

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
ACCOUNT NUMBER ACCOUNT TYPE SSN
Date moved in Spouse SSN
Date moved out
ANANTHACHARY RUDROJU
ANURADHA SREEPADA
915 BLACKMORE DR
DELAWARE OH 43015
ARE YOU A RESIDENT?
DID YOU FILE A RETURN FOR 2019?
HAS INTERNAL REVENUE SERVICE INCREASED YOUR INCOME TAX LIABILITY FOR ANY PRIOR YEAR?
IF SO, HAS AN AMENDED INCOME TAX RETURN BEEN FILED?
YOUR LOCAL PHONE NUMBER (440) 227-2002

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)

Employer's Name (Attach Copy of W-2 Form(s))	City Where Employed	City Tax Withheld	Wages, Etc
JP MORGAN CHASE BANK NA		0	115422
ACCURAY INCORPORATED			90261

1 a TOTALS (if above is fully taxable and your only income, go next to Line 7) 0 205683
INCOME
2 OTHER INCOME: FROM PAGE 2
3 TOTAL INCOME (TOTAL OF LINES 1 AND 2 OR PER FEDERAL RETURN ATTACHED) 205683
4 a ITEMS NOT DEDUCTIBLE (FROM LINE G SCHEDULE X) ADD
b ITEMS NOT TAXABLE (FROM LINE L SCHEDULE X) DEDUCT
ADJUSTMENTS TO INCOME
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) 205683
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) 205683
7 DELAWARE CITY TAX RATE 1.850% 3805
ALLOWABLE CREDITS
8 CREDITS: a Tax withheld by employer(s) as shown on line 1a above 0
b Payments and credits on 2020 Declaration of Estimated Tax
c Earned income (Resident individuals only) taxes paid City of
TOTAL CREDITS ALLOWABLE. 0
9 BALANCE OF TAX DUE (Line 7 Less Line 8) Make Remittance Payable to City and Attach When Filing 3805
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

11 Total Income Subject to Tax \$ x %	11	\$	
12 Estimated Tax Withheld	12	\$	
13 Total Estimated Tax (Line 11 - Line 12)	13	\$	
14 Credit From Line 10	14	\$	
15 Net Estimated Tax Due (Line 13 - Line 14)	15	\$	
16 First Quarter 2021 Estimated Payment Due (1/4 of Line 15)	16	\$	
17 Total Due With This Return (Add Lines 9 and 16)	17	\$	3805

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 03/20/2021
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