

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

Form fields for personal information: Your first name and middle initial (RAMACHANDRA RAO), Last name (CHINNALA), Your social security number (272-95-2699), Spouse's social security number (976-94-2839), Home address (11311 DECATUR PLZ), City, town, or post office (OMAHA), State (NE), ZIP code (68154), Foreign country name, Foreign province/state/county, Foreign postal code.

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

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

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

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

Main tax calculation table with rows 1-15. Includes sections for Attach Sch. B if required, Standard Deduction for, and Taxable income calculation.

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

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	6,124.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	6,124.
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	6,124.
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	6,124.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	12,258.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	12,258.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	12,258.

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	6,134.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	6,134.
b	Routing number 1 0 4 0 0 0 0 5 8		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 7 2 9 8 3 4 7 2 7 4		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

Amount You Owe

For details on how to pay, see instructions.

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

Third Party Designee

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

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

Sign Here

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

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (913) 820-9484	Email address ramchandra.chinnala@gmail.com		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 08/25/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Phone no. (678) 965-9522			
Firm's address 2530 Pebble Creek Ln Cumming GA 30041	Firm's EIN 30-1017196			

# Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

► For use by individuals who are not U.S. citizens or permanent residents.  
 ► See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

Application type (check one box):  
 Apply for a new ITIN  
 Renew an existing ITIN

**Before you begin:**

• Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).

**Reason you're submitting Form W-7.** Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f,** or **g,** you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a  Nonresident alien required to get an ITIN to claim tax treaty benefit
- b  Nonresident alien filing a U.S. federal tax return
- c  U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return
- d  Dependent of U.S. citizen/resident alien } If d, enter relationship to U.S. citizen/resident alien (see instructions) ► \_\_\_\_\_
- e  Spouse of U.S. citizen/resident alien } If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ►  
 CHINNALA RAMACHANDRA RAO 272-95-2699
- f  Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g  Dependent/spouse of a nonresident alien holding a U.S. visa
- h  Other (see instructions) ► \_\_\_\_\_

Additional information for **a** and **f**: Enter treaty country ► \_\_\_\_\_ and treaty article number ► \_\_\_\_\_

<b>Name</b> (see instructions) Name at birth if different . . . ►	<b>1a</b> First name RAJI	Middle name	Last name CHALLA
	<b>1b</b> First name	Middle name	Last name

<b>Applicant's Mailing Address</b>	<b>2</b> Street address, apartment number, or rural route number. <b>If you have a P.O. box, see separate instructions.</b> 11311 DECATUR PLZ Apt 705
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. OMAHA NE USA 68154

<b>Foreign (non-U.S.) Address</b> (see instructions)	<b>3</b> Street address, apartment number, or rural route number. <b>Don't use a P.O. box number.</b>
	City or town, state or province, and country. Include postal code where appropriate.

<b>Birth Information</b>	<b>4</b> Date of birth (month / day / year) 01 / 10 / 1994	Country of birth INDIA	City and state or province (optional)	<b>5</b> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
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<b>Other Information</b>	<b>6a</b> Country(ies) of citizenship INDIA	<b>6b</b> Foreign tax I.D. number (if any)	<b>6c</b> Type of U.S. visa (if any), number, and expiration date		
	<b>6d</b> Identification document(s) submitted (see instructions) <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other _____			Date of entry into the United States (MM/DD/YYYY): _____	
	Issued by: INDIA No.: T8540203 Exp. date: 07 / 23 / 2029				
	<b>6e</b> Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? <input checked="" type="checkbox"/> <b>No/Don't know.</b> Skip line 6f. <input type="checkbox"/> <b>Yes.</b> Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).				
<b>6f</b> Enter ITIN and/or IRSN ► <b>ITIN</b> _____ <b>IRSN</b> _____ and name under which it was issued ► First name Middle name Last name					
<b>6g</b> Name of college/university or company (see instructions) ► _____ City and state ► _____ Length of stay ► _____					

**Sign Here**  
 Keep a copy for your records.  
 Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

<b>Sign Here</b> Keep a copy for your records.	Signature of applicant (if delegate, see instructions)	Date (month / day / year)	Phone number
	Name of delegate, if applicable (type or print)	Delegate's relationship to applicant <input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of attorney	
<b>Acceptance Agent's Use ONLY</b>	Signature	Date (month / day / year)	Phone Fax
	Name and title (type or print)	Name of company	EIN Office code
			PTIN

**Nebraska Individual Income Tax Return**  
for the taxable year January 1, 2020 through December 31, 2020 or other taxable year:  
, 2020 through ,

Please Type or Print	Your First Name and Initial <b>RAMACHANDRA RAO</b>	Last Name <b>CHINNALA</b>	<b>Please Do Not Write In This Space</b>
	If a Joint Return, Spouse's First Name and Initial <b>RAJI</b>	Last Name <b>CHALLA</b>	
	Current Mailing Address (Number and Street or PO Box) <b>11311 DECATUR PLZ, Apt. 705</b>		
	City <b>OMAHA</b>	State <b>NE</b>	

<b>Important: SSN(s) must be entered below.</b>		<b>High School District Code</b>
Your Social Security Number <b>2 7 2 9 5 2 6 9 9</b>	Spouse's Social Security Number <b>9 7 6 9 4 2 8 3 9</b>	<b>2 8 2 8 0 0 1</b>

(1)  Farmer/Rancher      (2)  Active Military      (1)  Deceased Taxpayer(s)  
(first name & date of death): \_\_\_\_\_

**1 Federal Filing Status:**  
 (1)  Single      (3)  Married, filing separately – Spouse's SSN: \_\_\_\_\_ (4)  Head of Household  
 (2)  Married, filing jointly and Full Name \_\_\_\_\_ (5)  Widow(er) with dependent children

**2a Check if YOU were:** (1)  65 or older      (2)  Blind      **2b Check here if someone (such as your parent) can claim you or your spouse as a dependent:** (1)  You      (2)  Spouse  
 SPOUSE was: (3)  65 or older      (4)  Blind

**3 Type of Return:**  
 (1)  Resident      (2)  Partial-year resident from \_\_\_\_\_, 2020 to \_\_\_\_\_, 2020 (attach Schedule III)  
 (3)  Nonresident (attach Schedule III)

**4 Nebraska personal exemptions. (Enter 1 in each line of 4a or 4b that applies):**

**a Yourself.** If someone can claim you as a dependent, leave blank. . . . . **4 a** 1

**b Spouse.** Married filing jointly returns, if someone can claim your spouse as a dependent leave blank. . . . . **4 b** 1


**c**

Dependents, if more than three, see instructions	First Name	Last Name	Dependent's Social Security Number

Total number of dependents listed . . . . . **4 c** \_\_\_\_\_

Total Nebraska personal exemptions – add lines 4a, 4b, and 4c . . . . . **4** 2

<b>5 Federal adjusted gross income (AGI) (line 11, Federal Form 1040 or 1040-SR) Do not leave blank . . . . .</b>	<b>5</b>	79,117.	00
<b>6 Nebraska standard deduction (if you checked any boxes on line 2a or 2b above, see instructions; otherwise, enter \$7,000 if single; \$14,000 if married, filing jointly or qualified widow[er]; \$7,000 if married, filing separately; or \$10,300 if head of household) .</b>	<b>6</b>	14,000.	00
<b>7 Total itemized deductions (line 17, Federal Schedule A – see instructions) . . . . .</b>	<b>7</b>		00
<b>8 State and local income taxes (line 5a, Schedule A, Federal Form 1040 or 1040-SR)</b>	<b>8</b>	0.	00
<b>9 Nebraska itemized deductions (line 7 minus line 8) . . . . .</b>	<b>9</b>	0.	00
<b>10 Nebraska standard deduction or the Nebraska itemized deductions, whichever is greater (the larger of line 6 or line 9) . . . . .</b>	<b>10</b>	14,000.	00
<b>11 Nebraska income before adjustments (line 5 minus line 10) . . . . .</b>	<b>11</b>	65,117.	00
<b>12 Adjustments increasing federal AGI (line 9, from attached Nebraska Schedule I) .</b>	<b>12</b>		00
<b>13 Adjustments decreasing federal AGI (line 29, from attached Nebraska Schedule I)</b>	<b>13</b>		00
<b>14 Nebraska Taxable Income (enter line 11 plus line 12 minus line 13). If less than -0-, enter -0-. Residents complete lines 15 and 16. Partial-year residents and nonresidents complete Nebr. Sch. III before continuing .</b>	<b>14</b>	65,117.	00
<b>15 Nebraska income tax (Partial-year residents and nonresidents enter the result from line 9, Nebraska Schedule III. Paper filers may use the Nebraska Tax Table. All others must use Tax Calculation Schedule.) . . . . .</b>	<b>15</b>	2,632.	00
<b>16 Nebraska other tax calculation:</b>			
<b>a Federal Tax on Lump-Sum Distributions (Federal Form 4972) <b>16 a</b> \$</b>			
<b>b Federal tax on early distributions (lesser of Federal Form 5329 or line 6, Sch. 2, Federal Form 1040 or 1040-SR) <b>16 b</b> \$</b>			
<b>c Total (add lines 16a and 16b) . . . . . <b>16 c</b> \$</b>			
Residents multiply line 16c by 29.6% (x .296) and enter the result on line 16. Partial-year residents and nonresidents enter the result from line 10, Nebraska Schedule III . . . . .	<b>16</b>		00
<b>17 Total Nebraska tax before Nebraska personal exemption credit (add lines 15 and 16). Do not pay the amount on this line. Pay the amount from line 43. . . . .</b>	<b>17</b>	2,632.	00

18	Nebr. personal exemption credit for residents only (\$140 times the number on line 4)	18	280.	00
19	Credit for tax paid to another state, line 6, Nebraska Schedule II <b>(attach Nebraska Schedule II and a copy of the other state's return)</b>	19		00
20	Credit for the elderly or disabled (attach copy of Federal Schedule R)	20		00
21	Community Development Assistance Act credit (attach Form CDN)	21		00
22	Form 3800N nonrefundable credit (attach Form 3800N)	22		00
23	Nebraska child/dependent care nonrefundable credit, only if line 5 is more than \$29,000 <b>(attach a copy of Federal Form 2441 and see instructions)</b>	23		00
24	Credit for financial institution tax (attach Form NFC)	24		00
25	Employer's credit for expenses incurred for TANF (ADC) recipients (see instr.)	25		00
26	School Readiness Tax Credit for providers (see instructions)	26		00
27	Designated extremely blighted area tax credit (attach Form 1040N-EB)	27		00
28	Total nonrefundable credits (add lines 18 through 27)	28	280.	00
29	Nebraska tax after nonrefundable credits. Subtract line 28 from line 17 (if line 28 is more than line 17, enter -0-). If the result is greater than your federal tax liability, see page 10 in the instructions. If entering federal tax, check box <input type="checkbox"/> and <b>attach a copy of the federal return</b>	29	2,352.	00
30	Total Nebraska income tax withheld (attach 2020 Forms, see instructions) a W-2 \$ <u>4,363.</u> b K-1N \$ _____ c W-2G, 1099-R, 1099-MISC, 1099-NEC or others \$ <u>0.</u>	30	4,363.	00
31	2020 estimated income tax payments (include any 2019 overpayment credited to 2020 and any payments submitted with an extension request)	31		00
32	Form 3800N refundable credit (attach Form 3800N)	32		00
33	Nebraska child/dependent care refundable credit, if line 5 is \$29,000 or less (attach a copy of Form 2441N)	33		00
34	Beginning Farmer credit from Form 1099 BFC (NDA NextGen)	34		00
35	Nebraska earned income credit. Enter number of qualifying children <u>97</u> <input type="checkbox"/> Federal credit <u>98</u> \$ <u>_____</u> x .10 (10%) <b>(attach pages 1-2 of federal return)</b>	35		00
36	Nebraska Property Tax Incentive Act Credit <b>(attach Form PTC)</b>	36		00
37	Credit for qualified Volunteer Emergency Responders (see instructions)	37		00
38	School Readiness Tax Credit for qualified staff members (see instructions)	38		00
39	Total refundable credits (add lines 30 through 38)	39	4,363.	00
40	Penalty for underpayment of estimated tax (see instructions). If you calculated a Form 2210N penalty of -0- or greater, or used the annualized income method, attach Form 2210N, and check this box <u>96</u> <input type="checkbox"/>	40		00
41	<b>Total tax and penalty.</b> Add lines 29 and 40	41	2,352.	00
42	Use tax due on taxable purchases where applicable sales tax was not collected. (see instructions) Enter purchases subject to state tax <u>91</u> \$ _____ State tax <u>92</u> \$ _____ (purchases x 5.5%); Enter purchases subject to local tax <u>93</u> \$ _____ Local tax <u>94</u> \$ _____ (purchases x local rate of _____%) <u>95</u> Local code _____ (see local rate schedule); Add state and local taxes and enter on line 42. If no use tax is due, enter -0- on line 42.	42	0.	00
43	<b>Total amount due.</b> If line 39 is less than total of lines 41 and 42, subtract line 39 from the total of lines 41 and 42. Pay this amount in full. For electronic or credit card payment, check here <input type="checkbox"/> and see instructions	43		00
44	<b>Overpayment.</b> If line 39 is more than total of lines 41 and 42, subtract total of lines 41 and 42 from line 39	44	2,011.	00
45	Amount of line 44 you want applied to your 2021 estimated tax	45		00
46	Wildlife Conservation Fund donation of \$1 or more 	46		00
47	Amount of line 44 you want <b>refunded</b> to you (line 44 minus lines 45 and 46) <b>Your refund will generally be issued by July 15, if your paper return is filed by April 15</b> (see instructions)	47	2,011.	00

48a Routing Number 1 0 4 0 0 0 0 5 8      48b Type of Account 1      1 = Checking    2 = Savings

48c Account Number 7 2 9 8 3 4 7 2 7 4

48d  Check this box if this refund will go to a bank account outside the United States.



Under penalties of perjury, I declare that, as taxpayer or preparer, I have examined this return and to the best of my knowledge and belief, it is true, correct, and complete.

**sign here**  
 Your Signature \_\_\_\_\_ Date (913) 820-9484  
 Spouse's Signature (if filing jointly, both must sign) \_\_\_\_\_ Daytime Phone \_\_\_\_\_

ramchandra.chinnala@gmail.com  
 Email Address

**paid preparer's use only**  
 SYAM PRIYA RAM SAGAR GUPTA TALLAM      08/25/2021  
 Preparer's Signature      Date  
 GLOBAL TAXES LLC 2530 Pebble Creek Ln Cumming GA 30041  
 Print Firm's Name (or yours if self-employed), Address and Zip Code

P02082703  
 Preparer's PTIN  
30-1017196  
 EIN      CG      REV 04/08/21 PRO      (678) 965-9522  
 Daytime Phone

Mail returns **requesting a refund** to: **Nebraska Department of Revenue, PO Box 98912, Lincoln, NE 68509-8912.**  
 Mail returns **not requesting a refund** to: **Nebraska Department of Revenue, PO Box 98934, Lincoln, NE 68509-8934.**