#### Department of the Treasury Internal Revenue Service

### **IRS e-file Signature Authorization**

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

Social coourity number

Submission Identification Number (SID)

Taxpayor'a pama

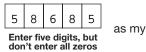
| Taxpayer 3 hame  | Social Security number                   |
|--|--|
| SAI TARUN BATTULA  | 829-35-8685                              |
| Spouse's name  | Spouse's social security number          |
|  |  |
| Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter   | year you are authorizing.)               |
| Enter whole dollars only on lines 1 through 5.   |  |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.                                     |  |
| <b>1</b> Adjusted gross income   | <b>1</b> 76,055.                         |
| <b>2</b> Total tax   |  |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099  | 3 12,432.                                |
| 4 Amount you want refunded to you  | 4 3,188.                                 |
| 5 Amount you owe   | 5  |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k                                  |  |
| Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) | I am now authorizing, and to the best of |

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

### Taxpayer's PIN: check one box only

X lauthorize GLOBAL TAXES LLC

to enter or generate my PIN



ERO firm name signature on the income tax return (original or amended) I am now authorizing.

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

Your signature

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

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

| Spouse's signature                              | Date 🕨   |
|---|--|
| Practition                                      | PIN Method Returns Only—continue below                         |
| Part III Certification and Authentication       | Practitioner PIN Method Only                                   |
| ERO's EFIN/PIN. Enter your six-digit EFIN follo | ed by your five-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9 |

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

| ERO's signature 🕨   |                                      | Date 🕨 |                   |                          |  |  |  |
|---|--------------------------------------|--------|-------------------|--------------------------|--|--|--|
| ERO Must Retain This Form — See Instructions<br>Don't Submit This Form to the IRS Unless Requested To Do So |                                      |        |                   |                          |  |  |  |
| For Donomwork Doduction Act Not   | ioo ooo your toy roturn instructions |        | REV/ 02/25/21 RRO | Form 8879 (Pov. 01 2021) |  |  |  |

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/25/21 PRO

| I Capital gain or (loss). Attach Schedule D II required. Il not required, check here   | E <b>1040</b>                |          | artment of the Treasury-Internal Revenue Servi<br>S. Individual Income Tax |            | (99)<br><b>urn</b> | 202             | 0       | OMB No. 1     | 545-0074 | IRS Use Or      | ily—Do not | t write or sta | ple in this space. |
|--|------------------------------|----------|--|------------|--------------------|-----------------|---------|---------------|----------|-----------------|------------|----------------|--------------------|
| SAI TARUN     BATTULA     829-35-8685       If joint return, spoule's first name and middle initial     Last name     Spoule's social security number       Home address (number and street). If you have a P.O. box, see instructions.     Apt. no.     108       S20. E WEDDEL DR     ID     Check here if you, or your     Check here if you, or your       City, town, or post office. If you have a foreign address, also complete spaces below.     State     ZIP code       SUNNVVALE     Foreign province/state/county     Foreign postal code     your tax or refund.       Foreign county name     Foreign province/state/county     Foreign postal code     your tax or refund.       Standard     Someone can olaim:     You as a dependent     Your spouse as a dependent       Deduction     Spouse itemizes on a separate return or you wer a dual-status alien     Age/Bindness     You:     You as one of the instructions;       (I) First name     Last name     ID     ID     ID     ID       I'm ore<br>than four     See instructions;     ID     ID     ID     ID       Standard     2a     Tax-exempt interest     2a     1     78,649.       Sch. Bif     Tax-exempt interest     2a     20.     b     Taxable amount.     4b       Standard     2a     Tax-exempt interest     2a     1     78,649. <tr< td=""><td>Check only</td><td>lf yo</td><td>u checked the MFS box, enter the n</td><td>ame of y</td><td>-</td><td></td><td></td><td></td><td></td><td>· · ·</td><td></td><td>, ,</td><td></td></tr<>   | Check only                   | lf yo    | u checked the MFS box, enter the n   | ame of y   | -                  |                 |         |               |          | · · ·           |            | , ,            |                    |
| If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       108         520 E WEDDEL DR       Inog       Chr.x hore if you, or your         City, town, or post office. If you have a foreign address, also complete spaces below.       State       2P code         SUNNYUVALE       Foreign province/state/county       Foreign province/state/county       Foreign post-ince/state/county         Foreign country name       Foreign province/state/county       Foreign post-ince/state/county       Internet/state/county         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Yes       No         Standard       Spouse itemizes on a separate return or you were a dual-status allen       Age/Bindness       You (f) requiring to (i) first name       Last name       Yes       Was born before Vanuary 2, 1956       Is blind         Dependents       (see instructions):       (f) First name       Last name       Dif Note       Dif Adulta credit       Credit for other dependents         If more than four dependents       Sa       2a       borou       Dif Adultas  | Your first name              | and m    | ddle initial   | Last na    | me                 |                 |         |               |          |                 | Your       | social sec     | urity number       |
| Home address (number and street). If you have a P.O. box, see instructions.       108       Presidential Election Campaign         520 E VEDDEL DR       108       Check here if you, or your         City, town, or post office. If you have a foreign address, also complete spaces below.       State       2/P code       9 40 85         SUNTNVVLE       Foreign country name       Foreign province/state/country       Foreign postilated       your fax or fefund.         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       You       Spouse         Deduction       Spouse itemizes on a separate return or you were a dual-status allen       Age/Blindness       You       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Yes       No         Deduction       Spouse itemizes on a separate return or you were a dual-status allen       Age/Blindness       Yes       No         Age/Blindness       Yes to mberore January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents, see instructions;       (f) First name       Last name       Interpendents       Interpendents         See instructions       1       78, 649.       Interpendents       Interpendents       Interpendents         Sce  | SAI TARU                     | JN       |  | BATI       | TULA               |                 |         |               |          |                 | 829        | -35-86         | 585                |
| 520 E WEDDEL DR       108       Checkhere flyou, or your         City, town, or post office, if you have a foreign address, also complete spaces below.       State       2/P code         SUNNYYALE       94 089       box below will not change         Foreign country name       Foreign province/state/county       Foreign posal code       Vou 1 tax or refund.         Standard       Someone can claim:       You as a dependent       You resolve, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes X No         Standard       Someone can claim:       You as a dependent       You resolve, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes X No         Standard       Someone can claim:       You as a dependent       You resolve, se a dependent       You currency?       Yes X No         Standard       Someone can claim:       You as a dependent       You you were a dual-status alien       You       Spouse       Is blind         Dependents       (see instructions):       (i) First name       Last name       (i) Portune/situal currency?       Yes X No         Attach       2a       Tax-exempt interest       2a       b Taxable interest       2b       1         Sch Bif       required.       3a       20.0       b Torkable interest       2b       1   | lf joint return, s           | pouse's  | first name and middle initial  | Last na    | me                 |                 |         |               |          |                 | Spous      | e's social     | security number    |
| Clip, Win, Or Dock Direc, In your have a holegin address, asso bothpeter spaces below.       State       20* Oue       to goto this fund; Checking a box below.         SUNNYUALE       CA       94089       box below will not change your tax or refund.       You       Spose         Foreign country name       Foreign province/state/county       Foreign postal code       You       Spose         At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness       You:       Version       Credit for other demodents         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (1) First name       Last name       (2) Social security       (3) Petitomahip       (4) 4' fi qualifies for (see instructions);       Immediate for see instructions         and check       Immediation       Immediation       Immediation       Immediation       Immediation         4       Za       Za       D       Tax-exempti interest       Za  |                              |          |  | instructio | ons.               |                 |         |               |          |                 |            |                |                    |
| SUNYVALE       CA       94089       box pelow will not change         Foreign country name       Foreign province/state/county       Foreign postar does       your tax or refund.         You       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       Someone can claim:       You as a dependent       Your so pouse as a dependent         Dependents:       Wase born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents:       Gee instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V/I qualifies for (see instructions):       Immedrate dependents;         gee instructions       Immedration       Immedrate       Immedrate       Immedrate       Immedrate         and check       Immedrate  | City, town, or p             | ost offi | ce. If you have a foreign address, also co                                 | mplete s   | paces bel          | ow.             | Stat    | te            | ZIP      | ode             |            |                |                    |
| Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         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         Deduction       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       (3) Relationship       (4) ✓ if qualifies for (see instructions):         If more than four dependents, see instructions  | SUNNYVAI                     | LΕ       |  |            |                    |                 | CZ      | Ą             | 94       | 089             |            |                | U U                |
| At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Yes       No         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (1) First name       Last name       (2) Social security       (3) Relationshin       (4) I' dr quilifies for (see instructions):         If more       than four       in umber       to you       Child tax credit       Credit for other dependents         dependents, see instructions       Interest       Interest       Interest       Interest       Interest         Attach       2a       Interest       Inte  | Foreign country              | / name   |  | F          | Foreign pr         | ovince/state/   | count   | ty            | Fore     | ign postal code |            |                |                    |
| Standard Deduction       Someone can claim:       You as a dependent       You spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (i) First name       Last name       (i) First name       Credit for other dependents         dependents, see instructions):       (i) First name       Last name       (ii) First name       Credit for other dependents         and check       Image       Image       Image       Image       Image       Image         Attach       2a       Tax-exempt interest       2a       2b       1       78, 649.         4a       Image       Image       Image       Image       Image       Image       Image         required.       Image       Imag   |                              |          |  |            |                    |                 |         |               |          |                 |            | Yo 🖸           | u 🗌 Spouse         |
| Deduction       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) I rist name       Last name       (2) Social security       (3) Relationship       (4) I rigualifies for (see instructions):       (1) I rigualifies for (see instructions):         If more       (1) First name       Last name       number       (2) Social security       (3) Relationship       (4) I rigualifies for (see instructions):         dependents, see instructions       Last name       number       (2) Social security       (3) Relationship       (4) I rigualifies for (see instructions):         and check       Image:   | At any time du               | ring 20  | 020, did you receive, sell, send, excl                                     | nange, c   | or otherw          | vise acquire    | any     | financial int | erest in | any virtual c   | currency   | ? 🗌 Ye         | es 🗙 No            |
| Dependents       (see instructions):       (1) First name       Last name       (2) Social security number       (3) Relationship       (4) I if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       Image: Credit for other dependents         see instructions and check       Image: Credit for other dependents       Image: Credit for other dependents         and check       Image: Credit for other dependents       Image: Credit for other dependents         and check       Image: Credit for other dependents       Image: Credit for other dependents         and check       Image: Credit for other dependents       Image: Credit for other dependents         and check       Image: Credit for other dependents       Image: Credit for other dependents         and check       Image: Credit for other dependents       Image: Credit for other dependents         and check       Image: Credit for other dependents       Image: Credit for other dependents         and check       Image: Credit for other dependents       Image: Credit for other dependents         and check       Image: Credit for other dependents       Image: Credit for other dependents         and check       Image: Credit for other dependents       Image: Credit for other dependents         field credit for other dependents       Image: Credit for other dependents       Image:   |                              | _        |  | •          |                    |                 |         |               | nt       |                 |            |                |                    |
| If more than four dependents, see instructions and check       Last name       number       to you       Child tax credit       Credit for other dependents         see instructions and check   | Age/Blindness                | You:     | Were born before January 2, 1  | 956        | Are bl             | ind Sp          | ouse    | : 🗌 Was       | born be  | fore January    | 2, 1956    | ວ່ 🗌 ls        | s blind            |
| If more than four dependents, see instructions and check       Last name       number       to you       Child tax credit       Credit for other dependents         see instructions and check   | Dependents                   | s (see   | instructions):   |            | (2) S              | Social security | /       | (3) Relatio   | onship   | <b>(4)</b> 🗸 if | qualifies  | for (see ins   | structions):       |
| than four dependents, see instructions and check here   There   Wages, salaries, tips, etc. Attach Form(s) W-2  Attach Sch. B if required.  Wages, salaries, tips, etc. Attach Form(s) W-2  Attach Sch. B if required.  Wages, salaries, tips, etc. Attach Form(s) W-2  Attach Sch. B if required.  Wages, salaries, tips, etc. Attach Form(s) W-2  Attach Sch. B if required.  Wages, salaries, tips, etc. Attach Form(s) W-2  Attach Sch. B if required.  Wages, salaries, tips, etc. Attach Form(s) W-2  Attach Sch. B if required.  Attach Sch. B if Sch. Sch. Sch. Sch. Sch. Sch. Sch. Sch.   | •                            |          |  |            |                    | number          |         | to yo         | u I      |                 |            |                |                    |
| see instructions<br>and check<br>here ▶       1       Wages, salaries, tips, etc. Attach Form(s) W-2       1       78, 649.         Attach<br>Sch. B if<br>required.       2a       2a       b       Taxable interest       2b       1.         3a       20.       b       Ordinary dividends       3b       20.         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard<br>Deduction for-       6a       Social security benefits       6a       b       Taxable amount       5b         Standard Deduction for-       6a       Social security benefits       6a       Other income from Schedule 1 line 9       7       3, 135.         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7       3, 135.         8       Other income from Schedule 1, line 9       9       76, 055.       8       -5, 750.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10b       10c       10c         10a       Interest income       11       76, 055.       11       76, 055.       11       76, 055.         10       Add lines 10a a   | than four                    |          |  |            |                    |                 |         |               |          |                 |            |                |                    |
| and check       here       image: constraint of the standard deduction or itemized deduction. See instructions       image: constraint of the standard deduction. See instructions       image: constraint of the standard deduction. See instructions         Attach       1       Wages, salaries, tips, etc. Attach Form(s) W-2       image: constraint of the standard deduction. See instructions       image: constraint of the standard deduction. See instructions       image: constraint of the standard deduction. See instructions         Attach       2a       Tax-exempt interest       image: constraint of the standard deduction. See instructions       image: constraint of the standard deduction. See instructions       image: constraint of the standard deduction. See instructions         Standard       Deduction, for - single or constraint of the standard deduction. See instructions       image: constraint of the standard deduction. See instructions       image: constraint of the standard deduction. See instructions       image: constraint of the standard deduction. See instructions         Standard       Capital gain or (loss). Attach Schedule 1, line 9       image: constraint of the standard deduction. See instructions       image: constraint of th   |                              |          |  |            |                    |                 |         |               |          |                 |            |                |                    |
| here       Image: Standard Deduction for equired. If not required. I   |                              | 5        |  |            |                    |                 |         |               |          |                 |            |                |                    |
| Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b       1.         Sch. B if       3a       Qualified dividends       3a       20.       b       Ordinary dividends       3b       20.         4a       IRA distributions       4a       b       Ordinary dividends       4b       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b       5b         Standard       Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       >       7       3, 135.         8       Other income from Schedule 1, line 9       .       .       .       8       -5, 750.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       .       >       9       76, 055.         10       Adjustments to income:       10a       10b       10c       10c       10c         11       76, 055.       10       Add lines 10a and 10b. These are your total adjustments to income       10c       11       76, 055.         14       Standard deduction or itemized deductions (from Schedule  |                              |          |  |            |                    |                 |         |               |          |                 |            |                |                    |
| Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b       1.         Sch. B if       3a       Qualified dividends       3a       20.       b       Ordinary dividends       3b       20.         4a       IRA distributions       4a       b       Ordinary dividends       4b       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b       5b         Standard       Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       >       7       3, 135.         8       Other income from Schedule 1, line 9       .       .       .       8       -5, 750.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       .       >       9       76, 055.         10       Adjustments to income:       10a       10b       10c       10c       10c         11       76, 055.       10       Add lines 10a and 10b. These are your total adjustments to income       10c       11       76, 055.         14       Standard deduction or itemized deductions (from Schedule  |                              | 1        | Wages, salaries, tips, etc. Attach F                                       | orm(s)     | W-2 .              |                 |         |               |          |                 |            | 1              | 78,649.            |
| Sch. B if a Qualified dividends 3a 20. b Ordinary dividends 3b 20.   required. 4a BA distributions 4a b Taxable amount 4b   5a Pensions and annuities 5a 5a b Taxable amount 4b   5a Standard 6a Social security benefits 6a b Taxable amount 5b   6a Social security benefits 6a 6a b Taxable amount 5b   7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 3,135.   8 Other income from Schedule 1, line 9 5a 5a 5a   9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 7 3,135.   9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 76,055.   10 Adjustments to income: 10a   20.au/frigg a From Schedule 1, line 22 10a 10b   9 Add lines 10a and 10b. These are your total adjustments to income 10b   9 Add lines 10a and 10b. These are your adjusted gross income 11   10 11 76,055.   11 Subtract line 10c from line 9. This is your adjusted gross income 12   12 12,400. 12   13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13   14 Add lines 12 and 13 14   12 12,400.   15 Taxable income. Subtract line 1   | Attach                       | 2a       |  | 1.1        |                    |                 | ь т     | axable inte   | rest     |                 | 2          | 2b             |                    |
| 4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       3,135.         8       Other income from Schedule 1, line 9        8       -5,750.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       76,055.         10       Adjustments to income:       10a       10b         9       Add lines 10a and 10b. These are your total adjustments to income       10c         11       76,055.       11       76,055.         12       12,400.       12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13         14       12,400.       14       12,400.         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0       15       63,655.  |                              | 3a       | · -  | 3a         |                    | 20.             |         |               |          |                 |            | 3b             | 20.                |
| 5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard       6a       Social security benefits       6a       b       Taxable amount       6b         Sigle or       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       b       7       3,135.         8       Other income from Schedule 1, line 9       .       .       6a       -5,750.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       76,055.         10       Adjustments to income:       10a       10b         yidow(er), \$24,800       Capital line 10c from line 9. This is your total digustments to income:       10b       10c         11       Subtract line 10c from line 9. This is your adjusted gross income       10c       11       12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       12,400.       13         14       12,400.       14       12,400.       15       63,655.       15       63,655.   | required.                    |          |  |            |                    |                 |         |               |          |                 | · –        |                |                    |
| Standard Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       3,135.         8       Other income from Schedule 1, line 9       8       -5,750.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       76,055.         10       Adjustments to income:       10a       9         widow(er), \$24,800       From Schedule 1, line 22       10a       10b         9       Charitable contributions if you take the standard deduction. See instructions       10b       10c         11       Subtract line 10c from line 9. This is your adjusted gross income       11       76,055.         12       Standard deduction or itemized deductions (from Schedule A)       12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14         14       Add lines 12 and 13       14       12,400.       15         15       63,655.       63,655.       15       63,655.   |                              |          |  | -          |                    |                 |         |               |          |                 |            | -              |                    |
| Deduction for-       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       3,135.         • Single or Married filing separately, \$12,400       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       8       -5,750.         • Married filing jointly or Qualifying widow(er), \$24,800       9       Add lines 10a and 10b. These are your total adjustments to income:       10a       10a         • Married filing jointly or Qualifying widow(er), \$24,800       •       •       10a       10b       10c         • Head of household, \$18,650       •       •       •       •       10c       10c         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       •       •       11       76,055.         • If you checked any box under Standard deduction or itemized deductions (from Schedule A)       •       •       12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       •       13       14       12,400.         14       12,400.       15       63,655.       15       63,655.       15       63,655.   | Standard                     |          | -  |            |                    |                 |         |               |          |                 |            |                |                    |
| <ul> <li>Single or<br/>Married filing<br/>separately,<br/>\$12,400</li> <li>Married filing<br/>jointly or<br/>Qualifying<br/>widow(er),<br/>\$24,800</li> <li>Head of<br/>household,<br/>\$18,650</li> <li>If you checked<br/>any box under<br/><i>Standard</i> deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ida</li> <li< td=""><td>Deduction for –</td><td></td><td></td><td></td><td>f required</td><td></td><td></td><td></td><td></td><td>• • • •</td><td></td><td></td><td>3 1 3 5</td></li<></ul> | Deduction for –              |          |  |            | f required         |                 |         |               |          | • • • •         |            |                | 3 1 3 5            |
| separately,<br>\$12,400       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       76,055.         Married filing<br>jointly or<br>Qualifying<br>widow(er),<br>\$24,800       10       Adjustments to income:       10a       10         b       Charitable contributions if you take the standard deduction. See instructions       10b       10b       10c         • Head of<br>household,<br>\$18,650       c       Add lines 10a and 10b. These are your total adjustments to income       10c       11       10c         11       Subtract line 10c from line 9. This is your adjusted gross income       11       76,055.       11       76,055.         14       Add lines 12 and 13       .       .       .       .       13         0       Qualified business income deduction. Attach Form 8995 or Form 8995-A       .       13       14       12,400.         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       15       63,655.       15   | Single or     Marriad filing |          |  |            | requirec           | a. Il not req   | in cu,  | , check her   | с.       |                 |            |                |                    |
| Maried filing<br>jointly or<br>Qualifying<br>widow(er),<br>\$24,800       10       Adjustments to income:<br>a From Schedule 1, line 22       10a         b       Charitable contributions if you take the standard deduction. See instructions<br>widow(er),<br>\$24,800       10b       10b         • Head of<br>household,<br>\$18,650       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         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       11       12       12,400.         14       Add lines 12 and 13       •       •       14       12,400.         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       •       15       63,655.  | separately,                  |          |  |            | hie ie vo          | ur total inc    | <br>omo |               |          |                 |            |                |                    |
| jointly or<br>Qualifying<br>widow(er),<br>\$24,800       a       From Schedule 1, line 22       10a         b       Charitable contributions if you take the standard deduction. See instructions       10b       10b         • Head of<br>household,<br>\$18,650       c       Add lines 10a and 10b. These are your total adjustments to income       •       •       10c         • I1       Subtract line 10c from line 9. This is your adjusted gross income       •       •       11       76,055.         • If you checked<br>any box under<br>Standard       12       Standard deduction or itemized deductions (from Schedule A)       •       12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       •       13       14       12,400.         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0       •       15       63,655.   |                              |          |  |            | 113 13 yo          |                 | onic    |               |          |                 |            |                | ,0,000.            |
| widow(er),<br>\$24,800       b       Charitable contributions if you take the standard deduction. See instructions       10b         • Head of<br>household,<br>\$18,650       •       Add lines 10a and 10b. These are your total adjustments to income       •       •       •       10c         • If you checked<br>any box under<br>Standard       12       Standard deduction or itemized deductions (from Schedule A)       •       •       12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       •       •       13         •       14       Add lines 12 and 13       •       •       •       14       12,400.         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0       •       •       •       •       •  | jointly or                   |          | -  |            |                    |                 |         | 1             | 100      |                 |            |                |                    |
| \$24,800       b       Chaintable contributions in you take the standard deduction. See instructions       100         • Head of<br>household,<br>\$18,650       c       Add lines 10a and 10b. These are your total adjustments to income   |                              |          |  |            |                    |                 |         |               |          |                 | _          |                |                    |
| household,<br>\$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       11       76,055.         If you checked<br>any box under<br>Standard<br>Deduction,<br>see instructions.       12       Standard deduction or itemized deductions (from Schedule A)       12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       13         14       Add lines 12 and 13       14       12,400.         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       15       63,655.  | \$24,800                     |          |  |            |                    |                 |         | L             |          |                 |            | 0              |                    |
| \$18,650       11       76,055.         If you checked any box under Standard Deductions income       12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13         14       Add lines 12 and 13       14       12,400.         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       15       63,655.  |                              |          |  | -          |                    |                 |         |               |          |                 |            |                | 76 055             |
| any box under<br>Standard<br>Deduction,<br>see instructions.13Qualified business income deduction. Attach Form 8995 or Form 8995-A131314Add lines 12 and 13Add lines 12 and 131412,40015Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-1563,655  | \$18,650                     |          |  |            |                    |                 |         |               |          |                 |            |                |                    |
| Deduction, see instructions.         14         Add lines 12 and 13         12,400.           15         Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-         15         15         63,655.   | any box under                |          |  |            | ``                 |                 | ,       |               |          |                 |            |                | ,400.              |
| see instructions.         14         12,400.           15         Taxable income. Subtract line 14 from line 11. If zero or less, enter -0         15         63,655.  |                              |          |  | on. Atta   | acn Form           | 1 8995 or Fo    | orm 8   |               |          |                 |            |                | 10 400             |
|  |                              |          |  | •••        |                    |                 | • •     |               |          |                 |            |                |                    |
|  |                              |          |  |            |                    |                 |         | er-U          |          |                 | . [1       |                |                    |

Form 1040 (2

| Form 1040 (2020                   | ))       |   |           | Page 2                                  |
|-----------------------------------|----------|---|-----------|---|
|                                   | 16       | Tax (see instructions). Check if any from Form(s):         1         8814         2         4972         3  | 16        | 9,791.                                  |
|                                   | 17       | Amount from Schedule 2, line 3  | 17        |   |
|                                   | 18       | Add lines 16 and 17   | 18        | 9,791.                                  |
|                                   | 19       | Child tax credit or credit for other dependents   | 19        |   |
|                                   | 20       | Amount from Schedule 3, line 7  | 20        |   |
|                                   | 21       | Add lines 19 and 20   | 21        |   |
|                                   | 22       | Subtract line 21 from line 18. If zero or less, enter -0  | 22        | 9,791.                                  |
|                                   | 23       | Other taxes, including self-employment tax, from Schedule 2, line 10  | 23        | 0.                                      |
|                                   | 24       | Add lines 22 and 23. This is your <b>total tax</b>  | 24        | 9,791.                                  |
|                                   | 25       | Federal income tax withheld from:   |           |   |
|                                   | а        | Form(s) W-2   |           |   |
|                                   | b        | Form(s) 1099  |           |   |
|                                   | с        | Other forms (see instructions)  |           |   |
|                                   | d        | Add lines 25a through 25c   | 25d       | 12,432.                                 |
| Here have a                       | 26       | 2020 estimated tax payments and amount applied from 2019 return   | 26        |   |
| If you have a L qualifying child, | 27       | Earned income credit (EIC)  |           | ·                                       |
| attach Sch. EIC.                  | 28       | Additional child tax credit. Attach Schedule 8812   |           |   |
| nontaxable                        | 29       | American opportunity credit from Form 8863, line 8  | 7         |   |
| combat pay, see instructions.     | 30       | Recovery rebate credit. See instructions  | 4         |   |
|                                   | 31       | Amount from Schedule 3, line 13   | -         |   |
|                                   | 32       | Add lines 27 through 31. These are your total other payments and refundable credits   | 32        | 547.                                    |
|                                   | 33       | Add lines 25d, 26, and 32. These are your total payments  | 33        | 12,979.                                 |
|                                   | 34       | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>  | 34        | 3,188.                                  |
| Refund                            | 35a      | Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here   | 35a       | 3,188.                                  |
| Direct deposit?                   | ► b      | Routing number $0 7 5 0 0 0 1 9$<br><b>C</b> Type: <b>C</b> Checking Savings  | 554       | 5,100.                                  |
| See instructions.                 | ►d       | Account number 5 9 3 9 8 1 8 5 2  |           |   |
|                                   | ₽u<br>36 | Amount of line 34 you want <b>applied to your 2021 estimated tax 36</b>   |           |   |
| Amount                            | 37       | Subtract line 33 from line 24. This is the <b>amount you owe now</b>  | 37        |   |
| You Owe                           | 57       |   | 0.        |   |
| For details on                    |          | <b>Note:</b> Schedule H and Schedule SE filers, line <b>37</b> may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. |           |   |
| how to pay, see instructions.     | 38       | Estimated tax penalty (see instructions)  |           |   |
| Third Party                       | Do       | you want to allow another person to discuss this return with the IRS? See   |           |   |
| Designee                          |          | structions  | below.    | × No                                    |
| U                                 | De       | signee's Phone Personal identi  | fication  |   |
|                                   | na       | ne  no,  number (PIN)   | <u> </u>  |   |
| Sign                              |          | der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to  |           |   |
| Here                              |          | lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which  |           | , ,                                     |
|                                   | YC       | Ŭ   |           | nt you an Identity<br>IN, enter it here |
| Joint return?                     |          |   | inst.)    |   |
| See instructions.                 | Sp       |   | e IRS se  | nt your spouse an                       |
| Keep a copy for<br>your records.  |          |   |           | ection PIN, enter it here               |
| your records.                     |          | (See  | inst.) 🕨  |   |
|                                   |          | one no. Email address   |           | 1                                       |
| Paid                              | Pr       | eparer's name Preparer's signature Date PTIN  |           | Check if:                               |
| Preparer                          | SYA      | 1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/05/2021 P0208   | 2703      | Self-employed                           |
| Use Only                          |          |   | ne no. (  | 678)965-9522                            |
|                                   | Fir      | m's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm  | i's EIN ▶ | ► <u>30-1017196</u>                     |
| Go to <i>www.ir</i> s.go          | ov/Forr  | n1040 for instructions and the latest information. BAA REV 03/25/21 PRO   |           | Form <b>1040</b> (2020                  |
|                                   |          |   |           |   |
|                                   |          |   |           |   |
|                                   |          |   |           |   |
|                                   |          |   |           |   |
|                                   |          |   |           |   |
|                                   |          | ·   |           |   |

| 1NPR   |  |  |              |  |                                    |   | 20                                      | 20   |
|--|--|--|--------------|--|------------------------------------|---|---|--|
| Nonresident & part-year reside   | nt   | For the ye   | ear Jan.     | 1-Dec.   | 31, 2020, or                       | other tax y   | ear                                     |  |
| Wisconsin income tax   | I  | beginning  | 9            |  | , 2020 e                           | nding   | , 20                                    | )  |
| Check here if this is an amended retu  | irn 🕨 🔄 🕚  | Complete   | e form u     |  | LACK INK                           |   |   |  |
| Your legal last name<br>BATTULA  | Legal first name   | TNT  |              | M.I.   | Your social secur                  |   | 29358685                                |  |
| If a joint return, spouse's legal last name  | Spouse's legal first   |  |              | M.I. \$  | Spouse's social s                  |   |   |  |
|  |  |  |              |  |                                    | -   |   |  |
| Home address (number and street). If you have 520 E WEDDEL DR  | a PO Box, see pag  | ge 12  | Apt. no.     |  | Tax district                       | CIII ( 101  |   | <i>.</i>   |
| City or post office  | State  | Zip coc  |              |  | city, village, c                   | r town, and   | r the name of the W<br>the county in wh | hich yo  |
| SUNNYVALE  | CA   |  |              |  | lived at the en<br>(nonresidents l |   | before leaving W                        | liscons  |
| Foreign Country  | Foreig   | n province/s   | state/county | у  |                                    | X City  | Village                                 | Tow  |
|  | Eoroig   | n postal cod   | 10           |  | City, village,<br>or town          | ROOKFII   | CL15                                    |  |
| Filing status  | Foreig   | n postal cot   | 1e           |  |                                    | ROORFI  |   |  |
| X Single   |  |  |              |  | County of 🕨                        | WAUKESI   | HA                                      |  |
| Married filing joint return (even if only one had income) [  | Legal <b>last</b> name   |  |              |  | School distr                       | ict number  | See page 596                            | 6174   |
| Married filing separate return.  |  |  |              |  |                                    |   |   |  |
| Fill in spouse's SSN above and full name here  | Legal <b>first</b> name  |  |              |  | Special conditions                 |   |   |  |
| •  | d (see nage 13)  |  |              |  |                                    | 4 filed with r  | eturn (see page 10                      | D)   |
| <ul> <li>Head of household, NOT married (see page 13)</li> <li>Head of household, married (see page 13)</li> </ul>   |  |  |              |  |                                    |   |   |  |
|  | sin from $0.1$   | <u> </u>   | to 0.7       |  | ,                                  | omnlete resid   | ence questionnaire                      | nage 6   |
|  | mm d   | 01 20<br>Id yyyy   | to 07        | 15   | ,                                  | omplete resid   | ence questionnaire,                     | , page 6   |
| Print numbers like this $\rightarrow 0$  | mm d   | 01 20<br>Id yyyy   | to 07        | 15 3<br>dd y   | 20 Note: C                         |   | ence questionnaire,<br>B. Wisconsin c   |  |
| ncome Print numbers like this $\rightarrow 0$<br>Not like this $\rightarrow \emptyset 147$   | I 23456  | 01 20<br>yyyy<br>6789  | to 07<br>mm  | 15<br>dd y<br>OMMAS<br>CENTS   | A. Federa                          |   | B. Wisconsin c                          | colum  |
| ncome Print numbers like this $\rightarrow 0$<br><u>Not like this <math>\rightarrow \emptyset 147</math></u><br><u>1</u> Wages, salaries, tips, etc. (see page   | d<br><mark>  23456</mark><br>ge 15)  | 01 20<br>yyyy<br><b>6789</b>   | to 07<br>mm  | <u>15</u><br><u>dd</u> y<br><u>OMMAS</u><br><u>CENTS</u>   | A. Federa                          | l column<br>8649.00   | B. Wisconsin c                          | columr<br>796.0  |
| <b>Print numbers like this</b> $\rightarrow$ <b>O</b><br><b>Not like this</b> $\rightarrow$ Ø147 <b>O</b><br><b>1</b> Wages, salaries, tips, etc. (see page<br><b>2</b> Taxable interest (see page 17)   | d<br><b>12345</b><br>ge 15)<br>  | 01 20<br>Jd yyyy<br>6789   |              | 15<br>dd y<br>OMMAS<br>CENTS<br>1<br>1   | 20 Note: 0                         | l column<br>8649.00<br>1.00   | B. Wisconsin c                          | columr<br>796.0<br>0.0   |
| <b>Print numbers like this</b> $\rightarrow$ <b>O</b><br><b>Not like this</b> $\rightarrow$ $\emptyset$ <b>147 O</b><br><b>1</b> Wages, salaries, tips, etc. (see page<br><b>2</b> Taxable interest (see page 17)<br><b>3</b> Ordinary dividends (see page 18)   | mm d<br><b>I 2345</b><br>ge 15)<br>of state and lo   | <b>5789</b>  | to 07<br>mm  | <u>15</u><br><u>dd</u> y<br><u>OMMAS</u><br><u>CENTS</u><br>1<br>2<br>3  | 20 Note: C                         | l column<br>8649.00<br>1.00<br>20.00  | B. Wisconsin c                          | columr<br>796.0<br>0.0<br>0.0  |
| Print numbers like this       →       0         Not like this       →       0147       0         1       Wages, salaries, tips, etc. (see page 2       Taxable interest (see page 17)  | mm d<br><b>I 2345</b><br>ge 15)<br>of state and lo<br>(Form 1040 or 100)   | <b>6789</b><br><b>6789</b>   | to 07<br>mm  | 15 :<br>dd y<br>OMMAS<br>CENTS<br>1<br>3<br>4  | 20 Note: 0                         | I column<br>8649.00<br>1.00<br>20.00<br>.00   | B. Wisconsin c                          | columr<br>796.0<br>0.0<br>0.0  |
| Print numbers like this → Ø147         Not like this → Ø147         1       Wages, salaries, tips, etc. (see page         2       Taxable interest (see page 17)         3       Ordinary dividends (see page 18)         4       Taxable refunds, credits, or offsets (from line 1 of federal Schedule 1 (         5       Alimony received (see page 19)   | mm d<br><b>I 2345</b><br>ge 15)<br>of state and lo<br>(Form 1040 or 10)  | <b>5789</b><br><b>5789</b>   | to 07<br>mm  | 15 2<br>dd y<br>OMMAS<br>CENTS<br>1<br>2<br>3<br>4<br>5  | 20 Note: C                         | I column<br>8649.00<br>1.00<br>20.00<br>.00   | B. Wisconsin c                          | columr<br>796.0<br>0.0<br>0.0<br>le  |
| Print numbers like this → Ø147         Not like this → Ø147         1         Wages, salaries, tips, etc. (see page 17)         2         Taxable interest (see page 17)         3       Ordinary dividends (see page 18)         4       Taxable refunds, credits, or offsets (from line 1 of federal Schedule 1 (         5       Alimony received (see page 19)         6       Business income or (loss) (see page   | mm d<br><b>I 2345</b><br>ge 15)<br>of state and lo<br>(Form 1040 or 10<br>ge 19)   | 01 20<br>1 20<br>97 8 9<br><br>57 8 9<br><br><br><br>  | to 07<br>mm  | 15<br>dd y<br>00MMAS<br>CENTS<br>1<br>2<br>3<br>4<br>5<br>6  | 20 Note: C                         | I column<br>8649.00<br>1.00<br>20.00<br>.00   | B. Wisconsin c<br>587<br>Not taxabl     | columr<br>796.0<br>0.0<br>0.0<br>le<br>0.0   |
| Print numbers like this → Ø147         Not like this → Ø147         1       Wages, salaries, tips, etc. (see page 2         2       Taxable interest (see page 17)   | mm d<br><b>12345</b><br>ge 15)<br>of state and lo<br>(Form 1040 or f<br>ge 19)   | <b>5789</b>  | to 07<br>mm  | 15         2           dd         y           OMMAS         2            1            3            5            6            7   | 20 Note: C                         | l column<br>8649.00<br>1.00<br>20.00<br>.00<br>.00<br>.00<br>3135.00                                    | B. Wisconsin c<br>587<br>Not taxabl     | columr<br>796.0<br>0.0<br>0.0<br>le<br>0.0<br>.0<br>.0   |
| Print numbers like this → Ø147         Not like this → Ø147         1       Wages, salaries, tips, etc. (see page         2       Taxable interest (see page 17)         3       Ordinary dividends (see page 18)         4       Taxable refunds, credits, or offsets (from line 1 of federal Schedule 1 (         5       Alimony received (see page 19)         6       Business income or (loss) (see page 19)         7       Capital gain or (loss) (see page 19)  | mm d<br><b>I 2345</b><br>ge 15)<br>of state and lo<br>(Form 1040 or 10<br>ge 19)<br>)  | <b>5789</b><br><b>5789</b>   | to 07<br>mm  | 15         2           dd         y           OMMAS         2            1            3            5            6            7            8  | 20 Note: C                         | l column<br>8649.00<br>1.00<br>20.00<br>.00<br>.00<br>3135.00<br>.00                                    | B. Wisconsin c<br>587<br>Not taxabl     | columr<br>796.0<br>0.0<br>0.0<br>le<br>0.0<br>.0<br>.0<br>.0   |
| Print numbers like this $\rightarrow 0$<br>Not like this $\rightarrow 0147$<br>1 Wages, salaries, tips, etc. (see page<br>2 Taxable interest (see page 17)<br>3 Ordinary dividends (see page 18)<br>4 Taxable refunds, credits, or offsets<br>(from line 1 of federal Schedule 1 (<br>5 Alimony received (see page 19)<br>6 Business income or (loss) (see page<br>7 Capital gain or (loss) (see page 19)<br>8 Other gains or (losses) (see page 20)   | mm d<br><b>I 2345</b><br>ge 15)<br>of state and lo<br>(Form 1040 or<br>ge 19)<br>20)   | <b>6789</b>  | to 07<br>mm  | 15         2           dd         y           OMMAS         2            1            2            3            4            5            6            7            8            9   | 20 Note: C                         | I column<br>8649.00<br>1.00<br>20.00<br>.00<br>.00<br>3135.00<br>.00<br>.00                             | B. Wisconsin c<br>587<br>Not taxabl     | columr<br>796.0<br>0.0<br>0.0<br>0.0<br>le<br>0.0<br>.0<br>.35.0<br>0.0                              |
| Print numbers like this       →       0         Not like this →       Ø147       0         1       Wages, salaries, tips, etc. (see page         2       Taxable interest (see page 17)         3       Ordinary dividends (see page 18)         4       Taxable refunds, credits, or offsets (from line 1 of federal Schedule 1 (         5       Alimony received (see page 19)         6       Business income or (loss) (see page         7       Capital gain or (loss) (see page 19)         8       Other gains or (losses) (see page 20)         9       IRA distributions (see page 20)         0       Pensions and annuities (see page         1       Rental real estate, royalties, partner   | mm d<br>1 2 3 4 5 6<br>ge 15)<br>of state and lo<br>(Form 1040 or<br>ge 19)<br>20)<br>21)<br>erships, S corp   | <b>6789</b>  | to 07<br>mm  | 15         2           dd         y           OMMAS         2           CENTS         3            3            4            5            6            7            8            9            10           tc.         10                | 20 Note: C                         | I column<br>8649.00<br>1.00<br>20.00<br>.00<br>.00<br>3135.00<br>.00<br>.00                             | B. Wisconsin c<br>587<br>Not taxabl     | columr<br>796.0<br>0.0<br>0.0<br>0.0<br>le<br>0.0<br>.0<br>.0<br>0.0<br>0.0                          |
| Print numbers like this → Ø147         Not like this → Ø147         1       Wages, salaries, tips, etc. (see page         2       Taxable interest (see page 17)         3       Ordinary dividends (see page 18)         4       Taxable refunds, credits, or offsets (from line 1 of federal Schedule 1 (         5       Alimony received (see page 19)         6       Business income or (loss) (see page         7       Capital gain or (loss) (see page 19)         8       Other gains or (losses) (see page 20)  | mm d<br><b>I 2345</b><br>ge 15)<br>of state and lo<br>(Form 1040 or<br>ge 19)<br>20)<br>21)<br>erships, S corp   | 01 20<br>yyyy<br>6789<br>  | to 07<br>mm  | 15         2           dd         y           OMMAS         2           CENTS         3            1            3            4            5            6            7            9            10           tc.                           | 20 Note: C                         | I column<br>8649.00<br>1.00<br>20.00<br>.00<br>.00<br>3135.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00 | B. Wisconsin c<br>587<br>Not taxabl     | columr<br>796.0<br>0.0<br>0.0<br>0.0<br>196.0<br>0.0<br>0.0<br>0.0<br>0.0<br>0.0                     |
| Print numbers like this       →       0         Not like this →       Ø147       0         1       Wages, salaries, tips, etc. (see page         2       Taxable interest (see page 17)         3       Ordinary dividends (see page 17)         3       Ordinary dividends (see page 18)         4       Taxable refunds, credits, or offsets (from line 1 of federal Schedule 1 (         5       Alimony received (see page 19)         6       Business income or (loss) (see page         7       Capital gain or (loss) (see page 19)         8       Other gains or (losses) (see page 20)         9       IRA distributions (see page 20)  | mm       d         I       23456         ge       15)         ge       15)         of       state         of       state         of       state         ge       19)         20)          21)          erships, S corp         4)                                  | 01 20<br>1 20<br>1 9999<br>5789<br>  | to 07<br>mm  | 15         2           dd         y           OMMAS         2           CENTS         3            3            5            6            7            8            10           tc.         11            12                            | 20 Note: C                         | I column<br>8649.00<br>1.00<br>20.00<br>.00<br>.00<br>3135.00<br>.00<br>.00<br>5750.00<br>.00           | B. Wisconsin c<br>587<br>Not taxabl     | columr<br>796.0<br>0.0<br>0.0<br>0.0<br>18<br>0.0<br>.35.0<br>0.0<br>0.0<br>0.0<br>0.0<br>0.0<br>0.0 |
| Print numbers like this       →       ●         1       Not like this       →       Ø147       ●         1       Wages, salaries, tips, etc. (see page       1       0         2       Taxable interest (see page 17)        3         3       Ordinary dividends (see page 18)       4         4       Taxable refunds, credits, or offsets (from line 1 of federal Schedule 1 (form line 1 of federal Schedule 1 of form line 1 of federal Schedule 1 (form line 1 of federal Schedule 1 of form line 1 of federa Schedule 1 of form line 1 of federal Schedul | mm       a         I 2345 (2000)       I         ge 15)       I         a of state and log       I         a of state and log       I         a of state and log       I         ge 19)       I         20)       I         21)       I         a page 24)       I | 01 20<br>1 120<br>1 120 | to 07<br>mm  | 15         2           dd         y           OMMAS         2           CENTS         3            1            5            6            7            8            9            10           tc.             13                         | 20 Note: C                         | I column<br>8649.00<br>1.00<br>20.00<br>.00<br>.00<br>3135.00<br>.00<br>.00<br>5750.00<br>.00<br>.00    | B. Wisconsin c<br>587<br>Not taxabl     | columr<br>796.0<br>0.0<br>0.0<br>0.0<br>1e<br>0.0<br>.0<br>0.0<br>0.0<br>0.0<br>0.0<br>0.0<br>0.0    |
| Print numbers like this       →       0         Not like this →       Ø147       0         1       Wages, salaries, tips, etc. (see page         2       Taxable interest (see page 17)         3       Ordinary dividends (see page 17)         3       Ordinary dividends (see page 18)         4       Taxable refunds, credits, or offsets (from line 1 of federal Schedule 1 (         5       Alimony received (see page 19)         6       Business income or (loss) (see page         7       Capital gain or (loss) (see page 19)         8       Other gains or (losses) (see page 20)         9       IRA distributions (see page 20)  | mm       a         I       23456         ge 15)          a of state and log         (Form 1040 or form)         ge 19)          20)          21)          erships, S corp         4)          25)  | 01 20<br>1 120<br>1 120 | to 07<br>mm  | 15         2           dd         y           OMMAS         2           CENTS         3            3            4            5            6            7            9            10           tc.         11            13            14 | 20 Note: C                         | I column<br>8649.00<br>1.00<br>20.00<br>.00<br>.00<br>3135.00<br>.00<br>.00<br>5750.00<br>.00<br>.00    | B. Wisconsin of<br>587<br>Not taxabl    | columr<br>796.0<br>0.0<br>0.0<br>0.0<br>.0<br>0.0<br>0.0<br>0.0<br>0.0<br>0.0<br>0                   |

| 36       Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zero)       36       72242.00         37       Exemptions (Caution: see page 31)<br>a Fill in exemptions allowed       1       x \$70037a       700.00         b       Check if 65 or older       You +       Spouse =       x \$25037b       .00         c       Add lines 37a and 37b   | 2020         | Form 1NPR Name SAI TARUN BATTULA   | SSN 8293586       | 85 Page <b>2 of 4</b> |
|---|--------------|--|-------------------|-----------------------|
| 17       Educator expenses (see page 25)       17       .00       .00         18       Certain business expenses of reservists, performing artists, and tec-basis overmment officials (see page 25)       18       .00       .00         19       Health savings account deduction (see page 26)       19       .00       .00         20       Moving expenses for members of the Armed Forces (see page 26)       20       .00       .00         21       Deductible part of self-employment tax (see page 26)       .21       .00       .00         23       Self-employed SEF, SIMPLE, and qualified plans (see page 26)       .22       .00       .00         23       Self-employed SEF, SIMPLE, and qualified plans (see page 27)       .23       .00       .00         24       Penalty on early withdrawal of savings (see page 28)       .24       .00       .00         24       Penalty on early withdrawal of savings (see page 29)       .27       .00       .00         25       Student toon intreest deduction (see page 29)       .27       .00       .00       .00         29       Otter adjustments (see page 29)       .27       .00       .00       .00       .00         20       Otter adjustments (see page 29)       .26       .00       .00       .00       .00  | Adj          | ustments to Income   | A. Federal column | B. Wisconsin column   |
| Image: Control of the set of the se | 17           | Educator expenses (see page 25) 17   | .00               | .00                   |
| 19       Health savings account deduction (see page 26)       19       00       00         20       Moving expenses for members of the Armed Forces (see page 26)       20       00       0.00         21       Deductible part of self-employment tax (see page 26)       21       00       0.00         23       Self-employed SEP, SIMPLE, and qualified plans (see page 26)       22       00       0.00         23       Self-employed health insurance deduction (see page 27)       23       00       0.00         24       Penalty on early withdrawal of savings (see page 28)       24       00       0.00         25       Almony paid (see page 28)       25       00       0.00         26       IRA deduction (see page 28)       26       .00       .00         27       Student loan interest deduction (see page 29)       28       Not deductible fore Wisconsin         29       Ot adjustments (see page 29)       28       Not deductible fore Wisconsin       .00         20       Total adjustments (see page 29)       .00       .00       .00       .00         21       Video ine 31 by line 32. Carry the decimal to four places. If amount       .31       .8143       .8143         32       Federal income. Subtract line 30, column A from line 31, column B or federal income   | 18           |  | 0.0               |                       |
| 20         Moving expenses for members of the Armed Forces (see page 26)         20         .00         .00           21         Deductible part of self-employment tax (see page 26)         21         .00         .00           22         Self-employed SEP, SIMPLE, and qualified plans (see page 26)         22         .00         .00           23         Self-employed health insurance deduction (see page 27)         23         .00         .00           24         Penalty on early withdrawal of savings (see page 28)         .24         .00         .00           24         Penalty on early withdrawal of savings (see page 29)         .25         .00         .00           25         Itimony paid (see page 29)         .26         .00         .00         .00           26         Itimon and fees (see page 29)         .27         .00         .00         .00           26         Other adjustments (see page 29)         .00         .00         .00         .00           27         Ition and fees (see page 29)         .28         Not deductible for Wisconsin         .00         .00           29         Other adjustments (see page 29)         .00         .00         .00         .00           26         Federal income. Subtract line 30, column B from line 16, column A <t< td=""><td></td><td></td><td></td><td></td></t<>   |              |  |                   |                       |
| 21         Deductible part of self-employment tax (see page 26)         21         .00         .00           22         Self-employed SEP, SIMPLE, and qualified plans (see page 26)         22         .00         .00           23         Self-employed SEP, SIMPLE, and qualified plans (see page 27)         23         .00         .00           24         Penalty on early withdrawal of savings (see page 28)         .24         .00         .00           24         Penalty on early withdrawal of savings (see page 29)         .25         .00         .00           25         Joid (see page 29)         .26         .00         .00           26         Itilition and fees (see page 29)         .27         .00         .00           28         Tuttion and fees (see page 29)         .28         Not deductible for Wisconsin         .00           29         Otor andjustments (see page 29)         .28         Not deductible for Wisconsin         .00           20         Total adjustments (see page 29)         .28         Not deductible for Wisconsin         .00           30         Total adjustments (see page 29)         .20         .00         .00         .00           31         Wisconsin income         .20         .00         .00         .00         .00  |              |  |                   |                       |
| 22       Self-employed SEP, SIMPLE, and qualified plans (see page 26)       22       .00       .00         23       Self-employed health insurance deduction (see page 27)       23       .00       .00         24       Penalty on early withdrawal of savings (see page 28)       .24       .00       .00         25       Alimony paid (see page 28)       .25       .00       .00         26       Info deduction (see page 29)       .26       .00       .00         27       Student loan interest deduction (see page 29)       .28       Not deductible for Wisconsin         29       Other adjustments (see page 29)       .28       Not deductible for Wisconsin         20       Other adjustments (see page 29)       .00       .00       .00         30       Total adjustments (see page 29)       .30       .00       .00       .00         30       Total adjustments (see page 29)       .31       .00       .00       .00       .00         31       Wisconsin income. Add lines 17 through 29       .30       .00       .00       .00       .00         32       Federal income. Subtract line 30, column B from line 16, column A       .32       .76055.00       .31       .31       .414.3         33       Tat Computation <td< td=""><td></td><td></td><td></td><td></td></td<>  |              |  |                   |                       |
| 23       Self-employed health insurance deduction (see page 27)       23       00       00         24       Penalty on early withdrawal of savings (see page 28)       24       00       0.00         25       Immory paid (see page 28)       25       00       0.00         26       IRA deduction (see page 29)       26       00       0.00         27       00       0.00       0.00         28       Tuition and fees (see page 29)       27       00       0.00         29       Other adjustments (see page 29)       28       00       0.00       0.00         30       Total adjustments to income. Add lines 17 through 29       30       00       0.00       0.00         29       Other adjustments (see page 29)       Enclose Schedule M filme 29b has an amount 29       00       0.00       0.00         30       Total adjustments to income.       Add Inset 37       61931.00       76055.00       33         31       Wisconsin income.       Subtract line 30, column B from line 16, column A       .31       76055.00       34       76055.00         32       Fill in the larger of Wisconsin income from line 31, column B or federal income from line 32, column A from line 32, column A for use save save save save save save save sa  | —            |  |                   |                       |
| 24       Penalty on early withdrawal of saturas (see page 28)       24       00       0.00         25       Alimony paid (see page 28)       25       00       0.00         26       IRA deduction (see page 29)       26       0.00       0.00         27       Student loan interest deduction (see page 29)       28       Not deductible for Wisconsin         29       Other adjustments (see page 29)       28       Not deductible for Wisconsin         29       Other adjustments (see page 29)       30       0.00       0.00         30       Total adjustments to income. Add lines 17 through 29       30       0.00       0.00         30       Total adjustments to income. Subtract line 30, column B from line 16, column B       31       61931.00         31       Wisconsin income. Subtract line 30, column A from line 16, column A       32       76055.00         32       Divide line 31 by line 32. Carry the decimal to four places. If amount on line 31 is more than amount on line 31, solumn B or federal income from line 32, column A. But, if Wisconsin income from line 31, column B or federal income from line 32, column A solut adjustments (see page 31)       34       76055.00         33       Subtract line 35 from line 34.1 determine 19 un ust check line 35b.       35a       35a       35a         34       Fill in the tanger of Wisconsin income from line 31 is zero  | —            |  |                   |                       |
| 25       Allmony paid (see page 28)       25       00       00         26       IRA deduction (see page 29)       26       00       00         27       Student loan interest deduction (see page 29)       27       00       00         28       Tuition and fees (see page 29)       28       Not deductible for Wisconsin         29       Other adjustments (see page 29)       28       Not deductible for Wisconsin         29       Other adjustments (see page 29)       30       00       00         30       Total adjustments to income. Add lines 17 through 29       30       00       00       00         31       Wisconsin income       Subtract line 30, column A from line 16, column B       31       61931.00         32       Federal income. Subtract line 30, column A from line 16, column A       32       76055.00       33         33       Divide line 31 by line 32. carry the decimal to four places. If amount on line 32. column A. But, if Wisconsin income from line 31, solumn B or federal income from line 32. colum A. But, if Wisconsin income from line 31 is zero or less. If lin 10 (zero)       34       76055.00         34       Tat computation       35a   | —            |  |                   |                       |
| 26       IRA deduction (see page 29)       27       .00       .00         27       Student loan interest deduction (see page 29)       27       .00       .00         28       Tuition and fees (see page 29)       28       Not deductible for Wisconsin         29       Other adjustments (see page 29)       28       .00       .00         30       Total adjustments to income. Add lines 17 through 29       .00       .00       .00         30       Total adjustments to income. Subtract line 30, column A from line 16, column A       .31       .76055.00       .8143         31       Divide line 31 by line 32. Carry the decimal to four places. If amount on line 32, fill in 1.0000. (See page 30)       .8143       .8143         32       Federal income. Subtract line 30, column A from line 31, column B or federal income from line 32, column A. But, if Wisconsin income from line 31, solumn B or federal income from line 32, column A. But, if Wisconsin income from line 31, column B or federal income from line 32, column A. But, if Wisconsin income from line 32, column A ine 33, column A ine 34, fill in 0 (zero)       .34       .8143         35a       Hyou cry 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       .35       .35         36       Subtract line 37c from line 34. If line 37c is more than line 34, fill in 0 (zero)       .36       .3613.00   | —            |  |                   |                       |
| 27       Student loan interest deduction (see page 29)       27       .00       .00         28       Tuition and fees (see page 29)       28       Not deductible for Wisconsin         29       Other adjustments (see page 29)       28       Not deductible for Wisconsin         29       Other adjustments to income. Add lines 17 through 29       30       0.00       0.00         30       Total adjustments to income. Add lines 17 through 29       30       0.00       0.00         31       Wisconsin income. Subtract line 30, column A from line 16, column A       32       76055.00       33         32       Federal income. Subtract line 30, column A from line 16, column A       32       76055.00       34       76055.00         33       Divide line 31 by line 32. Carry the decimal to four places. If amount on line 32, fill in 1.0000. (see page 30)       33  | —            |  |                   |                       |
| 28       Tuition and fees (see page 29)       28       Not deductible for Wisconsin         29       Other adjustments (see page 29). Enclose Schedule M if line 29b has an amount 29       .00       .00         30       Total adjustments to income. Add lines 17 through 29       .00       .00       0.00         31       Wisconsin income. Subtract line 30, column B from line 16, column B       .31       61931.00         32       Federal income. Subtract line 30, column A from line 16, column A       .32       76055.00         32       Divide line 31 by line 32. Carry the decimal to four places. If amount on line 31 is more than amount on line 31, column B or federal income from line 32, column A sut, if Wisconsin income from line 31, column B or federal income from line 32, column A sut, if Wisconsin income from line 31, column B or federal income from line 32, column A sut, if Wisconsin income from line 31, column B or federal income from line 32, column A sut, if Wisconsin income from line 31, column B or federal income from line 32, column A sut, if Wisconsin income from line 31, column B or federal income from line 32, mill in 0 (zero)       .34       76055.00         336       Alf you (or your spouse) can be claimed as a dependent on anyohe else's return, check here and see the "Exception" in the instructions for line 32 using table on page 50       .35c       .35b         34       Fill in tentine 34, fill in 0 (zero)       .36       .72242.00   |              |  |                   |                       |
| 29       Other adjustments (see page 29). Enclose Schedule M if line 29b has an amount 29       00       00       00         30       Total adjustments to income. Add lines 17 through 29       30       00       0.00         31       Wisconsin income. Subtract line 30, column B from line 16, column B       31       61931.00         32       Federal income. Subtract line 30, column A from line 16, column A       32       76055.00         33       Divide line 31 by line 32. Carry the decimat to four places. If amount on line 31 is more than amount on line 32, fill in 1.0000. (See page 30)       33   |              |  |                   |                       |
| 30       Total adjustments to income. Add lines 17 through 29       30       00       0.00         Adjusted Gross Income       31       00       0.00         31       Wisconsin income. Subtract line 30, column A from line 16, column B       31       61931.00         32       Federal income. Subtract line 30, column A from line 16, column A       32       76055.00         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)       33  |              |  |                   | -                     |
| Adjusted Gross Income         31       Wisconsin income. Subtract line 30, column B from line 16, column B . 31       61931.00         32       Federal income. Subtract line 30, column A from line 16, column A   | —            |  |                   |                       |
| 31       Wisconsin income. Subtract line 30, column B from line 16, column B       31       61.931.00         32       Federal income. Subtract line 30, column A from line 16, column A       32       76.055.00         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)       33       .8143         76.055.00       .8143       .8143       .8143         76.055.00       .8143       .8143         76.055.00       .8143       .8143         76.055.00       .8143       .8143         76.055.00       .8143       .8143         76.055.00       .8143       .8143         76.055.00       .8143       .8143         76.055.00       .8143       .8143         76.055.00       .8143       .8143         350       .900 (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 35 on page 31       .35a         351       .900 (or your spouse) can be claimed as a dependent on anyone else's return, check here and see the "Exception" line 34. fill in 0 (zero)       .366         352       .910 must check line 350       .920 must check line 370       .000         353       .920 must check line 370 must check line 370 must check line 370  | —            |  | .00               | 0.00                  |
| 32       Federal income. Subtract line 30, column A from line 16, column A 32       76055.00         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)       33       8143         7ax 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       76055.00         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       35a         35b Allens (see page 31 to determine if you must check line 35b)       35b       35b       35c         36       Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zero)       36       .72242.00         37       Exemptions (Caution: see page 31)       a x \$700 37a       .700.00       700.00         b       Check if 65 or older You + Spouse = x \$250 37b       30       71542.00         39       3966.00   | <sup>•</sup> |  |                   | <u> </u>              |
| 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)       33       .8143         7ax Computation       .8143       .8143         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       .76055.00         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       .35a         35b Aliens (see page 31 to determine if you must check line 35b)   | <u> </u>     | _  |                   | 61931.00              |
| on line 31 is more than amount on line 32, fill in 1.0000. (See page 30)       33   | I —          |  | 76055.00          |                       |
| 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       76055.00         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  | 33           |  |                   | .8143                 |
| 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       76055.00         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  | Тах          | Computation  |                   |                       |
| 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   | <u>34</u>    |  |                   | 76055.00              |
| 35b Aliens (see page 31 to determine if you must check line 35b)  | <u>35a</u>   |  |                   |                       |
| 36       Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zero)       36       72242.00         37       Exemptions (Caution: see page 31)       a       Fill in exemptions allowed       1       x \$70037a       700.00         b       Check if 65 or older You + Spouse = x \$25037b       .00       .00       .00         c       Add lines 37a and 37b       .00 + Spouse = x \$25037b       .00       .00         38       Subtract line 37c from line 36. If line 37c is more than line 36, fill in 0 (zero)       .00       .00         39       Tax (see table on page 52)       .00       .00         40       Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)       .00         41       School property tax credits (part-year and full-year residents only)       .00         a       Rent paid in 2020-heat included  | I            |  |                   |                       |
| 37Exemptions (Caution: see page 31)<br>a<br>Fill in exemptions allowed1x \$70037a<br>T x \$700 .00<br>  | 350          | Find the standard deduction for amount on line <b>32</b> using table on page 50 …    |                   | ic 3813.00            |
| b       Check if 65 or olderYou +Spouse =x \$250 37b00         c       Add lines 37a and 37b  | 36           | Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zero) . |                   | 72242.00              |
| b       Check if 65 or olderYou +Spouse =x \$250 37b00         c       Add lines 37a and 37b  | 37           | Exemptions (Caution: see page 31)  |                   |                       |
| <u>c</u> Add lines 37a and 37b       37c       700.00 <u>38</u> Subtract line 37c from line 36. If line 37c is more than line 36, fill in 0 (zero)       38       71542.00 <u>39</u> Tax (see table on page 52)       39       3966.00 <u>40</u> Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)       40       .00 <u>41</u> School property tax credits (part-year and full-year residents only)       Find credit from table page 35       .00 <u>41</u> School property tax credits (part-year and full-year residents only)       Find credit from table page 35       .00 <u>41</u> School property tax credits (part-year and full-year residents only)       Find credit from table page 35       .00 <u>42</u> Add credits on lines 40, 41a, and 41b       .00       Find credit from table page 36       .41b       .00 <u>43</u> Subtract line 42 from line 39. If line 42 is more than line 39, fill in 0 (zero)       43       3966.00 <u>44</u> Fill in ratio from line 33       .41a       .44       .8143  |              |  |                   |                       |
| 38       Subtract line 37c from line 36. If line 37c is more than line 36, fill in 0 (zero)       38       71542.00         39       Tax (see table on page 52)       39       3966.00         40       Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)       40       .00         41       School property tax credits (part-year and full-year residents only)       Find credit from table page 35       .00         42       Rent paid in 2020-heat not included       .00       Find credit from table page 36       .00         43       Subtract line 42 from line 39. If line 42 is more than line 39, fill in 0 (zero)       43       .00       .00         44       Fill in ratio from line 33       .00       .01       .02       .01   |              | <b>b</b> Check if 65 or older You + Spouse = $x $250 37b$                            | .00               | 700.00                |
| 39       Tax (see table on page 52)       39       3966.00         40       Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)       40       .00         41       School property tax credits (part-year and full-year residents only)       a Rent paid in 2020-heat included       .00         41       School property tax credits (part-year and full-year residents only)       Find credit from table page 35       .00         42       Add credits on lines 40, 41a, and 41b       .00       Find credit from table page 36       .00         43       Subtract line 42 from line 39. If line 42 is more than line 39, fill in 0 (zero)       43       3966.00         44       .8143  |              | -  |                   |                       |
| 40       Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR) 40  | —            |  |                   |                       |
| 41       School property tax credits (part-year and full-year residents only)         a       Rent paid in 2020-heat included       .00         Rent paid in 2020-heat not included       .00         b       Property taxes paid on home in 2020       .00         42       Add credits on lines 40, 41a, and 41b       .00         43       Subtract line 42 from line 39. If line 42 is more than line 39, fill in 0 (zero)       43       .966.00         44       Fill in ratio from line 33       .41a       .44       .8143  |              |  |                   | 3966.00               |
| a Rent paid in 2020-heat included       .00         Rent paid in 2020-heat not included       .00         b Property taxes paid on home in 2020       .00         42       Add credits on lines 40, 41a, and 41b         43       Subtract line 42 from line 39. If line 42 is more than line 39, fill in 0 (zero)       43         44       Fill in ratio from line 33   | <u> </u>     |  | .00               |                       |
| Rent paid in 2020-heat not included   | 41           |  |                   |                       |
| b Property taxes paid on home in 2020       .00       table page 36       .00         42       Add credits on lines 40, 41a, and 41b       .00         43       Subtract line 42 from line 39. If line 42 is more than line 39, fill in 0 (zero)       .00         44       Fill in ratio from line 33       .00  |              | Bent paid in 2020-heat not included  | .00               |                       |
| 42       Add credits on lines 40, 41a, and 41b       42       .00         43       Subtract line 42 from line 39. If line 42 is more than line 39, fill in 0 (zero)       43       3966.00         44       Fill in ratio from line 33       44       .8143   |              | <b>b</b> Property taxes paid on home in 2020   | 00                |                       |
| 43       Subtract line 42 from line 39. If line 42 is more than line 39, fill in 0 (zero)       43       3966.00         44       Fill in ratio from line 33       8143   | 42           | Add credits on lines 40, 41a, and 41b  |                   | 2.00                  |
| 44       Fill in ratio from line 33       .8143   | <u> </u>     |  |                   |                       |
|   | <u> </u>     |  |                   |                       |
|   | 45           |  |                   |                       |



| 2020      | Form 1NPR  |                   | Page <b>3 of 4</b>           |
|-----------|--|-------------------|------------------------------|
|           | e(s) shown on Form 1NPR<br>AI TARUN BATTULA  |                   | al security number<br>358685 |
| 46        | Fill in amount from line 45  | 46                | 3230.00                      |
| 47        | Armed forces member credit. (Full-year Wisconsin residents only) 47  | .00               |                              |
| 48        | Working families tax credit. (Full-year Wisconsin residents only) 48   | .00               |                              |
| <u>49</u> | Married couple credit. Complete Schedule 2 (page 4, Form 1NPR) 49  | .00               |                              |
| 50        | Nonrefundable credits from Schedule CR, line 34. Enclose Schedule CR 50  | .00               |                              |
| 51        | Net income tax paid to another state. Enclose Schedule OS 51 51  | .00               |                              |
| 52        | Add lines 47 through 51  | 52                | .00                          |
| 53        | Subtract line 52 from line 46. If line 52 is more than line 46, fill in 0 (zero). This is your net t   | ax . 53           | 3230.00                      |
| <u>54</u> | 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 | ) <b>54</b>       | .00                          |
| 55        | Donations (decreases refund or increases amount owed)  |                   |                              |
|           | a Endangered resources00 e Military family relief  | .00               | <b>*</b>                     |
|           | b Cancer research00 f Second Harvest/Feeding Amer.   | .00               |                              |
|           | c Veterans trust fund  | .00               |                              |
|           | d Multiple sclerosis   | .00               |                              |
|           | Total (add lines a through h) .  | . → 55i           | .00                          |
| <u>56</u> | Penalties on IRAs, other retirement plans, MSAs, etc. (see page 41)  | 3 = <b>56</b>     | .00                          |
| 57        |  |                   | .00                          |
| <u>58</u> | Add lines 53 through 57  | 58                | 3230.00                      |
| <u> </u>  |  |                   |                              |
| Pay       | ments and Credits  |                   |                              |
| 59        | Wisconsin income tax withheld. Enclose readable withholding statements . 59339   | 7.00              |                              |
| <u>60</u> | 2020 Wisconsin estimated tax paid and amount applied from 2019 return . 60   | .00               |                              |
| <u>61</u> | Earned income credit. (Full-year Wisconsin residents only)   |                   |                              |
|           | Number of qualifying children<br>Federal credit  | .00               |                              |
| 62        | Farmland preservation credit. a. Schedule FC, line 17 62a  | .00               |                              |
|           | b. Schedule FC-A, line 13  |                   |                              |
| 63        | Repayment credit         63  | <u>00.</u><br>00. |                              |
| 64        | Homestead credit. (Full-year Wisconsin residents only)   |                   |                              |
| 65        | Eligible veterans and surviving spouses property tax credit  |                   |                              |
|           | Refundable credits from Schedule CR, line 40   |                   |                              |
| 66<br>67  |  |                   |                              |
|           |  | .00               |                              |
| <u>68</u> | Add lines 59 through 67  |                   |                              |
| <u>69</u> | AMENDED RETURN ONLY – amount previously refunded (see page 47) . 69  |                   | 2207 00                      |
|           | Subtract line 69 from line 68  | /U                | 3397.00                      |

# 

| 2020 | ) Form 1NPR                           | Paper clip a copy tax return and so             | of your federal income chedules to this return.         | )                 | SSN 8       | 29358685                         | Page 4 of 4                                  |
|------|---------------------------------------|---|---|-------------------|-------------|----------------------------------|--|
| Re   | fund or Amount Y                      | ′ou Owe   |   |                   |             |                                  | •  |
| 71   | If line 70 is more                    | than line 58, subtrac                           | t line 58 from line 70. This                            | is the AMC        | OUNT OV     | ERPAID 71                        | 167.00                                       |
|      | -                                     |   |   |                   |             |                                  |  |
| 73   | -                                     |   | OUR 2021 ESTIMATED T                                    |                   |             | -                                |  |
| 74   | -                                     |   | line 70 from line 58                                    |                   |             |                                  | .00  |
| 75   | Underpayment in<br>Also include on li | terest. Fill in excepti<br>ne 74 (see page 48). | on code – see Sch. U $\rightarrow$                      |                   | 5           | .00                              |  |
| Th   | ird Do you want to                    | allow another person to                         | discuss this return with the dep                        | artment (see      | e page 49)? | Yes Compl                        | lete the following. X No                     |
|      | rty Designee'                         | s   | Phone   |                   |             | Personal identification          |  |
| De   | signee name 🕨                         |   | no. 🕨   |                   |             | number (PIN)                     |  |
| Unc  | ler penalties of law, I d             | declare that this return                        | and all attachments are true,                           | correct, and      | d complet   | e to the best of my              | knowledge and belief.                        |
| Sig  | Your signature                        |   | Spouse's signa  | ture (if filing j | ointly, BOT | H must sign)                     | Date   |
|      | re                                    |   |   |                   | <u> </u>    |                                  |  |
| Mai  | ,                                     | consin Department of R                          | levenue   |                   |             |                                  |  |
|      | <i>(if tax is due)</i><br>PO Box 268  | (i)   | f refund or no tax due)<br>PO Box 59                    |                   |             |                                  |  |
|      | Madison WI 5379                       | 0-0001  | Madison WI 53785-0001                                   |                   |             |                                  |  |
| Sc   | hedule 1 – Wi                         | sconsin Itemiz                                  | ed Deduction Crea                                       | lit (see lin      | ne 40 inst  | tructions)                       |  |
|      |                                       |   | ral Schedule A (Form 1040                               |                   |             |                                  |  |
| -    |                                       |   |   |                   |             |                                  | 1.00   |
| 2    |                                       |   | Form 1040 or 1040-SR). S                                |                   |             |                                  |  |
|      |                                       |   |   |                   |             |                                  | 200  |
| 3    | exceptions                            | m federal Schedule /                            | A (Form 1040, 1040-SR, o                                | · 1040NR).        | . See insi  |                                  | 300  |
| 4    |                                       |   | A (Form 1040, 1040-SR,                                  |                   |             |                                  |  |
| 5    | Add lines 1 throug                    | h 4   |   |                   |             |                                  | 5 .00  |
| 6    | Wisconsin standar                     | rd deduction from Fo                            | rm 1NPR, line 35c                                       |                   |             |                                  | <b>6</b> .00                                 |
| 7    | Subtract line 6 from                  | m line 5. If line 6 is m                        | nore than line 5, fill in 0 (ze                         | ro)               |             |                                  |  |
|      |                                       |   |   |                   |             |                                  |  |
| 9    | Multiply line 7 by li                 | ne 8. Fill in here and                          | on line 40 of Form 1NPR                                 |                   |             |                                  | 900  |
| _    |                                       |   |   |                   |             |                                  |  |
|      |                                       | •   | redit May be claimed on                                 | •                 | •           | have earned inco<br>(A) YOURSELF | ome taxable by Wisconsin.<br>(B) YOUR SPOUSE |
| 1    |                                       |   | column B of line 1 on Forn<br>(even though reported on  |                   |             | (A) TOURSEE                      |  |
|      |                                       |   | reported on a W-2                                       |                   | 1           | .0                               | 000  |
| 2    |                                       |   | t from federal Schedules C                              |                   |             |                                  |  |
|      |                                       |   | -1 (Form 1065), and any ot<br>luded in column B on Forn |                   |             | .0                               | 00. 00                                       |
| 3    |                                       |   | al Wisconsin earned incor                               |                   | 3           | .0                               | -  |
|      |                                       |   | 22, 26, and 29, column B.                               |                   |             |                                  |  |
| _    |                                       |   | your or your spouse's earn                              |                   |             | .0                               |  |
| 5    |                                       |   | qualified earned income .                               |                   | 5 _         | .0                               | 0.00   |
| 6    | Compare the amo                       | unt in columns (A) ar<br>ere. If more than \$16 | nd (B) of line 5. Fill in the 000, fill in \$16,000     |                   |             | 6                                | .00  |
| 7    |                                       | *   | · · · · · · · · · · · · · · · · · · ·                   |                   |             |                                  | x .03  |
|      | Multiply line 6 by li                 | ine 7. Round the resu                           | ult and fill in here and on li                          | ne 49 of Fo       | orm 1NPI    | R                                |  |
|      | Do not fill in more                   | than \$480                                      |   |                   |             | 8                                | .00  |



## Legal Residence (Domicile) Questionnaire

Your answers to these questions will be used to determine your legal residence. Certain types of income are either taxable or nontaxable to Wisconsin based upon whether you were a legal resident of Wisconsin at the time you received such income. Form 1NPR may be returned to you or its processing delayed if the questionnaire is not completed. If the questionnaire does not fit your situation or you want to submit additional information, enclose an additional sheet describing your particular circumstances.

NAME(S) SAI TARUN BATTULA

SOCIAL SECURITY NUMBER 829358685

| Please ✓ one: (If married filing joint return check one box for each spouse.)<br>You Spouse  |
|--|
| Full-year Wisconsin resident; did not change domicile from Wisconsin during 2020.  |
| X       Changed legal residence from Wisconsin during 2020; have not moved back to Wisconsin.  |
| <ul> <li>Changed legal residence from Wisconsin during or before 2020; have moved back to Wisconsin.</li> </ul>  |
|  |
| Changed legal residence to Wisconsin from (state or country) on (date)<br>during 2020; no previous Wisconsin residency. If you check this box, do not complete the rest of the questionnaire   |
| Was a nonresident of Wisconsin for all of 2020. Resident of  |
| (Nonresident alien; please indicate country)   |
| If you changed your legal residence from Wisconsin during 2019 or 2020 and you did not previously complet questionnaire for that change, answer the following questions.   |
| 1. a. On what date did you move from Wisconsin?  |
| b. When you moved from Wisconsin, did you intend to move back to Wisconsin? If yes, when?  |
| c. If you moved back to Wisconsin, indicate date and explain the circumstances under which you moved back to Wisconsin.  |
| 2. Did you establish a legal residence in another state? If yes, in which state and on what date?  |
|  |
| 3. After establishing legal residency in the new state, list the dates you were in Wisconsin.  |
| 4. When were you physically present in your new state of legal residence (please list dates)?  |
| 5. Did your spouse and dependent children (if any) move to your new state of legal residence? If yes, when?  |
| 6. a. On what date did you begin working in your new state of legal residence?   |
| b. Was your job 🔲 permanent, 🗌 temporary, or 🗋 seasonal? Check one and explain   |
|  |
| 7. In your new state of legal residence, referred to in question 2, did you:   |
| a. Register to vote? If yes, when? If no, why not?   |
| b. Purchase a home? If yes, when? If no, why not?  |
| c. Obtain a driver's license? If yes, when? If no, why not?  |
| d. Register an auto or other vehicle? If yes, when? If no, why not?  |
| d. Register an auto or other vehicle?       If yes, when?       If no, why not?         e. File resident income tax returns?       If yes, what years filed?       If no, why not?   |
| 8. Since changing your legal residence from Wisconsin, have you:   |
| a. Performed services for income in Wisconsin? If yes, when?   |
| b. Purchased/renewed Wisconsin auto license plates? If yes, when?  |
| c. Renewed a Wisconsin driver's license? If yes, when?   |
| d. Voted in Wisconsin, in person or by absentee ballot? If yes, when?  |
| e. Attended or sent your children to Wisconsin schools? If yes, when?  |
| f. Purchased a Wisconsin resident hunting, fishing, or trapping license? If yes, when?   |
| Type of license? County purchased in?  |
| g. Listed Wisconsin as your state of legal residence for purposes of your auto insurance?  |
| h. Listed Wisconsin as your state of legal residence for purposes of your will?  |
| i. Listed Wisconsin as your state of legal residence for purposes of any legal proceedings? If yes, when?  |
| <ul> <li>j. Obtained or renewed any Wisconsin trade or professional licenses or union memberships? If yes, when?</li> <li>9. If you answered "yes" to any of the questions 8a through 8j, please explain why you have taken such action</li> </ul> |
|  |
| 10. Did you or your spouse own the real estate you occupied as your home while living in Wisconsin? If yes, have y   |
| disposed of it? If yes, when? If you still own the Wisconsin home, what use do you make of it an   |
|  |
| how often?   |

11. If you established a legal residence in a new state but are using a Wisconsin address on your 2020 tax returns, please explain.



Wisconsin Department of Revenue

## **Capital Gains and Losses**

◆ Enclose with Wisconsin Form 1 or 1NPR ◆

Your social security number

Name(s) shown on Form 1 or Form 1NPR SAI TARUN BATTULA

| 829-35-8685 | 829- | -35- | -8685 |
|-------------|------|------|-------|
|-------------|------|------|-------|

2020

| SA.            | I TARUN BATTULA   |   |                                      | 82   | 29-35-8685  |  |  |  |
|----------------|---|---|--------------------------------------|--|---|--|--|--|
| Ра             | Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less   |   |                                      |  |   |  |  |  |
| (              | <b>Note:</b> Round all amounts<br>(use a minus sign (-) for<br>negative amounts)  | <b>(d)</b><br>Proceeds<br>(sales price) | <b>(e)</b><br>Cost or<br>other basis | (g)<br>Adjustments to<br>gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g)  | (h) Gain or loss<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |  |  |  |
| 1a             | Amount from line 1a of Schedule D   | .00                                     | .00                                  |  | .00   |  |  |  |
| 1b             | Amount from line 1b of Schedule D   | 175504.00                               | 175832.00                            | 3463.00  | 3135.00   |  |  |  |
| 2              | Amount from line 2 of Schedule D  | .00                                     | .00                                  | .00  | .00   |  |  |  |
| 3              | Amount from line 3 of Schedule D  | 2.00                                    | 2.00                                 | .00  | 0.00  |  |  |  |
| <u>4</u>       | Short-term gain from Form 6252 and shor   | t-term gain or loss from                | Forms 4684, 6781, and 8              | 8824 <b>4</b>  | .00   |  |  |  |
| 5              | Net short-term gain or loss from partnership  | os, S corporations, estate              | s, and trusts from Schedu            | ule(s) K-1 5   | .00   |  |  |  |
| <u>6</u>       | Adjustment from Wisconsin Schedule T (  | see Basis Difference in i               | nstructions)                         | 6  | .00   |  |  |  |
| <u>7</u>       | Short-term capital loss carryover from 20   |   |                                      |  | 00  |  |  |  |
| 0              | a negative number<br>Net short-term capital gain or loss. C   |   |                                      |  |   |  |  |  |
| <u>8</u><br>Pa | Int II Long-Term Capital Gains a  |   |                                      |  |   |  |  |  |
| (              | <b>Note:</b> Round all amounts<br>(use a minus sign (-) for<br>negative amounts)  | (d)<br>Proceeds<br>(sales price)        | (e)<br>Cost or<br>other basis        | (g)<br>Adjustments to<br>gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or loss<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>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   |  |  |  |
| <u>12</u>      | 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         .00 |   |                                      |  |   |  |  |  |
| <u>13</u>      | Net long-term gain or loss from partnership   | s, S corporations, estates              | , and trusts from Schedul            | le(s) K-1 <b>13</b>  | .00   |  |  |  |
| <u>14</u>      | Capital gain distributions  |   |                                      |  | .00   |  |  |  |
| <u>15</u>      | Adjustment from Wisconsin Schedule T (  | see Basis Difference in i               | nstructions)                         |  | .00   |  |  |  |
| <u>15a</u>     | Adjustment from Wisconsin Schedule QI   | . Enter amount as a nega                | ative number                         | 15a  | .00   |  |  |  |
| <u>16</u>      | Long-term capital loss carryover from 20 negative number  |   |                                      |  | .00   |  |  |  |
| <u>17</u>      | Net long-term capital gain or loss. Co  | ombine lines 9a through                 | 16 in column (h)                     |  | .00   |  |  |  |
|                | Co on to Part III ->  |   |                                      |  |   |  |  |  |

Go on to Part III  $\rightarrow$ 



| 2020 | Schedule | WD |
|------|----------|----|
| Name |          |    |

Social Security Number

| SZ        | AI TARUN BATTULA 82   | 9-35-8685                        |          |
|-----------|---|----------------------------------|----------|
| Pa        | art III Summary of Parts I and II (see instructions) - use a minus sign (-) for negative amou   | unts.                            |          |
| 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)   | 18313                            | 5.00     |
| <u>19</u> | Fill in the smaller of line 17 or 18, or -0- if a loss or no entry on line 1719   | 0.00                             | _        |
| <u>20</u> | Fill in 30% of line 19  | 0.00                             |          |
| <u>21</u> | 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   | .00                              |          |
| <u>22</u> | Gain included in line 17. Do not include any losses in this amount  | .00                              |          |
| <u>23</u> | Divide line 21 by line 22. Carry the decimal to 4 places  |                                  |          |
| <u>24</u> | Multiply line 19 by the decimal amount on line 23 24  | .00                              |          |
| <u>25</u> | Fill in 30% of line 24  | .00                              |          |
| <u>26</u> | Add lines 20 and 25   |                                  | 0.00     |
| <u>27</u> | Subtract line 26 from line 18   | . 27 313                         | 5.00     |
| 28        | If line 18 shows a loss, fill in the smaller of: (a) The loss on line 18,   |                                  |          |
|           | ote: When figuring whether a, b, or c is smaller, treat (b) \$500, or<br>I numbers as if they are positive. If filing Form 1, (c) Wisconsin ordinary income (see instructions)  | . 28                             | .00      |
| СС        | Infinite a single positive. In hing form 1, positive and |                                  |          |
| fro       | om line 27 or 28 on line 7, column B, of Form 1NPR.   |                                  |          |
| Pa        | art IV Computation of Wisconsin Adjustment to Income (Do not complete this part if you a  | are filing on Form 1NP           | R)       |
| 29        | Adjustment (see instructions for Part IV and Schedule I adjustments)  |                                  |          |
|           | aFill in gain from line 7 of federal Form 1040 or 1040-SR, or gain from line 2f of<br>Schedule I, if filed (if a loss, fill in -0-)29a313   | 5 .00                            |          |
|           | <b>b</b> Fill in gain from Part III, line 27, (if blank, fill in -0-)   | .00                              |          |
|           | 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)   | ) <b>29c</b>                     | .00      |
|           | <u>d</u> 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                            | .00      |
|           | <u>e</u> 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   | 0.00                             |          |
|           | f Fill in loss from Part III, line 28 as a positive amount  | .00                              |          |
|           | 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                              | .00      |
|           | 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                            | .00      |
| Pa        | art V Computation of Capital Loss Carryovers from 2020 to 2021 (Complete this part if the loss on lin   | ne 18 is more than the loss on l | ine 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                             | .00      |
| 31        | Fill in gain shown on line 17. If that line is blank or shows a loss, fill in -0  | . 31                             | .00      |
| 32        | Subtract line 31 from line 30   | . 32                             | .00      |
| 33        | Fill in the smaller of line 28 or line 32, treating both as positive amounts  | . 33                             | .00      |
| <u>34</u> | Subtract line 33 from line 32. This is your <b>short-term capital loss carryover</b> from 2020 to 2021  | . 34                             | .00      |
| 35        | Fill in loss from line 17 as a positive amount. If none, fill in -0- and skip lines 36 through 39   | . 35                             | .00      |
| 36        | Fill in gain shown on line 8. If that line is blank or shows a loss, fill in -0   | . 36                             | .00      |
| 37        | Subtract line 36 from line 35   | . 37                             | .00      |
| 38        | Subtract line 33 from line 28, treating both as positive amounts. ( <i>Note: If you skipped lines 31 through 34, fill in amount from line 28 as a positive amount.</i> )  | . 38                             | .00      |
| <u>39</u> | Subtract line 38 from line 37. This is your long-term capital loss carryover from 2020 to 2021  | . 39                             | .00      |

