Filing Status       Single       Married filing jointly       Married filing separately (MFS)       Head of household (HOH)       Qualifying widow(er) (QW)         Check only       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 midow(er) (QW)         Your fisht name and middle initial       Last name       Your social security number         ROH ITH       MAMIDYALA       859–55-6882         Home address (number and stree). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         117       LAKE VILLAGE BLVD,       107       Check here if you, or your       Check here if you, or you         City, town, or post office. If you have a toreign address, also complete spaces below.       NII       4812.0       bxo blow will not chenge         Foreign country name       Foreign portune/state/country       Foreign postulcade       You spouse as a dependent       You booker will not chenge         Dependents, see instructions:       (1) First name       (2) You spouse as a dependent       (2) You       Spouse       Chel to reduct or deter dependent         Dependents, see instructions:       (1) First name       (2) Social security (2) First Name       (2) Social security       (2) First Name       (2) Social security       (2) First Name       (2) Social security       (2) First Name       (2) First Name<	<b>104</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		<sup>(99)</sup> 20)	20	OMB No. 1545	-0074	IRS Use On	ly—Do not	write or stapl	e in this space.
ROHITH       MMIDYALA       859-55-6882         If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address furnible and street, Hyou have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         City, town, or post office. If you have a forsign address, also complete spaces below.       State       2/P code         DEARBORN       MI       4812.0         Foreign country name       Foreign province/state/country       Foreign postal code       you tax or refund.         Standard       Someone can claim:       You as dependent       You spouse a dependent       > you as a dependent         Deduction       Spouse temizes on a separate return or you were a dual-status allen        > opouse timizes on a separate return or you were a dual-status allen         Dependents       (9) Exclaid security       (9) Relationship       (4) V <sup>I</sup> If qualifies for (see instructions);       I       80,509.         If more       Inone       Last name       Inone       Inone       Inone       Inone         If an dokerdon       Sa	Check only	lf yc	ou 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.       10.7         Chry, town, or post office. If you have a P.O. box, see instructions.       MI       4912.0         Chry, town, or post office. If you have a threign address, also complete spaces below.       State       ZiP code         DEARBORN       MI       4912.0       State       Check here if you, or your         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Dependents       (see instructions):       (i) First name       Last name       (i) Social security       (i) P di qualifies or (see instructione):         (if more than four dependents, see instructions):       (i) First name       Last name       iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Your first name	e and m	iddle initial	Last na	me					Your s	ocial secu	rity number
Home address (number and street). If you have a P.O. box, see instructions.       107       107       107         City, town, or post office. If you have a foreign address, also complete spaces below.       State       21P code       top out of this fund. Checking a box below will not change         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or fefund.         Even your country name       Foreign province/state/county       Foreign postal code       your tax or fefund.         Standard       Someone can claim:       You as a dependent       You you see a dependent       your tax or fefund.         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness       You       Was born before January 2, 1956       Is blind         Dependents       (9) First name       Last name       number       (1) First name       Check here       2b         If more than four dependents, see instructions;       (1) First name       2a       b       Datable interest       2b       2b       5b         Standard       Gouline dividends       3a       1       b       Tax-exempt interest       2b       2b       2b       5b	ROHITH			MAMI	DYALA					859-	-55-688	82
117       LAKE       VILLAGE       BLVD,       107       Check here if you, or your         City, town, or post office. If you have a foreign address, also complete spaces below.       MI       48.120       box below will not change a box below will a box below will not change a box below wil	lf joint return, s	spouse's	s first name and middle initial	Last nai	me					Spouse	e's social s	ecurity number
City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change a your tax or refund.         Poreign 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       Someone can claim:       You as a dependent       Your spouse as a dependent       Yes       No         Dependents       See instructions):       (2) Social security       (3) Relationship       (4) V' If qualifies for (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V' If qualifies for (see instructions):         If more than four       dependents, see instructions       (2) Social security       (3) Relationship       (4) V' If qualifies for (see instructions):         If more than four       2a       Tax-exempt Interest       2a       2b       2b         Sch. B if generative bene ber ber ber ber ber ber ber ber ber be				instructio	ons.							
DEARBORN     MI     48120     to go to this fund, Checking a box below within change your tax or refund.       Foreign country name     Foreign province/state/county     Foreign postal code     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 spouse as a dependent     You     Spouse       Age/Blindness     Someone can claim:     You as a dependent     Your spouse as a dependent     You     Spouse       Age/Blindness     You:     Ware 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) V <sup>'</sup> if qualifies for (see instructions):       if more     (1) First name     Last name     number     I     80,509.       and check				mplete s	paces below.	St	ate	ZIP co	de			
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       Spouse itemizes on a separate refum 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       (1) First name       Last name						М	I	481	.20			0
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       You       Spouse         Standard Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Advantage of the status alien       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         Opendents       (see instructions):       (2) Social security       (3) Relationship       (4) ✔ if qualifies for (see instructions):         If more than four dependents, see instructions       Last name       number       Child tax credit       Credit for other dependents         see instructions       Immediationship       Immediationship       Immediationship       Immediationship       Immediationship         4tach       Immediationship       Immediationship       Immediationship       Immediationship       Immediationship         4a       IRA distributions       4a       Immediationship       Immediationship       Immediationship       Immediationship         4a       IRA distributions       5a       Immediationship       Immediationship       Immediationship         5andard       Bocalinary dividends       5a       Immediating	Foreign countr	v name		F	oreign province/st	ate/cour	nty	Foreig	n postal code	_		•
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) V it qualifies for (see instructions):         If more than four dependents, see instructions       Immber       to you       (redit for other dependents         ade check here b       Immber       Immber       (a) V it qualifies for (see instructions):       (redit for other dependents         frach       Immber       Immber       Immber       Immber       Immber       Immber         Attach       Imme       Immber       Immber       Immber       Immber       Immber         Attach       Imme       Immet       Immet       Immet       Immet       Immet       Immet         Standard       Immet	5	,			5 1 5 1		,			-		
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 dependents, see instructions       Last name       (2) Social security       (3) Relationship       (4) ✓ If qualifies for (see instructions):         and check       Immore       (1) First name       Last name       (2) Social security       (3) Relationship       (4) ✓ If qualifies for (see instructions):         and check       Immore       Immore <t< td=""><td>At any time du</td><td>uring 20</td><td>020, did you receive, sell, send, excl</td><td>nange, o</td><td>or otherwise acqu</td><td>iire any</td><td>financial intere</td><td>est in a</td><td>ny virtual c</td><td>urrency?</td><td>Yes</td><td>No</td></t<>	At any time du	uring 20	020, did you receive, sell, send, excl	nange, o	or otherwise acqu	iire any	financial intere	est in a	ny virtual c	urrency?	Yes	No
Dependents (see instructions):       (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) ✓ 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 here ▶       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents         and check here ▶       Image: Credit for other dependents       Image: Credit for other dependents         3ad check here ▶       Image: Credit for other dependents       Image: Credit for other dependents         3ad check here ▶       Image: Credit for other dependents       Image: Credit for other dependents         3ad check here ▶       Image: Credit for other dependents       Image: Credit for other dependents         3ad check here ▶       Image: Credit for other dependents       Image: Credit for other dependents         4a       Wages, salaries, tips, etc. Attach Form(s) W-2       Image: Credit for other dependents         5a       Qualified dividends       Image: Credit for other dependents       Image: Credit for other dependents         5a       Pensions and annuities       Sa       Image: Credit for other dependents       Image: Credit for other dependents		_		•			•					
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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         here b       1       Wages, salaries, tips, etc. Attach Form(s) W-2       1       80,509.         Attach       2a       b       Tax-exempt interest       2b         Sch. B if required.       3a       1.       b       Drdinary dividends       3b       1.         required.       4a       b       Taxable amount       4b	Dependent	s (see	instructions):		(2) Social sec	urity	(3) Relations	nip	<b>(4)</b> 🖌 if	qualifies f	or (see insti	ructions):
than four dependents, see instructions and check here Attach 2a Tax-exempt interest 2a b C C Attach Form(s) W-2					number		to you		Child tax	credit	Credit for o	other dependents
see instructions       Image: Constructions and check here	than four											
and check       here       image: state in the standard deduction or itemized deductions (from Schedule A)       image: state in the standard deduction or itemized deductions (from Standard Deduction, see instructions       image: state in the standard deduction or itemized deductions (from Schedule A)       image: standard deduction or itemized deductions (from Standard Deduction from Standard I and the standard deduction or itemized deduction standard deduction from Schedule 1, line 9       image: standard deduction or itemized deductions (from Schedule A)       image: standard deduction or itemized deductions (from Schedule A)       image: standard deduction or itemized deductions (from Schedule A)       image: standard deduction or itemized deductions (from Schedule A)       image: standard deduction or itemized deductions (from Schedule A)       image: standard deduction or itemized deductions (from Schedule A)       image: standard deduction or itemized deductions (from Schedule A)       image: standard deduction or itemized deductions (from Schedule A)       image: standard deduction or itemized deductions (from Schedule A)       image: standard deduction or itemized deductions (from Schedule A)       image: standard deduction or itemized deductions (from Schedule A)       image: standard deduction or itemized deductions (from Schedule A)       image: standard deduction or itemized deductions (from Schedule A)       image: standard deduction or itemized deductions (from Schedule A)       image: standard deduction or itemized deductions (from Schedule A)       image: standard deduction or itemized deduction or itemized deductions (from Schedule A)       image: standard deduction or itemized deductions (from Schedule A)       image: standard deduction or itemized deduction	•											
Attach       2a       1       80,509.         Attach       2a       5ch. B if       7       7         ag       Qualified dividends       3a       1.       b       Tax-exempt interest       2b         4a       IRA distributions       4a       IRA distributions       4a       b       Continuery dividends       3b       1.         5a       Pensions and annuities       5a       5a       b       Taxable amount       4b       b         5a       Pensions and annuities       5a       6a       b       Taxable amount       5b       5b         5a       Scail security benefits       6a       b       Taxable amount       5b       5b         5a       Scail again or (loss). Attach Schedule D if required. If not required, check here       7       -404.       8       -6,400.         9       73,706.       1       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10a       10b       10a         10       Adjustments to income:       10a       10b       10c       11       73,706.         11       Standard deduction or itemized deduction. Keton Kinom Standard deduction or itemized deduction. See instructions       10c       12       12,400.         1		13										
Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Sch. B if       a       Qualified dividends       a       1       b       Ordinary dividends       a       3b       1         required.       4a       IRA distributions       4a       b       Ordinary dividends       a       3b       1         5a       Pensions and annuities       5a       5a       b       Taxable amount       4b       b         Standard       Deduction for-       6a       Social security benefits       6a       b       Taxable amount       5b       6b         Single or       6a       Social security benefits       6a       b       Taxable amount       6b       7       -404.         8       Other income from Schedule 1, line 9       Social security benefits       6a       -6,400.       9       73,706.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       Image: form schedule 1, line 22       Image: form schedule 1, line 3, 706.       Image: form schedule 1, line 3, 706.       Image: form schedule 1, line 3, 706.       Image: form schedule 1, line 22, 1, 706.       Image: form schedule 1, line	here 🕨 🗌											
Sch. B if required.       2a       2a       2a       2a       2a         Sch. B if required.       3a       Qualified dividends       3a       1.       b       Ordinary dividends       3b       1.         4a       IRA distributions       4a       b       Definition       b       Taxable amount       3b       1.         5a       Pensions and annuities       5a       b       Taxable amount       5b       5b         6a       Social security benefits       6a       b       Taxable amount       5b       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       -404.         8       Other income from Schedule 1, line 9       5       6a       5       7       -404.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       7       -404.       8       -6, 400.         9       73, 706.       10       Adjustments to income:       9       73, 706.       10c         10a       Ualifying widow(en, \$24,800       C       Add lines 10a and 10b. These are your total adjustments to income       10c       10c         11       Subtract line 10c from line 9. This is your adjusted gross income       11       73, 706.		1	Wages, salaries, tips, etc. Attach F	orm(s) ۱	N-2					. 1		80,509.
required.       3a       Qualified dividends       3a       1.       b       Ordinary dividends       3b       1.         4a       IRA distributions       4a       b       Taxable amount       4b       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b       5b         6a       Social security benefits       6a       b       Taxable amount       6b       7       -404.         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       -404.       8       -6,400.       8       -6,400.       8       -6,400.       8       -6,400.       8       -6,400.       9       73,706.       9       73,706.       9       73,706.       9       73,706.       10       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total and deduction. See instructions       10a       10b       10c       10c       10c       10c       10c       10c       10c       10c       10c       11       73,706.       11       10 and 10b. These are your total adjustments to income       11       173,706.       11       12       12,400.		2a	Tax-exempt interest	2a		b <sup>-</sup>	Taxable interes	t.		. 2	b	
4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard Deduction for - Single or Married filing separately, S12,400       6a       Social security benefits       6a       b       Taxable amount       7       -404.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       8       -6, 400.       9       73, 706.         • Married filing jointly or Qualifying widow(er), S24,800       • From Schedule 1, line 22       .       10a       10a       10b         • Head of household, S18,660       11       Subtract line 10c from line 9. This is your adjusted gross income       10b       11       73, 706.         11       Subtract line 10c from line 9. This is your adjusted gross income       12       12, 400.         • If you checked ary box under Standard deduction or itemized deductions. (from Schedule A)       13       14       12, 400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       12, 400.         14       12, 400.       14       12, 400.       15       61, 306.		<u>3a</u>	Qualified dividends	3a	1.	b	Ordinary divide	nds .		. 3	b	1.
Standard Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         • Single or Married filing separately, \$12,400       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       •       •       7       -404.         • Married filing jointly or Qualifying widow(er), \$24,800       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       73, 706.         • Married filing jointly or Qualifying widow(er), \$24,800       •       From Schedule 1, line 22       •       10a       9       73, 706.         • C Add lines 10a and 10b. These are your total adjustments to income:       10b       10c       10c         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       •       11       73, 706.         • If you checked any box under Standard       12       12, 400.       12       12, 400.       12       12, 400.         • Hey out checked any box under Standard       14       Add lines 12 and 13       •       14       12, 400.       13       14       12, 400.       13       14       12, 400.       15       61, 306.		) 4a	IRA distributions	4a		b <sup>-</sup>	Taxable amoun	t		. 4	b	
Deduction for-       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       -404.         • Single or Married filing separately, \$12,400       8       Other income from Schedule 1, line 9       8       -6,400.         9       73,706.       8       -6,400.       9       73,706.         • Married filing jointly or Qualifying widow(er), \$24,800       9       73,706.       10       Adjustments to income:       10a       10a         • Head of household, \$18,650       • Capital gain or (loss). Attach Schedule 1, line 22       • • • • • • • • • • • • • • • • • • •		5a	Pensions and annuities	5a		b	Taxable amoun	t		. 5	b	
<ul> <li>Single or Married filing separately, \$12,400</li> <li>Married filing jointy or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>Subtract line 10c from line 9. This is your adjusted gross income</li> <li>Head of household, \$18,650</li> <li>Subtract line 10c from line 9. This is your adjusted gross income</li> <li>I1</li> <li>Subtract line 10c from line 9. This is your adjusted gross income</li> <li>I2</li> <li>I2,400</li> <li>I2</li> <li>I2,400</li> <li>I3</li> <li>Qualified business income deduction. Attach Form 8995 or Form 8995-A</li> <li>I4</li> <li>Add lines 12 and 13</li> <li>Add lines 14 from line 11. If zero or less, enter -0-</li> <li>I5</li> <li>Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-</li> </ul>		6a	Social security benefits	6a		b	Taxable amoun	t		. 6	b	
Married filing separately, \$12,400       8       Other income from Schedule 1, line 9       6       6       6       400         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       73,706       9       73,706         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       9       73,706         9       Adjustments to income:       10       Adjustments to income:       10a       10b         9       Charitable contributions if you take the standard deduction. See instructions       10b       10b       10c         9       Add lines 10a and 10b. These are your total adjustments to income       10b       11       73,706         9       Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       11       11       73,706         16       Standard deduction or itemized deductions (from Schedule A)       12       12,400       12       12,400         14       Add lines 12 and 13       Add lines 14 from line 11. If zero or less, enter -0-       15       61,306       61,306		7	Capital gain or (loss). Attach Sche	dule D if	required. If not r	equired	d, check here		🕨		,	-404.
\$12,400       9       Add lines 1, 26, 36, 46, 56, 66, 7, and 8. This is your total income       9       73, 708.         • Married filing jointly or Qualifying widow(er), \$24,800       10       Adjustments to income:       10a       10a         • Married filing jointly or Qualifying widow(er), \$24,800       • Charitable contributions if you take the standard deduction. See instructions       10a       10b       10c         • Head of household, \$18,650       • Add lines 10a and 10b. These are your total adjustments to income       • • • • • • • • • • • • • • • • • • •	Married filing	8	Other income from Schedule 1, lin	e9						. 8	3	-6,400.
<ul> <li>Married filing jointy or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Qualified business income deduction. Attach Form 8995 or Form 8995-A</li> <li>Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-</li> </ul>		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your <b>total</b> i	ncome	<b>.</b>			▶ 9		73,706.
Qualifying widow(er), \$24,800       a       From Schedule 1, line 22	<ul> <li>Married filing</li> </ul>	10	Adjustments to income:									
\$24,800       ID       Chantable contributions if you take the standard deduction. See instructions       ID         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       ID       11       73,706.         • If you checked any box under Standard deduction, see instructions, see instructions, see instructions, see instructions, see instructions.       12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14         14       12,400.       15       61,306.		а	From Schedule 1, line 22				10	а				
<ul> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard Deduction, see instructions.</li> <li>If you checked any box under Standard Deduction.</li> <li>If you checked Checked Checked Deduction.</li> <li>If you checked C</li></ul>		b	Charitable contributions if you take	the stan	dard deduction.	See ins	tructions 10	b				
\$18,650       11       73,706.         • If you checked any box under Standard       12       Standard deduction or itemized deductions (from Schedule A)       12       12,400.         • If you checked any box under Standard       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       13         • Add lines 12 and 13       • • • • • • • • • • • • • • • • • • •	<ul> <li>Head of</li> </ul>	с	Add lines 10a and 10b. These are	your <b>tot</b>	al adjustments	to inco	me			▶ 10	)c	
<ul> <li>If you checked any box under Standard deduction or itemized deductions (from Schedule A)</li> <li>Ia Qualified business income deduction. Attach Form 8995 or Form 8995-A</li> <li>Ia Add lines 12 and 13</li> <li>Ib Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-</li> <li>If you checked any box under Standard deduction or itemized deductions (from Schedule A)</li> <li>Ia 12 12,400.</li> <li>Ib 12 12 12,400.</li> <li>Ib 12 12 12 12 12 12 12 12 12 12 12 12 12</li></ul>		11	Subtract line 10c from line 9. This	is your <b>a</b>	adjusted gross i	ncome				▶ 1	1	73,706.
Standard Deduction, see instructions.       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       61,306.	<ul> <li>If you checked</li> </ul>	12	Standard deduction or itemized	deducti	i <b>ons</b> (from Schec	lule A)				. 1	2	12,400.
see instructions.         14         12,400.           15         Taxable income. Subtract line 14 from line 11. If zero or less, enter -0	Standard	13	Qualified business income deduct	ion. Atta	ich Form 8995 or	Form	8995-A			. 1	3	
<b>15 Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0		14									4	
		′ <b>15</b>	Taxable income. Subtract line 14	from lin	e 11. If zero or le	ss, ent	er-0			. 1	5	

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

Form **1040** (2020)

Form 1040 (2020	))									Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3			16	9,282.
	17	Amount from Schedule 2, lin	ie3						17	
	18	Add lines 16 and 17							18	9,282.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin							20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	9,282.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					. 🕨	24	9,282.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	12,0	029.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	12,029.
• If you have a	26	2020 estimated tax payment							26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			<sup>No</sup> .	27				
If you have	28	Additional child tax credit. A	ttach Schedule	8812		28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8		29				
see instructions.	30	Recovery rebate credit. See	instructions .			30	1,'	750.		
	31	Amount from Schedule 3, lin	ie 13			31				
	32	Add lines 27 through 31. The	ese are your <b>tota</b>	al other paym	ents and refund	lable credi	ts	. 🕨	32	1,750.
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				. 🕨	33	13,779.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	unt you <b>ove</b>	erpaid		34	4,497.
noruna	35a	Amount of line 34 you want			is attached, che	eck here	)		35a	4,497.
Direct deposit?	►b	Routing number 0 4 4				Checking	g 🗌 Sa	ivings		
See instructions.	►d	Account number 0 0 0	0 0 0 7	9 3 2 9	9 7 3 9 6	5				
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax 🕨	36				
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe	now			. 🕨	37	
You Owe		Note: Schedule H and Sch	edule SE filers,	line 37 may r	ot represent all	of the tax	es you ov	ve for		
For details on how to pay, see		2020. See Schedule 3, line 1	2e, and its instru	uctions for det	ails.					
instructions.	38	Estimated tax penalty (see in	nstructions) .		🕨	38				
<b>Third Party</b>		you want to allow another								
Designee		structions				. 🕨 🗋	Yes. Com	•		🗙 No
		signee's ne ►		Phone no.				al identifi r (PIN) 🕨		
0:		der penalties of perjury, I declare t	hat I have examine			hodulos and		( )		t of my knowlodgo and
Sign		ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation			If the	IRS ser	nt you an Identity
		0								N, enter it here
Joint return?					SOFTWARE		ER	· ·	nst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>k</b>	ooth must sign.	Date	Spouse's occupa	tion				nt your spouse an action PIN, enter it here
your records.									nst.) ►	
	Ph	one no. (919)600-218	0	Email address	ROHITHMAMII		ATT. COM	,		
		eparer's name	Preparer's signat		NOUT THINKHIT	Date		PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM	, ,					02082	703	Self-employed
Preparer		n's name  GLOBAL TAX		TATA DAGAN	COLTA IAUDAI	100/10/	2021 F			678)965-9522
Use Only		m's address ► 2530 Pebbl		n Cummin	T GA 300/1				e no. ( s EIN ►	· · · ·
					-			1		
GO IO WWW.Irs.go	JV/FOM	n1040 for instructions and the late	si mormation.		BAA	REV 07/	28/21 PRO			Form <b>1040</b> (2020)

\_

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/F	orm1	040 for	inst	truct	ions	and	the	latest information.	

OMB No. 1545-0074
2020
Attachment Sequence No. <b>01</b>

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
ROHITH MAMIDYALA	859-55-6882
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	-6,400.
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	-6,400.
Par	line 8		-0,400.
10		10	
11	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
19	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		
For Pa	on Form 1040, 1040-SR, or 1040-NR, line 10a	Schedule	1 (Form 1040) 2020
			,

# SCHEDULE D

(Form 1040)

# **Capital Gains and Losses**

OMB No. 1545-0074

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.

2020 Attachment Sequence No. 12

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

Your social security number 859-55-6882

ROHITH MAMIDYALA

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes Yes** 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)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	<b>(g)</b> Adjustments to gain or loss f Form(s) 8949, Pa line 2, column	rom art I,	(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 <b>Box A</b> checked	5,896.	6,356.	Ę	56.	-404.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	iy, from line 8 of y	our Capital Loss	-	6	( )
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	., .		7	-404.

### 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		<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949,	from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
	e dollars.	(sales price)		line 2, colum		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 <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11			
12	Net long-term gain or (loss) from partnerships, S corporat	dule(s) K-1	12			
13	Capital gain distributions. See the instructions	13				
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	14	( )			
15	15					

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	-404.
	• If line 16 is a <b>gain,</b> 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 <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is <b>zero</b> , 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 <b>both</b> gains?		
	<b>No.</b> Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	<ul> <li>Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</li> <li>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.</li> </ul>		
	□ 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 (	404.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.		
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

REV 07/28/21 PRO

Schedule D (Form 1040) 2020

## **Sales and Other Dispositions of Capital Assets**

OMB No. 1545-0074

20

20

Attachment

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8949 for instructions and the latest information.

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

2, 3, 8b, 9, and 10 of Schedule D. Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
ROHITH MAMIDYALA	859-55-6882

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

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

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

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

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

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

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

<b>1</b> (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below			Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)	
Robinhood Securities LLC	01/01/20	12/31/20	5,896.	6,356.	W	56.	-404.	
2 Totals. Add the amounts in column negative amounts). Enter each to Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box	tal here and inc e is checked), <b>li</b>	lude on your ne 2 (if Box B	5,896.	6,356.		56.	-404.	

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

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

SCHEDULE E	
(Form 1040)	

OMB No. 1545-0074

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.

Departin		e neasi	лу
Internal	Revenue	Service	(99

Internal I	revenue	Sel	vice (99)	
Name(s)	shown	on	return	

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

Cs, etc.)	2020						
	Attachment Sequence No. <b>13</b>						
Your social security number							

ROHI	TH MAMIDYALA							8!	59-55	5-688	2	
Part	Income or Loss	s From Rental Real Estate and Rog	yalties	S Note:	lf you a	are in th	e business c	of rent	ing per	sonal pr	operty, us	;e
	Schedule C. See	instructions. If you are an individual, rep	ort farn	n rental ir	ncome c	or loss fi	rom Form 48	<b>335</b> or	n page	2, line 4	0.	
A Dic	l you make any payme	nts in 2020 that would require you to	file Fo	orm(s) 10	)99? Se	e insti	ructions .			. 🗌 <b>\</b>	/es 🛛 N	٩٥
B If "	Yes," did you or will yo	ou file required Form(s) 1099?								. 🗆 <b>١</b>	íes 🗌 N	٩١
1a		each property (street, city, state, ZIF										
Α	Mupkal NIZAMAE	AD TELANGANA IN 503218										
В												
С												
1b	Type of Property (from list below)	2 For each rental real estate prop above, report the number of fa	perty lis	sted			Rental Days	Per	sonal Days		QJV	1
		personal use days. Check the	<b>OJV</b> bo	ox onlv⊢	•	-	-		Days			
 	3	if you meet the requirements to qualified joint venture. See inst	o file as	sa   ns	A B		365			0		
 С			luotioi	-	В С							
	f Dronowhy				C							
	of Property: gle Family Residence	3 Vacation/Short-Term Rental	5 Lor	d	-		Rental					
-	ti-Family Residence			valties				<b>`</b>				
Incom		Properties:		yaities	A	s Othe	r (describe) E				С	
3		•	3			650.		)			<u> </u>	
4			4			550.						
Expen												
5			5									
6	•	nstructions)	6									
7			7		1 4	400.						
8	-		8		±,	100.						
9			9									
10		ssional fees	10									
11			11		5	300.						
12		d to banks, etc. (see instructions)	12			500.						
13			13									
14			14		1.5	500.						
15			15			350.						
16			16									
17			17		2(	000.						
18		or depletion	18									
19	Other (list) ►		19									
20	` ´	lines 5 through 19	20		7,0	050.						
21		line 3 (rents) and/or 4 (royalties). If										-
- 1		instructions to find out if you must										
	file <b>Form 6198</b>		21		-6,4	400.						
22	Deductible rental real	estate loss after limitation, if any,										
	on Form 8582 (see in		22	(	-6,4	00.)	(		)(			)
23a		eported on line 3 for all rental prope	rties			23a		6	50.			
b		eported on line 4 for all royalty prop				23b						
С	Total of all amounts re	eported on line 12 for all properties				23c						
d		eported on line 18 for all properties				23d						
е	Total of all amounts re	eported on line 20 for all properties				23e		7,0	50.			
24	Income. Add positive	e amounts shown on line 21. <b>Do no</b>	<b>t</b> inclu	de any l	osses				24			
25	Losses. Add royalty lo	sses from line 21 and rental real estate	losses	s from lin	e 22. Er	nter tota	al losses her	e.	25 (		6,400	0.)
26	Total rental real esta	ate and royalty income or (loss).	Combi	ine lines	24 and	d 25. E	Inter the re	sult				
		V, and line 40 on page 2 do not a										
	Schedule 1 (Form 104	40), line 5. Otherwise, include this ar	mount	in the to	otal on	line 41	on page 2		26		-б,40	00.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

	due April 15, 2021.					n MI-1	040				ended Return	
1. Filer's Firs	-	M.I.	Last Name				2 File	's Ful	I Social Se	curity	No. (Example: 123-45-6	780)
ROHITH	ł		MAMIDYA	ALA								03)
If a Joint Ret	urn, Spouse's First Name	M.I.	Last Name					359		55	<u> </u>	
							3. Spo	use's	Full Social	Secu	rity No. (Example: 123-4	5-6789)
	ss (Number, Street, or P.O. Box	<i>,</i>		100								
	AKE VILLAGE BL	JVD,	, APT.	107	715.0					<u> </u>		
City or Town	זאסר			State MI	ZIP Code 48120	h	4. Sch		strict Code	(5 dig	its – see page 60)	
						r						
Check filing a to go te	if you (and/or your spouse joint return) want \$3 of you o this fund. This will not inc ax or reduce your refund.	ur taxes		Filer Spouse				s box	if 2/3 of y		AFARERS	ļ,
7. 2020 F	FILING STATUS. Check on	e.				8. <b>2020</b>	RESIDE	ICY	STATUS.	Chec	k all that apply.	
a. X	Single		ou check box "c			a. X	Resident					
			3 and enter spou	use's full r	name						* If you check box "b" "c," you must complet	
b I	Married filing jointly	belo	N:			b	Nonresid	ent *			and include Schedu	
c. 🔤 I	Married filing separately*					c.	Part-Yea	r Res	ident *		NR.	
9. <b>EXEN</b>	IPTIONS. NOTE: If some	one els	e can claim you	as a dep	endent, che	ck box 9e, e	enter 0 on	line	9a and en	iter \$	1,500 on line 9e (see	instr.).
			2	·				٦				
a. Nu	umber of exemptions (see in	nstructi	ons)			9a	1	x	\$4,750	9a.	475	0 00
	umber of individuals who quand, hemiplegic, paraplegic,			0.				x	\$2,800	9b.		00
c. Nu	mber of qualified disabled	veterar	ıs					x	\$400	9c.		00
d. Nu	umber of Certificates of Still	birth fro	om MDHHS (see	e instruction	ons)			x	\$4,750	9d.		00
e. Cla	aimed as dependent, see li	ne 9 N	OTE above							9e.		00
f. Ad	ld lines 9a, 9b, 9c, 9d and 9	9e. En	er here and on l	line 15						9f.	475	0 00
10. <b>Adju</b> s	sted Gross Income from y	our U.S	6. Forms <i>1040</i> o	r 1040NF	? (see instru	ctions)			. 10.		7370	6 00
11. Addit	ions from Schedule 1, line §	9. <b>Incl</b> u	de Schedule 1						. 11.			00
12. <b>Total</b>	Add lines 10 and 11								. 12.		7370	6 00
13. Subtr	actions from Schedule 1, li	ne 29.	Include Sched	ule 1					. 13.			00
14. Incor	ne subject to tax. Subtrac	t line 1	3 from line 12. I	f line 13 is	s greater th	an line 12, e	nter "0"		. 14.		7370	6 00
15. <b>Exen</b>	<b>uption allowance.</b> Enter ar	nount f	rom line 9f or Sc	hedule N	IR, line 19				. 15.		475	0 00
16. <b>Taxa</b> l	ble income. Subtract line 1	5 from	line 14. If line 1	5 is great	ter than line	14, enter "(	)"		. 16.		6895	6 00
	Multiply line 16 by 4.25% (0	).0425)							. 17.		293	1 00
-	JNDABLE CREDITS				<b></b>	AMOUI	NΓ		, r		CREDIT	
	ne Tax Imposed by governm de a copy of the return (see				8a.			00	18b.			00
	gan Historic Preservation T ctions)			•	9a.			00	19b.			00
	<b>ne Tax.</b> Subtract the sum o sum of lines 18b and 19b is								. 20.		293	1 00

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2020 N	II-1040, Page 2 of 2	Filer's	Full Social Se	ecurity Number	r 8	59 -		55 — 6882	2	
21.	Enter amount of Income Tax from lin	ne 20					21.	2	931	00
22.	Voluntary Contributions from Form 4						22.			00
23.	USE TAX. Use tax due on Internet, i Worksheet 1 (see instructions)					·····	23.		0	00
04	Total Tax Link little Add lines 04, 00	and 00				24		2	931	00
	Total Tax Liability. Add lines 21, 22 JNDABLE CREDITS AND PAYM					24.	 r			
25.	Property Tax Credit. Include MI-10	40CR or MI-1040CR-	2				25.			00
26.	Farmland Preservation Tax Credit	. Include MI-1040CR-	5		DERAL		26.	MICHIGAN		00
27.	Earned Income Tax Credit. Multiply I enter result on line 27b.					00	27b.			00
28.	Michigan Historic Preservation Tax (	Credit (refundable). <b>Inc</b>	lude Form	3581			28.			00
29.	Michigan tax withheld from Schedule	e W, line 6. Include So	chedule W (	do not subn	nit W-2s)		29.	3	422	00
30.	Estimated tax, extension payments	and 2019 credit forwar	d				30.			00
31.	2020 AMENDED RETURNS ONLY. Amended returns must include Sch	1 2 1 0	0	2020 return s	should skip to I	ine 32.				
	31a. If you had a refund and/or of negative number on line 31		nal return, che	eck box 31a an	d enter this amo	unt as a				
	31b. If you paid with the original any additional tax paid after						31c.			00
	Total refundable credits and paymer	nts. Add lines 25, 26, 2	7b, 28, 29, 3	30 and 31c		32.		3	422	00
	JND OR TAX DUE If line 32 is less than line 24, subtrac	t line 32 from line 24	lf annlicable	see instruct	ions	Г				
00.				, 500 1101 001						
	Include interest 00 a	nd penalty	00	۱	YOU OWE	33.				00
34.	Overpayment. If line 32 is greater the	han line 24, subtract lir	ne 24 from li	ne 32		34.			491	00
35.	Credit Forward. Amount of line 34 t	to be credited to your 2	2021 estimat	ed tax for yo	ur 2021 tax rei	turn	35.			00
36	Subtract line 35 from line 34				REFUND	36.			491	00
DIRE	ECT DEPOSIT	a. Routing Transit			ccount Numbe			c. Type of Accoun		
	it your refund directly to your financial ion! See instructions and complete a, b	044000037		000000	07932973	396	1.	X Checking 2.	Saving	gs
Dece	eased Taxpayer. If Filer and/or Spous ER DATE OF DEATH ONLY. Example:							l declare under penalty of p ation of which I have any k		
Filer		Spouse —			Preparer's PTIN P020827		or SSN			
	ayer Certification. I declare under p tachments is true and complete to the best		information in	this return	Preparer's Nam SYAM PF			M SAGAR GUPT	'A T2	A
Filer's	Signature		Date		Preparer's Sign SYAM PF		RAN	I SAGAR GUPT	'A T2	<u>А</u>
Spous	se's Signature		Date			ness Na	me, Ado	Iress and Telephone Numb		
	By checking this box, I authorize Tre	asury to discuss my re	eturn with my	/ preparer.		EBBL G GA	E CF 300	REEK LN		

Refund, credit, or zero returns. Mail your return to:Michigan Department of Treasury, Lansing, MI48956Pay amount on line 33 (see instructions). Mail your check and return to:Michigan Department of Treasury, Lansing, MI48929

## 2020 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

**INSTRUCTIONS:** If you had Michigan income tax withheld in 2020, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 29). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
ROHITH		MAMIDYALA	859 — 55 — 6882
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)

## TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

	4	В	С	D		E	
Enter ' <b>Filer</b> or	"X" for: <b>Spouse</b>	Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld	
x		27-1177796	BAANYAN SOFTWARE	80509	00	3422	00
					00		00
					00		00
					00		00
					00		00
Enter	Table		00				
4.	SUB	3422	00				

### TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

Α	В	С	D	Е
Enter "X" for Filer or Spour		Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld
			00	00
			00	00
			00	00
			00	00
			00	00
Enter Tab	ble 2 Subtotal from additional Sche		00	
5. <b>SU</b>	<b>IBTOTAL.</b> Enter total of Table 2, c	00		
6. <b>TO</b>	TAL. Add lines 4 and 5. Enter her		3422 00	

Attachment 13

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