E 1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	20	20	OMB No. 1545	-0074	IRS Use	e Only	—Do not v	write or staple	e in this space.
Filing Status Check only one box.	lf yo	Single \mathbf{X} Married filing jointly u checked the MFS box, enter the n con is a child but not your dependent	ame of	-	separately ouse. If you					,		, 0	dow(er) (QW) he qualifying
Your first name	and m	iddle initial	Last na	ime							Your so	ocial securi	ity number
RAJESHKU	JMAR		GIDI	DALURI	U						838-	87-224	±б
If joint return, s	pouse's	s first name and middle initial	Last na	ime							Spouse	's social se	curity number
SUNITHA			UPPU	J							803-	89-454	:7
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.				Ap	ot. no.		Preside	ntial Electi	ion Campaign
4850 VE	RACI	TY POINT						2	08			here if you	, ,
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces be	elow.	Sta	ate	ZIP cod	le				ntly, want \$3 Checking a
SANFORD						F	L	3275	71		0	low will not	•
Foreign country	/ name			Foreign p	rovince/sta	te/coun	ty	Foreign	postal c	ode	your ta:	x or refund	
												You	Spouse
At any time du	ring 20	020, did you receive, sell, send, excl	hange, d	or other	vise acqui	re any	financial intere	est in an	ıy virtua	al cu	rrency?	Yes	X No
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate retur	•		•		a dependent า						
Age/Blindness	S You:	Were born before January 2, 1	956	Are b	lind S	pouse	: 🗌 Was bo	rn befor	e Janu	ary 2	2, 1956	🗌 ls b	lind
Dependents	s (see	instructions):		(2)	Social secu	rity	(3) Relationsh	nip	(4) 🖌	if qu	ualifies fo	or (see instru	uctions):
- If more		irst name Last name			number		to you		Child t	tax cr	redit	Credit for of	ther dependents
than four	GAG	GAN DEVANSH GIDDALURU		077-95-26		587	37 Son		X				
dependents, see instruction	e												
and check													
here 🕨 📃													
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .			, DCB				. 1	2	05,440.
Attach Sch. B if	2 a	Tax-exempt interest	2a			bΤ	axable interes	t.			. 2b)	
required.	<u>3a</u>	Qualified dividends	3a			b	Ordinary divide	nds .			. 3b)	
	4a	IRA distributions	4a			bΤ	axable amoun	t			. 4b)	
	5a	Pensions and annuities	5a			bΤ	axable amoun	t			. 5b)	
Standard	6a	Social security benefits	6a			bΤ	axable amoun	t		•	. 6b	-	
 Deduction for – Single or 	7	Capital gain or (loss). Attach Sche	dule D i	f require	d. If not re	quired	l, check here			► L	_ 7		35,609.
Married filing	8	Other income from Schedule 1, lin							· ·		. 8		-6,267.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 1	This is yo	our total i	ncome			· ·	.	▶ 9	2	34,782.
 Married filing iointly or 	10	Adjustments to income:					1	I.					
Qualifying	а	From Schedule 1, line 22					10	а			_		
widow(er), \$24,800	b	Charitable contributions if you take	the star	ndard de	duction. S	ee inst	ructions 10	b					
Head of	С	Add lines 10a and 10b. These are							· ·	.	► 10		
household, \$18,650	11	Subtract line 10c from line 9. This	•	-	-					.	► <u>11</u>		34,782.
 If you checked any box under 	12	Standard deduction or itemized		``		,							24,800.
Standard	13	Qualified business income deduct										-	
Deduction, see instructions.	14	Add lines 12 and 13											24,800.
	15	Taxable income. Subtract line 14	from lir	ne 11. lf	zero or les	s, ente	er-0				. 15	<u>; 2</u>	09,982.

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

Form **1040** (2020)

Form 1040 (2020))						_		Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	38,552.
	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17						18	38,552.
	19	Child tax credit or credit for	other dependen	ts				19	2,000.
	20	Amount from Schedule 3, lin	ie7					20	
	21	Add lines 19 and 20						21	2,000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	36,552.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .			23	0.
	24	Add lines 22 and 23. This is	your total tax				🕨	24	36,552.
	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a 30),777.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	30,777.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	19 return .			26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	3812		28			
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8		29			
see instructions.	30	Recovery rebate credit. See	instructions .			30			
	31	Amount from Schedule 3, lin	ie 13			31			
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and refund	able credits .	🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			🕨	33	30,777.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	int you overpaid		34	
neruna	35a	Amount of line 34 you want	refunded to you	I. If Form 8888	is attached, che	eck here	. 🕨 🗌	35a	
Direct deposit?	►b	Routing number X X X	X X X X	XX	► c Type:	Checking	Savings		
See instructions.	►d	Account number X X X	X X X X	X X X X	K X X X X	XXX			
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax 🕨	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now		🕨	37	5,812.
You Owe		Subtract line 33 from line 24. This is the amount you owe now							
For details on		2020. See Schedule 3, line 12e, and its instructions for details.							
how to pay, see instructions.	38	Estimated tax penalty (see ir	nstructions) .		🕨	38	37.		
Third Party	Do	you want to allow another				? See			
Designee	ins	structions				. 🕨 🗌 Yes. C	omplete k	elow.	🗙 No
		signee's		Phone			onal identi		
		me 🕨		no. 🕨			iber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		ur signature		Date	Your occupation				nt you an Identity
	. 10	ur signature		Dale					IN, enter it here
Joint return?					SR.APPLICA	TION DEVELOP	ER (see	inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupa	tion			nt your spouse an
Keep a copy for your records.	,							tity Prote inst.) ►	ection PIN, enter it here
,		SOFTWARE ENGINEER						HSL.)	
		one no. (312)972-768		Email address	G.RAJESH.KU	MAAR@GMAIL.C			Charletife
Paid		eparer's name	Preparer's signat			Date	PTIN	0000	Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	1 06/24/2021	P0208:		Self-employed
Use Only		m's name ► GLOBAL TAX		~ '	~~~~~				678)965-9522
	Fir	m's address 🕨 2530 Pebb	le Creek L	n Cummin	g GA 30041		Firm	's EIN ▶	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 05/29/21 PR	0		Form 1040 (2020)

BAA

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

soc	ial security number
	Attachment Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR RAJESHKUMAR GIDDALURU & SUNITHA UPPU Your social security nu 838-87-2246

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-6,350.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ► Other Income from box 3 of 1099-Misc 83.	8	83.
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-6,267.
Par	t II Adjustments to Income		
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
19		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	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 05/29/21 PRO	Schedul	e 1 (Form 1040) 2020

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

20

Department of the Treasury	Go to www.
Internal Revenue Service (99)	Use Form

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

Attachment Sequence No. 12

20

Name(s) shown on return

RAJESHKUMAR GIDDALURU & SUNITHA UPPU

Your social security number

838-87-2246

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)

	instructions for how to figure the amounts to enter on the below.	(d)	(e)	(g) Adjustmen		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to le dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss from Form(s) 8949, Part I, line 2, column (g)		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	632,972.	608,287.	10,8	97.	35,582.
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	44.	50.			-б.
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					
6	6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions					()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	0	()	, ,	7	35,576.

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmer to gain or loss Form(s) 8949, line 2, colum	s from Part II,	(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.	233.	200.			33.
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		• •	· · ·	11	
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions	12 13				
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	14	()			
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•			15	33.
For F	Paperwork Reduction Act Notice, see your tax return instruction				Schedu	lle D (Form 1040) 2020

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 35,609.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	 Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 05/29/21 PRO

Schedule D (Form 1040) 2020

Form 8949	
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Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Attachment

20

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

r IIInes 1b, 2, 3, 8b, 9, and 10 of Schedule D. Sequence No. 12A Social security number or taxpayer identification number

RAJESHKUMAR GIDDALURU & SUNITHA UPPU	838-87-2246
--------------------------------------	-------------

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

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

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

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

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a co	any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	disposed of (sales price) an (Mo., day, yr.) (see instructions)		(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
APEX CLEARING	01/01/20	12/31/20	600,875.	576,615.	W	10,844.	35,104.	
Robinhood Securities LLC	01/01/20	12/31/20	32,097.	31,672.	W	53.	478.	
•	<u> </u>							
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your 1e 2 (if Box B	632,972.	608,287.		10,897.	35,582.	

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

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

Form 8949 (2020)		 		Attac	hment Se	equence	No.	12A	Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side RAJESHKUMAR GIDDALURU & SUNITHA UPPU

Social security number or taxpayer identification number 838-87-2246

Before you check Box D, E, or F 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 II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

K (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	Adjustment, in If you enter an enter a co See the sep	(h) Gain or (loss). Subtract column (e)	
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) (g) Code(s) from instructions Amount of adjustment		from column (d) and combine the result with column (g)
LTC		03/13/20	04/05/20	233.	200.			33.
neg Sch	als. Add the amounts in column ative amounts). Enter each tota edule D, line 8b (if Box D above ve is checked), or line 10 (if Box	al here and inc is checked), lir	lude on your 1e 9 (if Box E	233.	200.			33.

Note: If you checked Box D 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.

Form	8949
Form	0343

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

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	Social security number or taxpayer identification number
RAJESHKUMAR GIDDALURU & SUNITHA UPPU	838-87-2246

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

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

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

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

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

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

1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below		(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Ćo.)		(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) (g) Code(s) from instructions Amount of adjustment		from column (d) and combine the result with column (g)
BTC		03/04/20	03/10/20	44.	50.			-6.
neg Sch	als. Add the amounts in column ative amounts). Enter each tota edule D, line 1b (if Box A above ve is checked), or line 3 (if Box (al here and inc is checked), lir	lude on your 1e 2 (if Box B	44.	50.			-6.

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

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

SCHE	EDULE E				Su	pplementa	al Inc	ome a		OMB No. 1545-0074									
(Form [·]	1040)	(From	renta	I real esta	ite, roya	lties, partners	ships, S	S corpor	etc.)	20 20									
Departm	ent of the Treasury				► Attac	h to Form 104	0, 1040)-SR, 10	40-NR,	or 1041.				Attachment					
	Revenue Service (99)			Go to ww	w.irs.go	v/ScheduleE	for inst	truction	s and th	e latest	information	า.		Seque	nment ence No.	13			
Name(s)) shown on return											Yo	our soci	cial security number					
RAJE	SHKUMAR GI									7-224									
Part						state and Re										use			
	Schedule	C. See i	instruc	ctions. If yo	ou are ar	n individual, re	port far	m rental	income	or loss f	rom Form 4	835 o	n page	2, line 4	0.				
	d you make any							. ,								No			
B If "	Yes," did you o													. 🗆 N	/es 🗌	No			
1a	Physical addr	ess of e	each p	property ((street,	city, state, Zl	P cod	e)											
A	IN																		
В																			
C																			
1b	Type of Prop		2	For each	rental r	eal estate pro	operty	listed			Rental	Pe	rsona		Q	JV			
	(from list be	elow)		personal	use da	e number of f vs. Check the	air reni 9 QJV b	ai and box onlv			Days		Days	S					
A	3			if you me	et the r	ys. Check the equirements	to file a	as a			365			0		<u> </u>			
B				quaimed	joint ve	nture. See ins	structic	ms.	В							<u> </u>			
C									С										
	of Property:		-																
	gle Family Resid					Term Rental				7 Self-									
2 Mul	ti-Family Reside	ence	4	Comme	rcial	Properties:		oyalties		8 Othe	er (describe	_			•				
	-					•			Α	0		В			С				
3	Rents received						3			550.									
4	Royalties recei	ivea .					4												
Exper							-												
5 6	Advertising .						5												
-	Auto and trave	-					7												
7	Cleaning and r						8												
8 9	Commissions.						9												
9 10	Insurance						10												
11	Legal and othe Management f	-					11												
12	Mortgage inter						12												
12	Other interest.					,	13		6	900.									
14	Repairs						14		0,	900.									
15	Supplies						15												
16	-						16												
17							17												
18	Depreciation e						18												
19	Other (list) ►			•			10												
20	Total expenses	s. Add I	lines {	5 through	19.		20		6.	900.									
21	Subtract line 2			-					- 1										
21	result is a (loss																		
	file Form 6198					•	21		-б,	350.									
22	Deductible ren																		
_	on Form 8582						22	(-6,Ï	350.)	()	()			
23a	Total of all amo						erties			23a		5	550.						
b	Total of all amo									23b									
с	Total of all am									23c									
d	Total of all amo	ounts re	eporte	ed on line	+18 for	all properties	s			23d									
е	Total of all amo	ounts re	eporte	ed on line	20 for	all properties				23e		6,9	900.						
24	Income. Add	positive	e amo	ounts sho	wn on l	ine 21. Do n e	ot inclu	ude any	losses				24						
25	Losses. Add ro	oyalty los	sses f	rom line 2	1 and re	ental real estat	e losse	es from li	ne 22. E	Enter tot	al losses he	re.	25	(6,3	50.)			
26	Total rental re	eal esta	ate ai	nd royalt	y incor	ne or (loss).	Comb	oine line	s 24 ar	nd 25. E	Enter the re	esult							
-	here. If Parts																		
	Schedule 1 (Fo	orm 104	40), lir	he 5. Othe	erwise.	include this a	amoun	t in the	total or	n line 41	on page 2)	26		-6,	350.			

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

-6,350.

Form	2441	Child and Dep	endent Care Exp	enses	1040		OMB No. 1545-0074
1-0111		•	orm 1040, 1040-SR, or 1040-		1040-SR		2020
Departm	nent of the Treasury		ov/Form2441 for instruction		2441		Attachment
Internal	Revenue Service (99)		latest information.				Sequence No. 21
•	shown on return	ALURU & SUNITHA					cial security number 87-2246
			nt care expenses if your fili	na status is	married filing sep		
			arried Persons Filing Separa				
Par		•	Provided the Care -Y providers, see the instru		omplete this par	t.	
1	(a) Care provider's name	(number, str	(b) Address eet, apt. no., city, state, and ZIP co	ode)	(c) Identifying nun (SSN or EIN)	nber	(d) Amount paid (see instructions)
					-		
	r						
		Did you receive dependent care benefi	ts? No Yes		mplete only Part mplete Part III on		
Cauti	L	•	you may owe employment		•		
(Form	1040), line 7a.						
Part		Child and Dependent	-				
2	Information abou		n(s). If you have more than	1			uctions. Qualified expenses you
	First	(a) Qualifying person's nam	e Last		ng person's social rity number	incurre	ed and paid in 2020 for the son listed in column (a)
	FIISt		Lasi			per	
3	Add the amounts	in column (c) of line 2	Don't enter more than \$3,0	00 for one c	ualifying person		
Ŭ			completed Part III, enter th			3	
4	Enter your earne	d income. See instruction	ons			4	
5			's earned income (if you o				
-			others, enter the amount	from line 4		5	0.
6 7			SR, or 1040-NR, line 11			6	
7 8			n below that applies to the		ine 7.	-	
Ū	If line 7 is:		If line 7 is:				
	Bu	t not Decimal	But	not Dec	imal		
	Over ov	er amount is	Over over	r amo	ount is		
	\$0-15		\$29,000-31,0		27		X
	15,000-17		31,000-33,0		26	8	X
	17,000-19		33,000-35,0		25		
	19,000-21, 21,000-23		35,000-37,0 37,000-39,0		24 23		
	23,000-25		39,000-41,0		22		
	25,000-27		41,000-43,0		21		
	27,000-29		43,000—No li		20		
9	Multiply line 6 b	y the decimal amount of	on line 8. If you paid 2019	expenses			
						9	
10			the Credit Limit Workshee	1 1			
11			penses. Enter the smalle	10 r of line 9 or	line 10 here and		
						11	
			Ir tax return instructions.				PRO Form 2441 (2020

Form	2441 (2020)		Page 2
Par	t III Dependent Care Benefits		
	Enter the total amount of dependent care benefits you received in 2020. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership. Enter the amount, if any, you carried over from 2019 and used in 2020 during the grace period.	12	4,792.
	See instructions	13	
	Enter the amount, if any, you forfeited or carried forward to 2021. See instructions	14	()
	Combine lines 12 through 14. See instructions	15	4,792.
10	care of the qualifying person(s)		
17	Enter the smaller of line 15 or 16. 1 1 1 1 1 1 10 10		
18		1	
	Enter the amount shown below that applies to you.		
	 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). 19 60,972. 		
	If married filing separately, see instructions.		
	All others, enter the amount from line 18.		
	Enter the smallest of line 17, 18, or 19		
21	Enter \$5,000 (\$2,500 if married filing separately and you were		
	required to enter your spouse's earned income on line 19) 21 5,000.		
22	Is any amount on line 12 from your sole proprietorship or partnership?		
	No. Enter -0	00	
22	Yes. Enter the amount here </th <th>22</th> <th>0.</th>	22	0.
	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the		
	appropriate line(s) of your return. See instructions	24	0.
25	Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise,	<u> </u>	0.
	subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0	25	0.
26	Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0 Also, include this amount on Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 1a. On the dotted line next to Form 1040 or 1040 SR, line 1; or Form 1040 NR, line 1a, on the dotted line next to Form 1040 NR, line 1a,		
	or 1040-SR, line 1; or Form 1040-NR, line 1a, enter "DCB"	26	4,792.

To claim the child and dependent care credit, complete lines 27 through 31 below.

			1
27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	
28	Add lines 24 and 25	28	
29	Subtract line 28 from line 27. If zero or less, stop. You can't take the credit. Exception. If you paid 2019 expenses in 2020, see the instructions for line 9	29	
30	Complete line 2 on the front of this form. Don't include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here	30	
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 11	31	
	REV 05/29/21	PRO	Form 2441 (2020)

_	8867	Paid Preparer's Due Diligence Checklist	aid Preparer's Due Diligence Checklist								
Form		Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) a Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing S	nd tatus	2	02	0					
	nent of the Treasury Revenue Service	 To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-F Go to www.irs.gov/Form8867 for instructions and the latest information 	PR, or 1040-SS.	Attach Seque	ment ence No.	70					
Тахрауе	er name(s) shown or	return	Taxpayer identif	ication n	umber						
RAJ	ESHKUMAR GI	DDALURU & SUNITHA UPPU	838-87-2	246							
Enter pr	eparer's name and I	PTIN									
SYA	M PRIYA RAM	I SAGAR GUPTA TALLAM	P0208270	3							
Part	Due Dili	gence Requirements									
Please	e check the app	ropriate box for the credit(s) and/or HOH filing status claimed on the return	and complete	the rel	ated Pa	arts I–V					
for the	benefit(s) claim	ed (check all that apply).		AOTC		HOH					
1	Did you comp reasonably ob	blete the return based on information for tax year 2020 provided by the cained by you?		Yes X	No	N/A					
2	worksheets for AOTC workshe	claimed on the return, did you complete the applicable EIC and/or CTC und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions set found in the Form 8863 instructions, or your own worksheet(s) that provide and all related forms and schedules for each credit claimed?	s, and/or the	X							
3	Did you satisfy the following.	the knowledge requirement? To meet the knowledge requirement, you must	at do both of								
		taxpayer, ask questions, and contemporaneously document the taxpayer's nat the taxpayer is eligible to claim the credit(s) and/or HOH filing status.	responses to								
		mation to determine that the taxpayer is eligible to claim the credit(s) and/o o figure the amount(s) of any credit(s)	•	X							
4	information rea	nation provided by the taxpayer or a third party for use in preparing the asonably known to you, appear to be incorrect, incomplete, or inconsisten ons 4a and 4b. If " No, " go to question 5.)	t? (If "Yes,"		×						
а	Did you make	reasonable inquiries to determine the correct, complete, and consistent inforr	mation? .								
b	you asked, wh	mporaneously document your inquiries? (Documentation should include the om you asked, when you asked, the information that was provided, and the don your preparation of the return.)	e impact the								
5	keep a copy applicable wor 8867 and any	v the record retention requirement? To meet the record retention requirement of your documentation referenced in 4b, a copy of this Form 8867, a ksheet(s), a record of how, when, and from whom the information used to p applicable worksheet(s) was obtained, and a copy of any document(s) pro- you relied on to determine eligibility for the credit(s) and/or HOH filing status	copy of any repare Form vided by the								
	the amount(s)			X							
	()	uments provided by the taxpayer, if any, that you relied on:									
6	credit(s) and/c	e taxpayer whether he/she could provide documentation to substantiate elig r HOH filing status and the amount(s) of any credit(s) claimed on the retu ed for audit?		X							
7	Did you ask th	e taxpayer if any of these credits were disallowed or reduced in a previous ye	ar?	X							
	(If credits wer	e disallowed or reduced, go to question 7a; if not, go to question 8.)									
а		ete the required recertification Form 8862?									
8	If the taxpayer	is reporting self-employment income, did you ask questions to prepare a c ule C (Form 1040)?									

For Paperwork Reduction Act Notice, see separate instructions.

Form 8867 (2020)

Form 8	867 (2020)			Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
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.)	Yes	No	N/A
	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?			
С	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)?			
Part		claim C	CTC, A	CTC,
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?	Yes X	No	N/A
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?			
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			
Dout	statement to the return?			
Part 13	Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC) Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu	-	Yes	/.) No
10	tuition and related expenses for the claimed AOTC?			
Part			o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the ta	-	Yes	No
Part	and provided more than half of the cost of keeping up a home for the year for a qualifying person? Eligibility Certification			
	 You will have complied with all due diligence requirements for claiming the applicable credit(s) a status on the return of the taxpayer identified above if you: A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's response in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit() 	nses on	the ret	urn or
	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 check 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 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	•	2	
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.	ble wor	ksheet(s) was
	5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount			
	If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty comply related to a claim of an applicable credit or HOH filing status.	for eac	ch failu	re to
15	Do you certify that all of the answers on this Form 8867 are to the best of your knowledge true correct	t and	Yes	No

15	Do you certify	that	all	of t	he a	ansv	vers	s on	this	s F	orm	886	57	are,	to	the	best	t of	your	' kno	owle	ədg	e, t	rue	, cc	orre	ect,	, ar	nd	Yes	No	
	complete?																													×		_
																		F	REV 05	/29/21	I PRC)							Fo	orm 886	7 (2020)



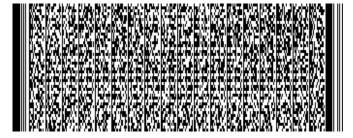
Illinois Department of Revenue 2020 Form IL-1040

Individual Income Tax Return or for fiscal year ending ___/___

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

		1987	
838-87-2246	803-89-4547	1985	
RAJESHKUMAR	GID	DALURU	
SUNITHA	UPP	J	
4850 VERACITY	POINT		208
SANFORD	FL 32	771	



	В	Filing status: Single Married filing jointly Married filing separately Widowed Head		
	C D	Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. U You Check the box if this applies to you during 2020: Nonresident - Attach Sch. NR	Spouse St - Attach	Sch NB
		p 2: Income		ble dollars only)
	1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	234,782 _{.00}
	2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2	.00
L	3	Other additions. Attach Schedule M.	3	.00
	4	Total income. Add Lines 1 through 3.	4	234,782 <u>.00</u>
	Ste	p 3: Base Income		
Staple W-2 and 1099 forms here	5	Social Security benefits and certain retirement plan income		
Ÿ,		received if included in Line 1. Attach Page 1 of federal return. 5	.00	
ŝ	6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,		
5	_	Schedule 1, Ln. 1. 6	.00	
6	7		.00	
00	~	Check if Line 7 includes any amount from Schedule 1299-C.	•	0.0
d	8 9	Add Lines 5, 6, and 7. This is the total of your subtractions. Illinois base income. Subtract Line 8 from Line 4.	8 9	<u>.00</u> 234,782,00
an			9	234,702.00
-2		p 4: Exemptions	-0.00	
Š	10	a Enter the exemption amount for yourself and your spouse. See instructions. a $4, 65$		
đ		b Check if 65 or older: You + Spouse # of checkboxes X \$1,000 = b c Check if legally blind: You + Spouse # of checkboxes X \$1,000 = c	<u>.00</u>	
Sta		d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.	.00	
•,		Attach Schedule IL-E/EIC. d 2, 32	25.00	
		Exemption allowance. Add Lines a through d.	<u>10</u>	6,975.00
T	Sto	p 5: Net Income and Tax		
	11	Besidents: Net income . Subtract Line 10 from Line 9.		
	••	Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule	NR 11	59,158.00
	12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	· · · · · · · · · · · · · · · · · · ·	
2		<i>Nonresidents and part-year residents:</i> Enter the tax from Schedule NR.	12	2,928.00
8	13	Recapture of investment tax credits. Attach Schedule 4255.	13	.00
-1	14	Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	2,928.00
2	Ste	p 6: Tax After Nonrefundable Credits		
na	15	Income tax paid to another state while an Illinois resident. Attach Schedule CR. 15	.00	
à	16	Property tax and K-12 education expense credit amount from Schedule ICR.		
ecl		Attach Schedule ICR. 16	.00	
ç	17	Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 17	.00	
h	18	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18	0.00
<u>Š</u>		Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	2,928.00
Staple your check and IL-1040-V	Ste	p 7: Other Taxes		
tap	20	Household employment tax. See instructions.	20	.00
S	21	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table		2
V	•	in the instructions. Do not leave blank.	21	0.00
•	22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22	<u>.00</u> 2,928.00
	23	Total Tax. Add Lines 19, 20, 21, and 22. IL-1040 2D Front (R-12/20) This form is authorized as outlined under the Illinois In-	23	2,928.00
	I	IL-1040 2D Front (R-12/20) This form is authorized as outlined under the Illinois In- come Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.		



24 To	otal tax from Page 1	, Line 23.					24	2,928 <u>.00</u>
Step 8	: Payments and I	Refundable	Credit					
25 Illin	ois Income Tax with	held. Attach	Schedule IL-W	IT.		25 2,6	582 <u>.00</u>	
26 Est	imated payments fro	om Forms IL-	1040-ES and IL	-505-I,				
	luding any overpayn					26	.00	
	ss-through withholdir	-				27		
					ttach Schedule IL-E/EIC	. 28	.00	2 692
	al payments and re	efundable ci	edit. Add Lines	25 through	28.		29	2,682 <u>.00</u>
Step 9				. 1			20	00
	ine 29 is greater than						30 31	<u>.00</u> 246.00
	ine 24 is greater than				ationa Only com	minto Otom 10 fo		
					ations - Only com y charitable dona		r late-paym	ent penalty
	e-payment penalty f				y chantable dona	32	.00	
	Check if at least t				from farming	52	.00	
					ntly living in a nursing	n home.		
_		-		-	ear and you annualiz	-	Form IL-221	Э.
-	Attach Form IL-2		,	0,	,	5		
d [Check if you were	e not required	d to file an Illinoi	s Individual	Income Tax return in	the previous tax ye	ear.	
33 Vol	untary charitable do	nations. Atta	ch Schedule G			33	.00	
34 Tot	al penalty and don	ations. Add	Lines 32 and 33	3.			34	.00
Step 1	1: Refund							
35 If yo	ou have an amount	on Line 30 a	nd this amount i	is greater the	an Line 34, subtract I	Line 34 from Line 3	80.	
This	s is your overpaym	ent.					35	.00
36 Am	ount from Line 35 ye	ou want refur	nded to you. Ch	eck one box	on Line 37. See inst	ructions.	36	.00
37 Ich	noose to receive my	refund by						
a [direct deposit - 0	Complete the	information be	low if you ch	eck this box.			
	Rou	iting number			Ch Ch	ecking or Savi	ngs	
		ount number					Ū į	
	Acc							
b [Illinois Individua	al Income Ta	x refund debit	card. I ackn	owledge I have revie	wed the card inforr	nation found a	ıt
c [http://tax.illinois	.gov/DebitC	ard prior to mai	king this ele	cuon.			
_	ount to be credited t	forward Sub	tract Line 36 fro	m Line 35	See instructions		38	.00
	2: Amount You O							.00
•								
-	ou have an amount							
	ou have an amount otract Line 30 from L						39	246.00
			-					210.00
Step 1	3: If this is a joint ret			•				
	Under penalties of	of perjury, I sta	ate that I have ex	amined this	return and, to the bes	t of my knowledge,		-
Sign							(312) 972	-7689
Here	Your signature	[Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyyy)	Daytime phone	number
Detal	SYAM PRIYA RAM SAG	AR GUPTA TALI	LAM	SYAM PRIYA R	AM SAGAR GUPTA TALLAM	06/24/2021		P02082703
Paid Preparer	Print/Type paid prepa	arer's name		Paid prepare	r's signature	Date (mm/dd/yyyy)	self-employed	Paid Preparer's PTIN
Use Only	Eirm'o nomo	GLOBAL I	AXES LLC			Firm's FEIN	301017196	5
	Firm's address	2530 Pebb	le Creek LnC	umming	GA 30041	Firm's phone	(678) 965	-9522
Third					()		Check if the	e Department may
Party							discuss this re	turn with the third
Designee	Designee Designee's name (please print) Designee's phone number						party designee	e shown in this step.

Refer to the 2020 IL-1040 Instructions for the address to mail your return.

IR

ID

IL-1040 2D Back (R-12/20) Printed by authority of the State of Illinois - web only, 1. DR_____ AP_____ RR DC ____

REV 04/06/21 PRO



)	Illinois Department of Revenue
Į	2020 Schedule NR

Attach to your Form IL-1040

Nonresident and Part-Year Resident **Computation of Illinois Tax**

IL Attachment No. 2

	R GIDDALURU & S UPPU	<u>8 3 8 - 8 7 - 2 2 4 6</u>						
_	Your name as shown on your Form IL-1040	Your Social Security number						
S	tep 1: Provide the following information							
1	Were you, or your spouse if "married filing jointly," a full-year resider	It of Illinois during the tax year?						
	Yes X No If you answered "Yes," STOP yo	ou cannot use this form (see instructions).						
2	If you, or your spouse if "married filing jointly," were a part-year resid	lent during the tax year, tell us your residency dates for 2020.						
	a I lived in Illinois from// 2 0 to// 2 0 Month Day Year Month Day Year	lived in from/ / 2 0 to/ / 2 0 State Month Day Year Month Day Year						
	b My spouse lived in Illinois from// <u>2</u> <u>0</u> to// <u>2</u> Month Day Year Month Day Ye							
3	If you were a resident of any of the states listed below during the tar was in the military, or if you elected to use your service member spo	x year, if you were in Illinois only to accompany your spouse who buse's state of residence for tax purposes, check the appropriate box.						
	Iowa Kentucky Michigan	Wisconsin Military Spouse						
4	List any state other than Illinois or any states already indicated on L Enter the two-letter abbreviation of that state.	ine 2 or 3 above, that you claimed residency for tax purposes in 2020.						

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. Attach Schedule NR to your Form IL-1040.

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

_				Column A Federal Total	Column B Illinois Portion
	5	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1)	5 _	205,440 _{.00}	60,972 _{.00}
	6	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6 _	.00	.00
	7	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7 _	.00	.00
	8	Taxable refunds, credits, or offsets of state and local income taxes			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8 _	.00	.00
	9	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2	a) 9 _	.00	.00
	10	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1		.00	.00
	11	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11 _	35,609 _{.00}	0.00
	12	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Li	ne 4) 12 _	.00	.00
ncome	13	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 _	.00	.00
<u></u>	14	Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14 _	.00	.00
Ĕ∣	15	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15 _	-6,350 _{.00}	0.00
	16	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Lin	e 6) 16 _	.00	.00
	17	Unemployment compensation and Alaska Permanent Fund dividends			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17 _	.00	.00
	18	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line	6b) 18 _	.00	.00
	19	Other income. See instructions. (federal Form 1040 or 1040-SR, Sche	edule 1, Line 8)		
		Include winnings from the Illinois State Lottery as Illinois income in	Column B. 19	83.00	0.00
	20	Add Column B, Lines 5 through 19. This is the Illinois portion of your f	ederal total income	. 20	60,972 _{.00}
		Continue with Step 3			
				lined under the Illinois Income Tax ailure to provide information could	



Schedule NR – Page 2

Step 3: Continued

St	ер	3: Continued	-	column A deral Total	Column B Illinois Portion
	21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	60,972 _{.00}
	22	Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 10)	22	.00	.00
	23	Certain business expenses of reservists, performing artists, and fee-basis			
		government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	23	.00	.00
	24	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	24	.00	.00
ne	25	5 1	05		
ō				.00	.00
Income	26 27	······································	26	.00	.00
t	<i>בי</i>		27	.00	.00
	28	Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 16)	28	.00	.00
eD	29	Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 17)	29	.00	.00
djustments	30	Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 18a)	30	.00	.00
ĮSL	31	IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 19)	31	.00	.00
Ē	32	Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	32	.00	.00
Ž	33	Tuition and fees (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	33	.00	.00
	34	RESERVED	34		
	35	Other adjustments (see instructions)	35	.00	.00
	36	Add Column B, Lines 22 through 35. This is the Illinois portion of your federal			
		adjustments to income.		36	.00
	37	Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37	234,782 _{.00}	
	38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gros	ss incom	ie. 38	60,972 _{.00}

Step 4: Figure your Illinois additions and subtractions

In the	e inst	mn A, enter the total amounts from your Form IL-1040. You must read ructions for Column B to properly complete this step.		Column A Form IL-1040 Total	Column B Illinois Portion
	39	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39	.00	.00
ľ	40	Other additions (Form IL-1040, Line 3)	40	.00	.00
later later	41	Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.		41	60,972 _{.00}
Ę	42	Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	.00	.00
	43	Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,			
i.	?	Schedule 1, Line 1. (Form IL-1040, Line 6)	43	.00	.00
<u> </u>	44	Other subtractions (Form IL-1040, Line 7)	44	.00	.00
	45	Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.		45	.00

Step 5: Figure your Illinois income and tax

	46	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.		46	60,972.00
S		If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.			
suo	47	Enter the base income from Form IL-1040, Line 9.	47	234,782.00	
Ē	48	Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate			
Calculati		decimal. If Line 46 is greater than Line 47, enter 1.000.	48	0 • 260	
12	49	Enter your exemption allowance from your Form IL-1040, Line 10.	49	б,975 _{.00}	
ပြီ	50	Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption			
×	I 1	allowance.		50	1,814.00
Tax	51	Subtract Line 50 from Line 46. This is your Illinois net income.			
		Enter the amount here and on your Form IL-1040, Line 11.		51	59,158 _{.00}
	52	Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than	zero.		
		Enter the amount here and on your Form IL-1040, Line 12.			
		This is your tax.		5 2	2,928.00



Illinois Department of Revenue 2020 Schedule IL-E/EIC

Illinois Exemption and Earned Income Credit

IL Attachment No. 30

Attach to your Form IL-1040

Read this information first

Complete this schedule only if you are claiming dependents or are eligible for the Illinois Earned Income Credit. If you fraudulently claim the Earned Income Credit, you may not be allowed to claim the credit for up to ten years. You also may have to pay penalties. You must have claimed the federal Earned Income Credit in order to claim the Illinois Earned Income Credit. The total amount of Illinois Earned Income Credit may exceed the amount of tax.

ENOTE If claiming the Illinois Earned Income Credit, you must attach a copy of pages 1 and 2 of your federal Form 1040 or 1040-SR to this schedule.

Step 1: Provide the following information

R GIDDALURU & S UPPU	8	3	8	8	7	_ 2	2	4	6
Your name as shown on your Form IL-1040	Your So	cial Secu	urity numl						

Illinois Dependent Exemption Allowance Step 2: Dependent information

Complete the table for each person you are claiming as a dependent. **Note:** If you are claiming more than ten dependents, complete and attach additional Dependent information tables.

Dependent's first name	Dependent's last name	Social Security number	Dependent's relationship to you	Dependent's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	Eligible for Earned Income Credit
GAGAN DEVANSH	GIDDALURU	077-95-2687	Son	03/31/2019				

1 Multiply the total number of dependents you are claiming by \$2,325. $___X$ Enter the result here and on Form IL-1040, Line 10d.

2,325.00

Continue to Page 2 to calculate Illinois Earned Income Credit



1



Illinois Earned Income Credit

Complete this section **only** if you qualify for the Illinois Earned Income Credit. Attach a copy of federal Form 1040 or 1040-SR, Pages 1 and 2. <u>=Note</u> If you are not claiming a qualifying child, do not complete the table below.

Step 3: Qualifying Child Information

Complete the table for qualifying children that are **not** included in Step 2.

		Child's first name	Child's last name	Social Security number	Child's relationship to you	Child's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you			
1	Ente	er vour wages, salarie	s and tips from your feder	al Form 1040 or 104	0-SR. Line 1.		1			.00		
	Ente	er your business inc	ome or (loss) from your	federal Form 1040	or 1040-SR, Sc	,						
0-	-	-	nt on Line 2, you must	-			2_		7 No	.00		
			quire a city, state, or coun b Line 2a, you must enter		-			Yes] No			
		ertification number.				your nooneo, rogie	, and a second					
	[Issuing Agency		Li	cense, Registration	n, or Certif	ication Num	ber]		
										_		
3	retu	rn as married filing s	0 federal return as marri separately, enter your fec eral Form 1040 or 1040-5	leral adjusted gross	•••		3			.00		
3a	If yo	ou entered an amou	int on Line 3, enter your		ecurity number fi	rom your	-					
л		ried filing jointly fed	eral return. box marked on your W-2,	Wago and Tax State	mont Poy 122		3a 4					
	15 11	e statutory employee	JUA MAINEU UN YUUI VV-2,	waye and lax Slate			4					
5	Ente	er the amount of fed	Dur Illinois Ear leral Earned Income Cre Line 5 by 18% (.18).			1040-SR, Line 2	27. 5 _ 6_			.00. .00		
7			 7 Illinois residents: Enter 1.0. Nonresidents and part-year residents: Enter the decimal from Schedule NR, Line 48. 7 									

8 Multiply Line 6 by the decimal on Line 7. This is your Illinois Earned Income Credit.

Enter this amount here and on your Form IL-1040, Line 28.

Remember: Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act

➡ 8_

.00



Illinois Department of Revenue

2020 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below.								
Form Type	Letter Code for Column A	Form Type	Letter Code for Column A					
W-2	W	1099-DIV	D					
W-2G	WG	1099-INT	I					
1099-R	R	1042-S	S					
1099-G	G	1099-B	В					
1099-MISC	М	1099-K	K					
1099-OID	0	1099-NEC	N					

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

RAJESHKUMAR GIDDALURU Your name as shown on Form IL-1040		888_ ecurity number	7 – 2	2	4 6	
Column A Form type Employer/Payer Identification Number	Colur Federal Wages, V Distributions, Co	Vinnings, Gross	Illinois Wages	lumn D s, Winnings, Gross Compensation, etc.	Illin	olumn E ois Income c Withheld
1	- \$	•00	\$	•00	\$	•00
2	- \$	•00	\$	•00	\$	•00
3	- \$	•00	\$	•00	\$	•00
4	- \$	•00	\$	•00	\$	•00
5	- \$	•00	\$	•00	\$	•00

Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

SUNITHA UPPU	8	0	3	_	8	9	 4	5	4	7
Your spouse's name as shown on Form IL-1040	Your sp	oouse	's Socia	I Secur	rity n	umber				

	Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.		Illinois Wa	Column D ages, Winnings, Gross ns, Compensation, etc.	Column E Illinois Income Tax Withheld		
6	W	98-0429806 000 6	_ \$	60,972 .00	\$	60,972 .00	\$	2,682 .00	
7			\$	•00	\$	•00	\$	•00	
8			- \$	•00	\$	•00	\$	•00	
9			- \$	•00	\$	•00	\$	•00	
10			_ \$	•00	\$	•00	\$	•00	

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

➡ Attach all Schedules IL-WIT to your IL-1040.

3 Illinois Department of Revenue	
2020 IL-8453 Illinois Individual Income Tax	Submission ID Electronic Filing Declaration
ر (Do not mail Form IL-8453 to the Illinois Department of Revenu	e unless it is requested for review.)
Step 1: Provide taxpayer informationRAJESHKUMARSUNITHA UPPUGIDDALURU	<u> 8 3 8 8 7 2 2 4 6</u>
First name and middle initial Spouse's first name (and last name if different) Last name Print 4850 VERACITY POINT 208	Social Security number 8 0 3 _ 8 9 _ 4 5 4 7
or type Mailing address	Spouse's Social Security number
SANFORD FL 32771	(312) 972-7689
City State ZIP	Daytime phone number
Step 2: Complete information from tax return	
 Net income from Form IL-1040, Line 11 Tax from Form IL-1040, Line 14 	1 <u>59,158</u>] <u>00</u> 2 <u>2,928</u>] <u>00</u>
 3 Illinois Income Tax withheld from Form IL-1040, Line 25 only (enter "0" if none) 	3 2,682 00
4 Overpayment from Form IL-1040, Line 35	4I_00
5 Total amount due from Form IL-1040, Line 39	5 <u>246</u> <u>00</u>
6 Filing status: Single X_ Married filing jointly Married filing separately	Widowed Head of household
 does not support international ACH transactions. IDOR will only perform direct transactio within the United States or those not funded by international funds. Electronic payments 7 Routing no. (RN):	
8 Account no. (AN):	
9 Type of account: Checking Savings	
10 Date the payment is to be electronically withdrawn://	
 10 Date the payment is to be electronically withdrawn:/_/ 11 Electronic funds withdrawal amount:I_00 	
11 Electronic funds withdrawal amount: I_00_ 12 Name on account:	
11 Electronic funds withdrawal amount:I_00_	p 2 and, if applicable, Step 3.)
11 Electronic funds withdrawal amount: I_00_ 12 Name on account:	declare the information on Lines 7 through 9 is
 11 Electronic funds withdrawal amount:I_00	l declare the information on Lines 7 through 9 is er spouse as an agent to receive the refund. sial agent to initiate an ACH electronic funds Income Tax return. I authorize the financial institutions
 11 Electronic funds withdrawal amount:I_00	declare the information on Lines 7 through 9 is er spouse as an agent to receive the refund. sial agent to initiate an ACH electronic funds Income Tax return. I authorize the financial institutions fidential information necessary to answer inquiries ect debit) of my balance due.
 11 Electronic funds withdrawal amount:I_00	I declare the information on Lines 7 through 9 is er spouse as an agent to receive the refund. stal agent to initiate an ACH electronic funds Income Tax return. I authorize the financial institutions fidential information necessary to answer inquiries ect debit) of my balance due. the information I provided to my electronic return d complete. I consent that my return, this declaration, form my ERO and/or the transmitter when my return has
11 Electronic funds withdrawal amount:1_00 12 Name on account:	I declare the information on Lines 7 through 9 is er spouse as an agent to receive the refund. stal agent to initiate an ACH electronic funds Income Tax return. I authorize the financial institutions fidential information necessary to answer inquiries ect debit) of my balance due. the information I provided to my electronic return d complete. I consent that my return, this declaration, form my ERO and/or the transmitter when my return has eturn may be corrected and retransmitted if possible.
11 Electronic funds withdrawal amount:1_00	I declare the information on Lines 7 through 9 is er spouse as an agent to receive the refund. taial agent to initiate an ACH electronic funds Income Tax return. I authorize the financial institutions fidential information necessary to answer inquiries ect debit) of my balance due. the information I provided to my electronic return d complete. I consent that my return, this declaration, form my ERO and/or the transmitter when my return has eturn may be corrected and retransmitted if possible.
11 Electronic funds withdrawal amount:1_00 12 Name on account:	I declare the information on Lines 7 through 9 is er spouse as an agent to receive the refund. stal agent to initiate an ACH electronic funds Income Tax return. I authorize the financial institutions fidential information necessary to answer inquiries ect debit) of my balance due. the information I provided to my electronic return d complete. I consent that my return, this declaration, form my ERO and/or the transmitter when my return has eturn may be corrected and retransmitted if possible.
11 Electronic funds withdrawal amount:	I declare the information on Lines 7 through 9 is er spouse as an agent to receive the refund. stal agent to initiate an ACH electronic funds Income Tax return. I authorize the financial institutions fidential information necessary to answer inquiries ect debit) of my balance due. The information I provided to my electronic return d complete. I consent that my return, this declaration, form my ERO and/or the transmitter when my return has eturn may be corrected and retransmitted if possible.
11 Electronic funds withdrawal amount:	I declare the information on Lines 7 through 9 is er spouse as an agent to receive the refund. taial agent to initiate an ACH electronic funds Income Tax return. I authorize the financial institutions fidential information necessary to answer inquiries ect debit) of my balance due. The information I provided to my electronic return d complete. I consent that my return, this declaration, form my ERO and/or the transmitter when my return has beturn may be corrected and retransmitted if possible.

only	2530 Pebble Creek Ln			3 0 - 1 0 1 7 1 9 6
Only	Mailing address			Federal employer identification number (FEIN)
	Cumming	GA	30041	(678) 965-9522
	City	State	ZIP	Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). Do not mail Form IL-8453 and these documents unless requested for review.

