

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 (VENKATA SURYA BHARAT), Last name (MEDICHARLA), Your social security number (797-87-1154), Spouse's social security number (963-90-5996), Home address (2401 S APPLE ST), City (BOISE), State (ID), ZIP code (83706), 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. Includes entries for RIMANWITA MEDICHARLA and JEGATHVI MEDICHARLA.

Main income tax calculation table with rows 1-15. Includes sections for Attach Sch. B if required, Standard Deduction for (with bullet points for filing status), and taxable income calculation (87,678 - 5,530 = 82,148 - 24,800 = 57,348).

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

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	6,484.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	6,484.
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>	1,000.
<b>20</b>	Amount from Schedule 3, line 7	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	1,000.
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	5,484.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	5,484.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	6,634.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	6,634.
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>	
<b>27</b>	Earned income credit (EIC)	<b>27</b>	
<b>28</b>	Additional child tax credit. Attach Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	1,200.
<b>31</b>	Amount from Schedule 3, line 13	<b>31</b>	
<b>32</b>	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	1,200.
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	7,834.

**Refund**

<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	2,350.
<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	2,350.
<b>b</b>	Routing number 2 1 1 3 9 1 8 2 5	<b>c</b>	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number 4 3 9 3 5 0 1 4		
<b>36</b>	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	<b>36</b>	

**Amount You Owe**

For details on how to pay, see instructions.

<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	<b>37</b>	
<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**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. (208) 440-1798 Email address BHARATHMVS@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 09/10/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	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](http://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 VENKATA SURYA BHARAT & LAKSHMI TANUJA MEDICHARLA	Your social security number 797-87-1154
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**Part I Additional Income**

1 Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
2a Alimony received . . . . .	<b>2a</b>	
b Date of original divorce or separation agreement (see instructions) ▶ _____		
3 Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
4 Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-5,530.
6 Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
7 Unemployment compensation . . . . .	<b>7</b>	
8 Other income. List type and amount ▶ _____	<b>8</b>	
9 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-5,530.

**Part II Adjustments to Income**

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

**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2020**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

VENKATA SURYA BHARAT & LAKSHMI TANUJA MEDICHARLA

797-87-1154

**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

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	NIZAMPET HYDERABAD TELANGANA IN 500091				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	3		<b>A</b> 365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>		<input type="checkbox"/>
<b>C</b>			<b>C</b>		<input type="checkbox"/>

**Type of Property:**

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

Income:		Properties:		A	B	C
<b>3</b>	Rents received . . . . .	<b>3</b>		650.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>		180.		
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>		320.		
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>				
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>		5,500.		
<b>14</b>	Repairs. . . . .	<b>14</b>		180.		
<b>15</b>	Supplies . . . . .	<b>15</b>				
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>				
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		6,180.		
<b>21</b>	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 <b>Form 6198</b> . . . . .	<b>21</b>		-5,530.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>		( -5,530. )	( )	( )
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		650.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		6,180.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>		( 5,530. )		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> 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 . . . . .	<b>26</b>		-5,530.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

**Paid Preparer's Due Diligence Checklist**

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*

**2020**

Department of the Treasury  
Internal Revenue Service

▶ **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**  
▶ **Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

Attachment  
Sequence No. **70**

Taxpayer name(s) shown on return <b>VENKATA SURYA BHARAT &amp; LAKSHMI TANUJA MEDICHARLA</b>	Taxpayer identification number <b>797-87-1154</b>
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Enter preparer's name and PTIN <b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b>	<b>P02082703</b>
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**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).  EIC  CTC/ACTC/ODC  AOTC  HOH

	Yes	No	N/A
<b>1</b> Did you complete the return based on information for tax year 2020 provided by the taxpayer or reasonably obtained by you? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>2</b> If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>4</b> Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5</b> Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) . . . . . List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>6</b> Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . . <b>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b> Did you complete the required recertification Form 8862? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
<b>9a</b> Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
<b>10</b> Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>11</b> Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

	Yes	No
<b>13</b> Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
<b>14</b> Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part VI Eligibility Certification**

- ▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
  - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
  - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
  - C. Submit Form 8867 in the manner required; **and**
  - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
    1. A copy of this Form 8867.
    2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
    3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
    4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
    5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

▶ **If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

<b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? . . . . .	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Only use this voucher when sending a payment without a return.**

You can pay in one of two ways:

- Pay **securely** online through our Taxpayer Access Point (TAP) at [tax.idaho.gov/quickpay](http://tax.idaho.gov/quickpay). Visit [tax.idaho.gov/epay](http://tax.idaho.gov/epay) for more information about other electronic payment options.
- By mail

Complete the voucher below by entering:

- Your name, address and Social Security number (SSN) or EIN
- Spouse's name and SSN, if joint individual return
- The tax type of your return
- The filing period of your return
  - Individuals: Enter 1220
  - Businesses: Enter your fiscal year ending date using the two-digit abbreviations for month and year  
**Example:** September 2020 is entered as **0920**
- The amount you're paying by check or money order

Make your check or money order payable to the Idaho State Tax Commission. Don't staple your check to your voucher or send a check stub.

Mail your voucher and payment to the address on the voucher.

If the full amount of your tax due isn't received or postmarked on or before the due date of your return, we'll charge you penalty and interest on the balance of the tax due.

**Contact us:**

In the Boise area: (208) 334-7660 | Toll free: (800) 972-7660  
Hearing impaired (TDD) (800) 377-3529

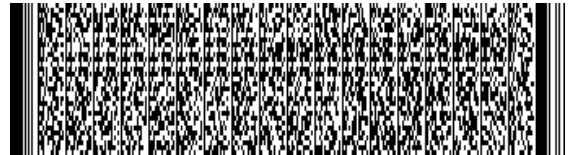
[tax.idaho.gov/contact](http://tax.idaho.gov/contact)  
Original



**Mail to:**  
Idaho State Tax Commission  
PO Box 83784  
Boise ID 83707-3784

1030

Tax type <input checked="" type="checkbox"/> Individual (01) <input type="checkbox"/> Business (05)	Filing period 1220	Tran code <b>95</b>	Amount paid with voucher \$ 25 .	<b>00</b>
Name as shown on your individual or business return VENKATA SURYA BHARAT			Social Security number or EIN 797-87-1154	
Spouse's name, if a joint individual return LAKSHMI TANUJA			Spouse's Social Security number 963-90-5996	
Current mailing address 2401 S APPLE ST APT C104				
City BOISE			State ID	ZIP Code 83706



**Amended Return?** Check the box.   State Use Only  
 See page 7 of instructions for the reasons to amend and enter the number that applies.   **MEDI**

For calendar year 2020 or fiscal year beginning \_\_\_\_\_, ending \_\_\_\_\_

Please Print or Type	Your first name and initial VENKATA SURYA BHARAT	Your last name MEDICHARLA	Your Social Security number (SSN) 797-87-1154	<input type="checkbox"/> Deceased in 2020
	Spouse's first name and initial LAKSHMI TANUJA	Spouse's last name MEDICHARLA	Spouse's Social Security number (SSN) 963-90-5996	<input type="checkbox"/> Deceased in 2020
	Current mailing address 2401 S APPLE ST APT C104		Forms and instructions available at <b>tax.idaho.gov</b>	
	City BOISE	State ID		

**Filing Status.** Check only one box. **If married filing jointly or separately, enter spouse's name and Social Security number above.**

1.  Single    2.  Married filing jointly    3.  Married filing separately    4.  Head of Household    5.  Qualifying widow(er) with qualifying dependents

**Household.** See instructions, page 7. If someone can claim you as a dependent, leave line 6a blank. Enter "1" on lines 6a and 6b, if they apply.

6a. Yourself   1      6b. Spouse   1      6c. Dependents   2      6d. Total Household   4  

List your dependents below. If you have more than four dependents, continue on Form 39R. Enter total number on line 6c.

Dependent's first name	Dependent's last name	Dependent's SSN	Dependent's birthdate (mm/dd/yyyy)
RIMANWITA	MEDICHARLA	963-90-6027	09/28/2011
JEGATHVI	MEDICHARLA	963-90-6053	10/04/2014

**Income.** See instructions, page 7.

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7. Enter your federal adjusted gross income from federal Form 1040 or 1040-SR, line 11. Include a complete copy of your federal return .....	7	82148	00
8. Additions from Form 39R, Part A, line 7. Include Form 39R .....	8		00
9. Total. Add lines 7 and 8 .....	9	82148	00
10. Subtractions from Form 39R, Part B, line 24. Include Form 39R .....	10		00
11. Qualified business income deduction .....	11		00
12. <b>Total Adjusted Income.</b> Subtract lines 10 and 11 from line 9 .....	12	82148	00

**Tax Computation.** See instructions, page 8.

<b>Standard Deduction for Most People</b>  Single or Married Filing Separately: \$12,400  Head of Household: \$18,650  Married Filing Jointly or Qualifying Widow(er): \$24,800	13. Check —	a. If age 65 or older ..... <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse b. If blind ..... <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse c. If your parent or someone else can claim you as a dependent, check here and enter zero on line 43 ..... <input type="checkbox"/>		
	14. Itemized deductions. Include federal Schedule A. Federal limits apply .....	14		00
15. State and local income or general sales taxes included on federal Schedule A .....	15		00	
16. Subtract line 15 from line 14. If you don't use federal Schedule A, enter zero .....	16		00	
17. Standard deduction. See instructions, page 8, to determine amount if not standard .....	17	24800	00	
18. Subtract the <b>larger</b> of line 16 or 17 from line 12. If less than zero, enter zero .....	18	57348	00	
19. Idaho taxable income. Enter amount from line 18 .....	19	57348	00	
20. Tax from tables or rate schedule. See instructions, page 52 .....	20	3429	00	





21. Tax amount from line 20 ..... 21 3429 00

**Credits. Limits apply. See instructions, page 9.**

22. Income tax paid to other states. Include Form 39R and a copy of other states' returns .... 22 00

23. Total credits from Form 39R, Part D, line 4. Include Form 39R ..... 23 00

24. Total business income tax credits from Form 44, Part I, line 10. Include Form 44 ..... 24 00

25. Idaho Child Tax Credit. Computed amount from worksheet on page 10 ..... 25 0 00

26. **Total Credits.** Add lines 22 through 25 ..... 26 0 00

27. Subtract line 26 from line 21. If line 26 is more than line 21, enter zero ..... 27 3429 00

**Other Taxes. See instructions, page 10.**

28. Fuels use tax due. Include Form 75 ..... 28 00

29. **Sales/use tax due on untaxed purchases (online, mail order and other)** ..... 29 00

30. Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 44 ..... 30 00

31. Tax from recapture of qualified investment exemption (QIE). Include Form 49ER ..... 31 00

32. Permanent building fund tax.  
Check the box if you received Idaho public assistance payments for 2020 .....  32 10 00

33. **Total Tax.** Add lines 27 through 32 ..... 33 3439 00

**Donations. See instructions, page 10.** I want to donate to:

34. Idaho Nongame Wildlife Fund ..... 35. Idaho Children's Trust Fund .....  
 36. Special Olympics Idaho ..... 37. Idaho Guard & Reserve Family ....  
 38. American Red Cross of Idaho Fund ..... 39. Veterans Support Fund .....  
 40. Idaho Foodbank Fund ..... 41. Opportunity Scholarship Program .....

42. **Total Tax Plus Donations.** Add lines 33 through 41 ..... 42 3439 00

**Payments and Other Credits.**

43. Grocery Credit. Computed amount from worksheet on page 12 ..... 400  
 To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 43   
**To receive your grocery credit**, enter the computed amount on line 43 ..... 43 400 00

44. Maintaining a home for family member age 65 or older or developmentally disabled. Include Form 39R ... 44 00

45. Special fuels tax refund \_\_\_\_\_ Gasoline tax refund \_\_\_\_\_ Include Form 75 ..... 45 00

46. Idaho income tax withheld. Include Form W-2s and any 1099s that show Idaho withholding ..... 46 3014 00

47. 2020 Form 51 payments and amount applied from 2019 return ..... 47 00

48. Pass-through income tax. Paid by entity  Withheld  Include Form ID K-1s .... 48 00

49. Tax Reimbursement Incentive credit  Claim of Right credit  See instructions .. 49 00

50. **Total Payments and Other Credits.** Add lines 43 through 49 ..... 50 3414 00

**Tax Due or Refund. See instructions, page 13.**

51. **Tax Due.** If line 42 is more than line 50, subtract line 50 from line 42 ..... 51 25 00

52. Penalty  Interest from the due date  Enter total ..... 52 00  
 Check box if penalty is caused by an unqualified Idaho medical savings account withdrawal .....

53. **Total Due.** Add lines 51 and 52. Pay online or make check payable to the Idaho State Tax Commission ... 53 25 00

54. **Overpaid.** If line 42 is less than line 50, subtract lines 42 and 52 from line 50 ..... 54 00

55. **Refund.** Amount of line 54 to be refunded to you ..... 55 00

56. **Estimated Tax.** Amount of line 54 to be applied to your 2021 estimated tax ..... 56 00

57. **Direct Deposit. See instructions, page 13.**  **Check if final deposit destination is outside the U.S.**

Routing No.  Account No.  Type of  Checking Account:  Savings

**Amended Return Only. Complete this section to determine your tax due or refund. See instructions.**

58. Total due (line 53) or overpaid (line 54) on this return ..... 58 00

59. Refund from original return plus additional refunds ..... 59 00

60. Tax paid with original return plus additional tax paid ..... 60 00

61. Amended tax due or refund. Add lines 58 and 59 then subtract line 60 ..... 61 00

Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified below. Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct and complete. See instructions.

<b>Sign Here</b>	Your signature	Spouse's signature (if a joint return, both must sign)	Date
	Paid preparer's signature	Preparer's EIN, SSN, PTIN	Taxpayer's phone number
	09-10-2021	30-1017196	(208) 440-1798

Preparer's address GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING	State GA	ZIP Code 30041	Preparer's phone number (678) 965-9522
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