Form **8879**

(Rev. January 2021)

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.**

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
KALYAN VATTIKUTI	714-89-7152
Spouse's name	Spouse's social security number

Part I **Tax Return Information — Tax Year Ending December 31,** (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.

1	Adjusted gross income	1	62,180.
2	Total tax	2	6,741.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	10,396.
4	Amount you want refunded to you	4	3,655.
5	Amount you owe	5	

Part II **Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

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

☒ I authorize GLOBAL TAXES LLC (**ERO firm name**) to enter or generate my PIN 9 7 1 5 2 (**Enter five digits, but don't enter all zeros**) as my 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 ▶ V. Kalyan Date ▶ 2/22/2021

Spouse's PIN: check one box only

☐ I authorize ____________ (**ERO firm name**) to enter or generate my PIN ☐☐☐☐☐ (**Enter five digits, but don't enter all zeros**) as my 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 ▶

Practitioner PIN Method Returns Only—continue below

Part III **Certification and Authentication — Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9

Don't enter all zeros

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
Don't Submit This Form to the IRS Unless Requested To Do So

Form 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return 2020

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.

☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial	Last name	Your social security number
KALYAN	VATTIKUTI	714-89-7152
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.
1350 HIGH SITE DR	311

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
SAINT PAUL	MN	55121

Foreign country name	Foreign province/state/county	Foreign postal code

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

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

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

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

Dependents (see instructions):
If more than four dependents, see instructions and check here ▶ ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) ✔ if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Attach Sch. B if required.

1	Wages, salaries, tips, etc. Attach Form(s) W-2				1	67,852.
2a	Tax-exempt interest	2a		b Taxable interest	2b	0.
3a	Qualified dividends	3a	1.	b Ordinary dividends	3b	1.
4a	IRA distributions	4a		b Taxable amount	4b	
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	-373.
8	Other income from Schedule 1, line 9				8	-5,300.
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** ▶				9	62,180.
10	Adjustments to income:					
a	From Schedule 1, line 22			10a		
b	Charitable contributions if you take the standard deduction. See instructions			10b		
c	Add lines 10a and 10b. These are your **total adjustments to income** ▶				10c	
11	Subtract line 10c from line 9. This is your **adjusted gross income** ▶				11	62,180.
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-				15	49,780.

Standard Deduction for—
- Single or Married filing separately, $12,400
- Married filing jointly or Qualifying widow(er), $24,800
- Head of household, $18,650
- If you checked any box under *Standard Deduction,* see instructions.

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐			16	6,741.
17	Amount from Schedule 2, line 3			17	
18	Add lines 16 and 17			18	6,741.
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	6,741.
23	Other taxes, including self-employment tax, from Schedule 2, line 10			23	0.
24	Add lines 22 and 23. This is your **total tax** ▶			24	6,741.
25	Federal income tax withheld from:				
a	Form(s) W-2	25a	10,396.		
b	Form(s) 1099	25b			
c	Other forms (see instructions)	25c			
d	Add lines 25a through 25c			25d	10,396.
26	2020 estimated tax payments and amount applied from 2019 return			26	
27	Earned income credit (EIC) No	27			
28	Additional child tax credit. Attach Schedule 8812	28			
29	American opportunity credit from Form 8863, line 8	29			
30	Recovery rebate credit. See instructions	30			
31	Amount from Schedule 3, line 13	31			
32	Add lines 27 through 31. These are your **total other payments and refundable credits** ▶			32	
33	Add lines 25d, 26, and 32. These are your **total payments** ▶			33	10,396.

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

Refund

Direct deposit? See instructions.

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	3,655.
35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐	35a	3,655.
▶ b	Routing number 211391825 ▶ c Type: ☒ Checking ☐ Savings		
▶ d	Account number 6099896-002		
36	Amount of line 34 you want **applied to your 2021 estimated tax** ▶	36	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the **amount you owe now** ▶	37	
	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
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.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶
V. [signature]	02/22/2021	SOFTWARE DEVELOPER	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/21/2021	P02082703	☐ 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	

SCHEDULE 1 (Form 1040) Department of the Treasury Internal Revenue Service	**Additional Income and Adjustments to Income** ▶ Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to *www.irs.gov/Form1040* for instructions and the latest information.	OMB No. 1545-0074 **2020** Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
KALYAN VATTIKUTI	714-89-7152

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-5,300.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-5,300.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your **adjustments to income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

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

OMB No. 1545-0074

2020

Attachment Sequence No. **12**

Name(s) shown on return: KALYAN VATTIKUTI

Your social security number: 714-89-7152

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked	154,541.	155,147.	233.	-373.
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions			6	( )
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back			7	-373.

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

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

Part III Summary

16 Combine lines 7 and 15 and enter the result . . . . **16** -373.

- If line 16 is a **gain**, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.
- If line 16 is a **loss**, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.
- If line 16 is **zero**, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.

17 Are lines 15 and 16 **both** gains?

☐ **Yes.** Go to line 18.

☐ **No.** Skip lines 18 through 21, and go to line 22.

18 If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . ▶ **18**

19 If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . ▶ **19**

20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Forms 1040 and 1040-SR, line 16. **Don't** complete lines 21 and 22 below.

☐ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of:

- The loss on line 16; or
- ($3,000), or if married filing separately, ($1,500) **21** (373.)

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?

☒ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Forms 1040 and 1040-SR, line 16.

☐ **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Go to *www.irs.gov/Form8949* for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2020

Attachment Sequence No. **12A**

Name(s) shown on return	Social security number or taxpayer identification number
KALYAN VATTIKUTI	714-89-7152

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

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

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

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

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

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the **Note** below and see *Column (e)* in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). **See the separate instructions.** (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss).** Subtract column (e) from column (d) and combine the result with column (g)
ROBINHOOD CRYPTO LLC	05/27/20	05/28/20	512.	500.			12.
ROBINHOOD SECURITIES LLC	09/08/20	12/07/20	154,029.	154,647.	EW	233.	-385.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked) ▶			154,541.	155,147.		233.	-373.

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

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

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

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

▶ Go to *www.irs.gov/ScheduleE* for instructions and the latest information.

OMB No. 1545-0074

2020

Attachment Sequence No. **13**

Name(s) shown on return: KALYAN VATTIKUTI

Your social security number: 714-89-7152

Part I **Income or Loss From Rental Real Estate and Royalties** **Note:** If you are in the business of renting personal property, use **Schedule C.** See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . . . ☐ Yes ☒ No

B If "Yes," did you or will you file required Form(s) 1099? . . . . . ☐ Yes ☐ No

1a	Physical address of each property (street, city, state, ZIP code)
A	PONNUR GUNTUR ANDHRA PRADESH IN 522212
B	
C	

1b	Type of Property (from list below)
A	3
B	
C	

2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the **QJV** box only if you meet the requirements to file as a qualified joint venture. See instructions.

	Fair Rental Days	Personal Use Days	QJV
A	365	0	☐
B			☐
C			☐

Type of Property:

1 Single Family Residence
2 Multi-Family Residence
3 Vacation/Short-Term Rental
4 Commercial
5 Land
6 Royalties
7 Self-Rental
8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	650.		
4 Royalties received	4			
Expenses:				
5 Advertising	5	100.		
6 Auto and travel (see instructions)	6	350.		
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13	5,500.		
14 Repairs	14			
15 Supplies	15			
16 Taxes	16			
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	5,950.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198**	21	-5,300.		
22 Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions)	22	(-5,300.)	( )	( )

23a Total of all amounts reported on line 3 for all rental properties	23a	650.
b Total of all amounts reported on line 4 for all royalty properties	23b	
c Total of all amounts reported on line 12 for all properties	23c	
d Total of all amounts reported on line 18 for all properties	23d	
e Total of all amounts reported on line 20 for all properties	23e	5,950.
24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses	24	
25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(5,300.)
26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26	-5,300.

DEPARTMENT OF REVENUE

* 2 0 1 1 1 1 *

2020 Form M1, Individual Income Tax

KALYAN	VATTIKUTI	714897152	04141990
Your First Name and Initial	Your Last Name	Your Social Security Number (SSN)	Your Date of Birth
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number	Spouse's Date of Birth
1350 HIGH SITE DR A	SAINT PAUL	MN 55121	Check if Address is: ☐ New ☐ Foreign
Current Home Address	City	State ZIP Code	

2020 Federal Filing Status (place an X in one box):

☒ (1) Single ☐ (2) Married Filing Jointly ☐ (3) Married Filing Separately ☐ (4) Head of Household ☐ (5) Qualifying Widow(er)

Spouse Name

Spouse SSN

Dependents (see instructions):

Dependent 1 First Name	Dependent 1 Last Name	Dependent 1 SSN	Dependent 1 Relationship to You
Dependent 2 First Name	Dependent 2 Last Name	Dependent 2 SSN	Dependent 2 Relationship to You
Dependent 3 First Name	Dependent 3 Last Name	Dependent 3 SSN	Dependent 3 Relationship to You

State Elections Campaign Fund

To grant $5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

Your Code

Spouse's Code

Political Party Code Numbers:

Republican—11
Democratic/Farmer-Labor—12
Independence—13
Grassroots/Legalize Cannabis—14
Green—15
Libertarian—16
Legal Marijuana Now—17
General Campaign Fund—99

From Your Federal Return *(see instructions)*

A. Wages, salaries, tips, etc.	B. IRA, pensions, and annuities	C. Unemployment	D. Federal taxable income
67852	0	0	49780

1	**Federal adjusted gross income** *(from line 11 of federal Form 1040 and 1040-SR)*	1	62180
2	Additions to Minnesota income from line 17 of Schedule M1M *(see instructions; enclose Schedule M1M)*	2	
3	Add lines 1 and 2	3	62180
4	**Itemized deductions** *(from Schedule M1SA)* or your **standard deduction** *(see instructions)*	4	12400
5	Exemptions *(determine from instructions)*	5	
6	State income tax refund from line 1 of federal Schedule 1	6	
7	Other subtractions from Minnesota income from line 47 of Schedule M1M *(see instructions; enclose Schedule M1M)*	7	
8	Total subtractions. Add lines 4 through 7	8	12400
9	**Minnesota taxable income**. Subtract line 8 from line 3. If zero or less, leave blank.	9	49780
10	**Tax** from the table in the Form M1 instructions	10	2992
11	Alternative minimum tax *(enclose Schedule M1MT)*	11	

* 2 0 1 1 2 1 *

12	Add lines 10 and 11	12	2992
13	**Full-year residents:** Enter the amount from line 12 on line 13. Skip lines 13a and 13b. **Part-year residents and nonresidents:** From Schedule M1NR, enter the amount from line 32 on line 13, from line 28 on line 13a, and from line 29 on line 13b *(enclose Schedule M1NR)*	13	2992
	13a ■ 0 13b ■ 0		
14	Other taxes, such as recapture amounts and the tax on lump-sum distributions *(check appropriate boxes)* ☐ (a) Schedule M1HOME ☐ (b) Schedule M1529 ☐ (c) Schedule M1LS	14 ■	
15	Tax before credits. Add lines 13 and 14	15	2992
16	Amount from line 17 of Schedule M1C, *Nonrefundable Credits (enclose Schedule M1C)*	16 ■	
17	Subtract line 16 from line 15 *(if result is zero or less, leave blank)*	17	2992
18	Nongame Wildlife Fund contribution *(see instructions)* This will reduce your refund or increase the amount you owe	18 ■	
19	Add lines 17 and 18	19	2992
20	**Minnesota income tax withheld.** Complete and enclose Schedule M1W to report Minnesota withholding from Forms W-2, 1099, and W-2G *(do not send)*	20 ■	4019
21	Minnesota estimated tax and extension payments made for 2020	21 ■	
22	Amount from line 9 of Schedule M1REF, *Refundable Credits (see instructions; enclose Schedule M1REF)*	22 ■	
23	Total payments. Add lines 20 through 22	23	4019
24	**REFUND.** If line 23 is more than line 19, subtract line 19 from line 23 *(see instructions)*. For direct deposit, complete line 25	24 ■	1027
25	Direct deposit of your refund *(you must use an account not associated with a foreign bank)*: ☒ Checking ☐ Savings Routing Number: 211391825 Account Number: 6099896002		
26	**AMOUNT YOU OWE.** If line 19 is more than line 23, subtract line 23 from line 19 *(see instructions)*	26 ■	
27	Penalty amount from Schedule M15 *(see instructions)*. Also subtract this amount from line 24 or add it to line 26 *(enclose Schedule M15)*	27 ■	
	IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 28 and 29.		
28	Amount from line 24 you want sent to you	28 ■	
29	Amount from line 24 you want applied to your 2021 estimated tax	29 ■	

Taxpayer: *I declare that this return is correct and complete to the best of my knowledge and belief.*

Your Signature	Spouse's Signature (If Filing Jointly)	Date (MM/DD/YYYY)
		02/22/2021

Daytime Phone	Email Address	
7324920475	KALYANV.732@GMAIL.COM	

Paid Preparer's Signature	Date (MM/DD/YYYY)	PTIN or VITA/TCE # (required)
SYAM PRIYA RAM SAGAR GUPTA TALLAM	02212021	P02082703

Preparer's Daytime Phone	Preparer's Email Address
6789659522	SYAM@GTAXFILE.COM

☐ I do not want my paid preparer to file my return electronically.

☐ I authorize the Minnesota Department of Revenue to discuss this return with my paid preparer or the third-party designee indicated on my federal return.

Include a copy of your 2020 federal return and schedules.

Mail to: Minnesota Individual Income Tax, St. Paul, MN 55145-0010

DEPARTMENT OF REVENUE

* 2 0 1 3 1 1 *

2020 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

KALYAN	VATTIKUTI	714897152
Your First Name and Initial	**Last Name**	**Your Social Security Number**
If a Joint Return, Spouse's First Name and Initial	**Spouse's Last Name**	**Spouse's Social Security Number**

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF that shows Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

A If the Form W-2 is for: • you, enter 1 • spouse, enter 2	B—Box 13 If Retirement Plan box is checked, mark an X below.	C—Box 15 Employer's seven-digit Minnesota Tax ID Number	D—Box 16 State wages, tips, etc. *(round to nearest whole dollar)*	E—Box 17 Minnesota tax withheld *(round to nearest whole dollar)*
a1 1	b1 ☐	c1 MN 4470167	d1 67852	e1 4019
a2	b2 ☐	c2 MN	d2	e2
a3	b3 ☐	c3 MN	d3	e3
a4	b4 ☐	c4 MN	d4	e4
a5	b5 ☐	c5 MN	d5	e5

Subtotal for additional Forms W-2 *(from line 5 on page 2)* . . . .

Total Minnesota tax withheld on all Forms W-2 *(add amounts in line 1, column E)* . . . . **1** ■ 4019

2 Minnesota tax withheld on Forms 1099, W-2G, and 1042-S. If you have more than four forms, complete line 6 on the back.

A If the Form 1099, W-2G, or 1042-S is for: • you, enter 1 • spouse, enter 2	B Payer's seven-digit Minnesota Tax ID Number *(if unknown, contact the payer)*	C Income amount *(see the table on the back for amounts to include)*	D Minnesota tax withheld *(round to nearest whole dollar)*
a1	b1 MN	c1	d1
a2	b2 MN	c2	d2
a3	b3 MN	c3	d3
a4	b4 MN	c4	d4

Subtotal for additional 1099, W-2G, and 1042-S *(from line 6 on page 2)* . . . .

Total Minnesota tax withheld on all 1099, W-2G, and 1042-S *(add amounts in line 2, column D)* . . . . **2** ■

3 **Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries** *(from line 7 on page 2)* . . . . **3** ■

4 **Total.** Add the Minnesota tax withheld on lines 1, 2, and 3.
Enter the total here and on line 20 of Form M1 . . . . **4** ■ 4019

Include this schedule with your Form M1.
If required, include Schedules KPI, KS, and KF.