.00
15 Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)			15	.00
15a Adjustment from Wisconsin Schedule QI. Enter amount as a negative number			15a	.00
16 Long-term capital loss carryover from 2019 Wisconsin Schedule WD, line 39. Enter amount as a negative number			16	.00
17 Net long-term capital gain or loss. Combine lines 9a through 16 in column (h)			17	.00

Go on to Part III →



Name ANANTHACHARY RUDROJU & ANURADHA SREEPADA	Social Security Number 179-61-9948
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Part III Summary of Parts I and II (see instructions) - use a minus sign (-) for negative amounts.

18 Combine lines 8 and 17, and fill in the net gain or loss here (if line 18 is a loss, go to line 28)	18	<u>-24063.00</u>
19 Fill in the smaller of line 17 or 18, or -0- if a loss or no entry on line 17	19	<u>.00</u>
20 Fill in 30% of line 19	20	<u>.00</u>
21 Fill in the amount of long-term capital gain from the sale of farm assets listed on Form 8949 and taxable to Wisconsin plus gain from the sale of farm assets that is included on line 12 or 13 of Schedule WD. If zero, skip lines 22 through 25 and fill in the amount from line 20 on line 26	21	<u>.00</u>
22 Gain included in line 17. Do not include any losses in this amount	22	<u>.00</u>
23 Divide line 21 by line 22. Carry the decimal to 4 places	23	<u>_____</u>
24 Multiply line 19 by the decimal amount on line 23	24	<u>.00</u>
25 Fill in 30% of line 24	25	<u>.00</u>
26 Add lines 20 and 25	26	<u>.00</u>
27 Subtract line 26 from line 18	27	<u>.00</u>
28 If line 18 shows a loss, fill in the smaller of:	(a) The loss on line 18,	
	(b) \$500, or	
	(c) Wisconsin ordinary income (see instructions)	28 <u>0.00</u>

Note: When figuring whether a, b, or c is smaller, treat all numbers as if they are positive. If filing Form 1, complete Part IV. If filing Form 1NPR, fill in amount from line 27 or 28 on line 7, column B, of Form 1NPR.

Part IV Computation of Wisconsin Adjustment to Income (Do not complete this part if you are filing on Form 1NPR)

29 Adjustment (see instructions for Part IV and Schedule I adjustments)		
a Fill in gain from line 7 of federal Form 1040 or 1040-SR, or gain from line 2f of Schedule I, if filed (if a loss, fill in -0-)	29a	<u>0.00</u>
b Fill in gain from Part III, line 27, (if blank, fill in -0-)	29b	<u>.00</u>
c If line 29b is more than 29a, subtract line 29a from line 29b. Fill in amount on line 2 of Schedule AD (Form 1)	29c	<u>.00</u>
d If line 29b is less than 29a, subtract line 29b from line 29a. Fill in amount on line 5 of Schedule SB (Form 1)	29d	<u>.00</u>
e Fill in loss from line 7 of federal Form 1040 or 1040-SR, as a positive amount or the loss from line 4c of Schedule I, if filed (if a gain, fill in -0-)	29e	<u>3000.00</u>
f Fill in loss from Part III, line 28 as a positive amount	29f	<u>.00</u>
g If line 29f is more than 29e, subtract line 29e from line 29f. Fill in amount on line 5 of Schedule SB (Form 1)	29g	<u>.00</u>
h If line 29f is less than 29e, subtract line 29f from line 29e. Fill in amount on line 2 of Schedule AD (Form 1)	29h	<u>.00</u>

Part V Computation of Capital Loss Carryovers from 2020 to 2021 (Complete this part if the loss on line 18 is more than the loss on line 28.)

30 Fill in loss shown on line 8 as a positive amount. If none, fill in -0- and skip lines 31 through 34	30	<u>24063.00</u>
31 Fill in gain shown on line 17. If that line is blank or shows a loss, fill in -0-	31	<u>0.00</u>
32 Subtract line 31 from line 30	32	<u>24063.00</u>
33 Fill in the smaller of line 28 or line 32, treating both as positive amounts	33	<u>0.00</u>
34 Subtract line 33 from line 32. This is your short-term capital loss carryover from 2020 to 2021	34	<u>24063.00</u>
35 Fill in loss from line 17 as a positive amount. If none, fill in -0- and skip lines 36 through 39	35	<u>0.00</u>
36 Fill in gain shown on line 8. If that line is blank or shows a loss, fill in -0-	36	<u>.00</u>
37 Subtract line 36 from line 35	37	<u>.00</u>
38 Subtract line 33 from line 28, treating both as positive amounts. (Note: If you skipped lines 31 through 34, fill in amount from line 28 as a positive amount.)	38	<u>.00</u>
39 Subtract line 38 from line 37. This is your long-term capital loss carryover from 2020 to 2021	39	<u>.00</u>



Additional information from your 2020 Wisconsin Tax Return

Form 1NPR

Explanation of Other Adjustments, Line 29

Continuation Statement

Other Income Description	Federal Income	Wisconsin Income
ABOVE-THE-LINE CHARITABLE CONTRIBUTIONS	300	300



04 03 21

Check here if this is an amended return. Include the Ohio IT RE. Do NOT include a copy of the previously filed return.

Check here if claiming an NOL carryback. Include Schedule IT NOL.

Primary taxpayer's SSN (required) 179 61 9948

If deceased check box

Spouse's SSN (if filing jointly) 027 59 1534

If deceased check box

School district # (see instructions) SD# 2103

First name ANANTHACHARY

M.I. Last name RUDROJU

Spouse's first name (only if married filing jointly) ANURADHA

M.I. Last name SREEPADA

Address line 1 (number and street) or P.O. Box 915 BLACKMORE DR

Address line 2 (apartment number, suite number, etc.)

City DELAWARE

State ZIP code OH 43015

Ohio county (first four letters) DELA

Foreign country (if the mailing address is outside the U.S.)

Foreign postal code

Residency Status - Check only one for primary. X Resident Part-year resident Nonresident Indicate state. Check only one for spouse (if married filing jointly). X Resident Part-year resident Nonresident Indicate state.

Filing Status - Check one (as reported on federal income tax return). Single, head of household or qualifying widow(er). X Married filing jointly Spouse's SSN. Married filing separately.

Ohio Nonresident Statement - See instructions for required criteria. Primary meets the five criteria for irrebuttable presumption as nonresident. Spouse meets the five criteria for irrebuttable presumption as nonresident.

Check here if you filed the federal extension form 4868. Check here if someone else is able to claim you (or your spouse if joint return) as a dependent.

Do not staple or paper clip.

Table with 2 columns: Description and Amount. Rows include Federal adjusted gross income, Additions, Deductions, Exemption amount, Ohio income tax base, Taxable business income, and Line 5 minus line 6.



MM-DD-YY Code

2020 Ohio IT 1040 Individual Income Tax Return



SSN 179 61 9948

Table with 3 columns: Description, Line Number, Amount. Rows include 7a. Amount from line 7 on page 1, 8a. Nonbusiness income tax liability, 8b. Business income tax liability, 8c. Income tax liability before credits, 9. Ohio nonrefundable credits, 10. Tax liability after nonrefundable credits, 11. Interest penalty on underpayment of estimated tax, 12. Use tax due on internet, mail order or other out-of-state purchases, 13. Total Ohio tax liability, 14. Ohio income tax withheld, 15. Estimated and extension payments, 16. Refundable credits, 17. Amended return only, 18. Total Ohio tax payments, 19. Amended return only, 20. Line 18 minus line 19, 21. Tax liability, 22. Interest due on late payment of tax, 23. TOTAL AMOUNT DUE, 24. Overpayment, 25. Original return only, 26. Original return only (donations), 27. REFUND.

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Primary signature _____ Phone number (440) 227-2002
Spouse's signature _____ Date (MM/DD/YY) _____

Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522
Preparer's TIN (PTIN) P02082703

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

NO Payment Included - Mail to: Ohio Department of Taxation, P.O. Box 2679, Columbus, OH 43270-2679
Payment Included - Mail to: Ohio Department of Taxation, P.O. Box 2057, Columbus, OH 43270-2057

2020 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

179 61 9948



20350198

Sequence No. 11

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Complete all fields for each form entered. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. Complete additional copies if necessary. Place state copies of your income statements after the last page of your return.

Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 10401. 5435 00

Part B - W-2s

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	134994650	107294 00	18795 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	52153068	107294 00	3475 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
S	208370041	82777 00	13133 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	54130663	64168 00	1960 00
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00



2020 Schedule of Ohio Withholding

Primary taxpayer's SSN
179 61 9948



20350298

Sequence No. 12

Part C - 1099-Rs

1. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution
00

Total distribution

Box 7 - Distribution code

Box 4 - Federal income tax withheld
00

Box 14 - Ohio tax withheld
00

2. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution
00

Total distribution

Box 7 - Distribution code

Box 4 - Federal income tax withheld
00

Box 14 - Ohio tax withheld
00

3. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution
00

Total distribution

Box 7 - Distribution code

Box 4 - Federal income tax withheld
00

Box 14 - Ohio tax withheld
00

4. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution
00

Total distribution

Box 7 - Distribution code

Box 4 - Federal income tax withheld
00

Box 14 - Ohio tax withheld
00

Part D - W-2Gs

1. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings
00

Box 4 - Federal income tax withheld
00

Box 14 - Ohio state winnings
00

Box 15 - Ohio income tax withheld
00

2. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings
00

Box 4 - Federal income tax withheld
00

Box 14 - Ohio state winnings
00

Box 15 - Ohio income tax withheld
00

3. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings
00

Box 4 - Federal income tax withheld
00

Box 14 - Ohio state winnings
00

Box 15 - Ohio income tax withheld
00

Part E - 1099-NECs

1. P/S Payer's TIN

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation
00

Box 4 - Federal income tax withheld
00

Box 7 - State income
00

Box 5 - Ohio tax withheld
00

2. P/S Payer's TIN

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation
00

Box 4 - Federal income tax withheld
00

Box 7 - State income
00

Box 5 - Ohio tax withheld
00



2020 Ohio Schedule of Credits

Primary taxpayer's SSN



20280198

Sequence No. 7

04 03 21

179 61 9948

Nonrefundable Credits

Table with 3 columns: Line number, Description, and Amount. Includes items like 'Tax liability before credits', 'Retirement income credit', 'Total (add lines 2 through 8)', etc.



2020 Ohio Schedule of Credits

Primary taxpayer's SSN

179 61 9948



20280298

Sequence No. 8

Nonresident Credit

Date of nonresidency	to	State of residency	
26. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)			26. 00
27. Ohio adjusted gross income (Ohio IT 1040, line 3).....			27. 00
28. Divide line 26 by line 27 and enter the result here (four digits; do not round). Multiply this factor by line 25 to calculate your nonresident credit			28. 00

Resident Credit

29. Portion of Ohio adjusted gross income taxed by another state or the District of Columbia while an Ohio resident- Ohio IT RC, line 1a (include a copy)			29. 00
30. Ohio adjusted gross income (Ohio IT 1040, line 3).....			30. 00
31. Divide line 29 by line 30 and enter the result here (four digits; do not round). Multiply this factor by line 25 and enter the result here			31. 00
32. 2020 income tax liability after credits paid to another state or the District of Columbia Ohio IT RC, line 1b (include a copy)			32. 00
33. Enter the lesser of line 31 or line 32. This is your Ohio resident tax credit. Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax.....			33. 00
34. Total nonrefundable credits (add lines 9, 24, 28 and 33; enter here and on Ohio IT 1040, line 9)			34. 260 00

Refundable Credits

35. Refundable Ohio historic preservation credit (include a copy of the credit certificate)			35. 00
36. Refundable job creation credit & job retention credit (include a copy of the credit certificate)			36. 00
37. Pass-through entity credit (include a copy of the Ohio IT K-1s).....			37. 00
38. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate).....			38. 00
39. Venture capital credit (include a copy of the credit certificate)			39. 00
40. Total refundable credits (add lines 35 through 39; enter here and on Ohio IT 1040, line 16).....			40. 00



Ohio Schedule J Dependents



20230198

Use only black ink/UPPERCASE letters.

04 03 21

Tax Year
2020

Primary taxpayer's SSN
179 61 9948

Sequence No. **9**

Do not list the primary filer and/or spouse (if filing jointly) as dependents on this schedule. Use this schedule to claim dependents. Complete all fields for each dependent you list. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" if there are not enough boxes to spell it out completely.

1. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
946 94 0666	12 14 2007	SON

Dependent's first name	M.I.	Dependent's last name
SAI RITHVIK		RUDROJU

2. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
--------------------	--	---------------------------------

Dependent's first name	M.I.	Dependent's last name
------------------------	------	-----------------------

3. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
--------------------	--	---------------------------------

Dependent's first name	M.I.	Dependent's last name
------------------------	------	-----------------------

4. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
--------------------	--	---------------------------------

Dependent's first name	M.I.	Dependent's last name
------------------------	------	-----------------------

5. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
--------------------	--	---------------------------------

Dependent's first name	M.I.	Dependent's last name
------------------------	------	-----------------------

6. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
--------------------	--	---------------------------------

Dependent's first name	M.I.	Dependent's last name
------------------------	------	-----------------------

7. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
--------------------	--	---------------------------------

Dependent's first name	M.I.	Dependent's last name
------------------------	------	-----------------------



Form R
File by

2020 DELAWARE CITY INCOME TAX RETURN 2020

THIS RETURN MUST BE FILED BY EVERYONE REQUIRED TO SUBMIT A DECLARATION OF ESTIMATED TAX EVEN THOUGH DECLARATION WAS ACCURATE AND PAID IN FULL.

Fiscal Years Fill in Dates
Beginning
Ending
And File Within 4 Months of Ending Date

OCCUPATION OR PRINCIPAL BUSINESS ACTIVITY

INDICATE WHETHER SOLE PROPRIETORSHIP EMPLOYEE OTHER ARE YOU A RESIDENT? DID YOU FILE A RETURN FOR 2019?

ACCOUNT NUMBER ACCOUNT TYPE SSN Spouse SSN
Date moved in Date moved out

ANANTHACHARY RUDROJU ANURADHA SREEPADA 915 BLACKMORE DR DELAWARE OH 43015

Your Name, Address and Social Security Number/Federal ID Number Are Printed Above As They Appear On Our Records. Make Corrections Where Necessary. Add Social Security Number/Federal ID Number If Missing. Attach Copy of Federal Return And Schedules in Lieu of Page 2 Schedules C, E, and H. Otherwise, Returns Will Be Questioned if all lines Applicable to Taxpayer Are Not Completed.

This Space For Tax Office Use Only

Enter Employer's Name, Where Employed, And 2020 Gross Wages, Salaries, Bonuses, Commissions, Tips, Etc. Attach Copy Of W-2 Form(s)

Table with 4 columns: Employer's Name, City Where Employed, City Tax Withheld, Wages, Etc. Rows include JP MORGAN CHASE BANK NA and ACCURAY INCORPORATED.

INCOME 1 a TOTALS (if above is fully taxable and your only income, go next to Line 7) 2 OTHER INCOME: FROM PAGE 2 3 TOTAL INCOME (TOTAL OF LINES 1 AND 2 OR PER FEDERAL RETURN ATTACHED)

ADJUSTMENTS TO INCOME 4 a ITEMS NOT DEDUCTIBLE (FROM LINE G SCHEDULE X) ADD b ITEMS NOT TAXABLE (FROM LINE L SCHEDULE X) DEDUCT c DIFFERENCE BETWEEN LINES 4a and b TO BE ADDED TO OR SUBTRACTED FROM LINE 3. (+ OR -) 5 a ADJUSTED NET INCOME (Line 3 plus or minus Line 4c if Schedule X is used) b Amount of Line 5a Allocable (% from step 5 Schedule Y) c LESS ALLOCABLE NET LOSS PER PREVIOUS INCOME TAX RETURNS (Submit Schedule)

TAX 6 AMOUNT SUBJECT TO DELAWARE CITY INCOME TAX (Line 5a OR 5b LESS LINE 5c) 7 DELAWARE CITY TAX RATE 1.850% 8 CREDITS: a Tax withheld by employer(s) as shown on line 1a above b Payments and credits on 2020 Declaration of Estimated Tax c Earned income taxes paid City of (Resident individuals only)

ALLOWABLE CREDITS TOTAL CREDITS ALLOWABLE 9 BALANCE OF TAX DUE (Line 7 Less Line 8) Make Remittance Payable to City and Attach When Filing 10 OVERPAYMENT CLAIMED (If Line 8 Exceeds Line 7, Enter Difference in Box at Right)

Enter Amount of line 10 You Want: Credited to your 2021 Estimated Tax . . \$ Refunded \$

DECLARATION OF ESTIMATED TAX FOR 2021

Table with 2 columns: Description and Amount. Rows include Total Income Subject to Tax, Estimated Tax Withheld, Total Estimated Tax, Credit From Line 10, Net Estimated Tax Due, First Quarter 2021 Estimated Payment Due, and Total Due With This Return.

I CERTIFY I HAVE EXAMINED THIS RETURN INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE AND THAT THE FIGURES USED HEREIN ARE THE SAME AS FOR FEDERAL INCOME TAX PURPOSES. OHYB9901 09/27/16

SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/03/2021 SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER DATE

SIGNATURE OF TAXPAYER OR AGENT DATE

GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 ADDRESS OR NAME AND ADDRESS OF FIRM OR EMPLOYER

SIGNATURE OF SPOUSE DATE

If this return was prepared by a tax practitioner, may we contact your practitioner directly with questions regarding the preparation of this return? YES NO

Staple W-2s to the back of this page

ANANTHACHARY RUDROJU First name and middle initial Last name ANURADHA SREEPADA If a joint return, spouse's first name and initial Last name 915 BLACKMORE DR CURRENT home address (number and street) DELAWARE OH 43015 City State Zip code Taxpayer phone number If you are a first time filer and payment is due, you must attach a check or money order for the amount due. This amount can be found in Box 5.	Primary Social Security Number 179 61 9948 Spouse's Social Security Number 027 59 1534 Filing status: <input type="checkbox"/> Single <input type="checkbox"/> Married-Filing Jointly <input type="checkbox"/> Married-Filing Separately	Check the appropriate box if: <input type="checkbox"/> REFUND (An amount must be placed in Line 6B for this return to be considered a valid refund request) <input type="checkbox"/> AMENDED Tax year _____ Should your account be inactivated? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, explain _____ Did you file a City return in 2019? <input type="checkbox"/> YES <input type="checkbox"/> NO
--	---	--

Residence change in 2020 (If applicable)	
Did you change residence during 2020? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, enter date of move: _____ Previous Address (number and street) _____ City, State, Zip Code _____	Occupation or nature of business _____ Trade name /DBA _____ Cities of employment COLUMBUS City of residence DELAWARE

Part A TAXABLE WAGES Attach W-2s and /or W-2 G.

Employer(s) and address where work was PHYSICALLY performed. If you worked from home, state percentage of time worked from home.	TAXABLE WAGES
JP MORGAN CHASE BANK NA, 500 STANTON CHRISTIANA ROAD	(+)
	(+)
	(+)
If you have more than three employers, please attach a statement listing all employers.	NET WAGES (enter in Column B below) (=)
	115,422.

Part B TAX CALCULATION Complete Form IR-21 for 2021 if 2020 net tax due is more than \$200.

COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN E	COLUMN F	COLUMN G		
CITY	CODE	INCOME FROM WAGES, SALARIES, COMMISSIONS, ETC. (from Net Wages in Part A)	INCOME FROM NET PROFITS, RENTS, AND OTHER TAXABLE INCOME (from Part C)	TOTAL NET TAXABLE INCOME	TAX RATE	TAX DUE	LESS TAX WITHHELD (W-2), PAID BY A PARTNERSHIP, PAID DIRECTLY TO CITY WHERE EARNED, OR CAMPAIGN CONTRIBUTION CREDIT	NET TAX DUE
COLUMBUS	01	115,422.		115,422.	2.5%	2,886.	2,885.	1.

2. LESS CREDITS FOR ESTIMATED TAX PAYMENTS AND OVERPAYMENT FROM PRIOR YEAR RETURN ONLY.....	2	
3. BALANCE DUE (COLUMN G LESS LINE 2). If Line 2 is greater than Column G, enter amount (in brackets) here.....	3	1.
4. PENALTY: 15% \$ _____ + INTEREST \$ _____ (see instructions) (see instructions)	4	
5. TOTAL AMOUNT DUE (ADD LINES 3 AND 4). NOTE: NO PAYMENT IS DUE IF AMOUNT IS \$10.00 or less	5	
6. OVERPAYMENT CLAIMED (IF LINE 2 EXCEEDS COLUMN G).....	6	
A. Enter the amount from Line 6 you want CREDITED to your next year tax estimate.....	6A	
B. Enter the amount from Line 6 you want REFUNDED (must be greater than \$10.00).....	6B	

Third Party Designee Do you want to allow another person to discuss this matter with the City of Columbus? (see instructions) YES Complete the following NO

Designee's Name: _____ Phone #: _____ SSN: _____

SIGNATURE The undersigned declares that this return (and accompanying schedules) is a true, correct, and complete return for the taxable period stated, and that the figures used are the same as used for federal income tax purposes and understands that this information may be released to the tax administration of the city of residence and the I.R.S.

Sign Here Your Signature _____ Date _____
 If a joint return, both must sign Spouse's Signature _____ Date _____

Paid Preparer's Use Only Signature _____ Date 04/03/2021 PTIN 30-1017196 Phone # (678) 965-9522

MAILING INFORMATION

NO Payment Enclosed:
 Mail to: Columbus Income Tax Division
 PO Box 182437
 Columbus, Ohio 43218-2437

Payment Enclosed:
 Make payable to: **CITY TREASURER**
 Mail to: Columbus Income Tax Division
 PO Box 182158
 Columbus, Ohio 43218-2158

Staple check or money order HERE