Filing Status       Single       Married filing is parately (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 first name and middle initial       Last name       Your social security number         SRL HARSHA       GADDE       287-01-9-4779         Home address (number and street), If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         11222       STREAM WOOD LANE       State       ZiP code       province filing foliny, want S3         Cive, town, or poot office. If you have a toreign address, also complete spaces below.       State       ZiP code       your as or pour filing, indiv, want S3         Concored       Concored       Spouse filing lociny, want S3       No       280.27       You       boelow will not change         Foreign country name       Foreign powince/state/country       Foreign potatic code       your tax or refund.       You       Spouse         Dependents       See instructions):       (Your spouse as a dependent       You       Spouse       No         Standard       Someone can claim::       You bas a dispendent       Quor spouse as a dependent       Child tax credit or dire dependiage         Dep	E <b>104(</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		<sup>(99)</sup> 20)	20	OMB No. 1545	5-0074	IRS Use O	nly—Dc	o not wri	te or staple	in this space.
SRI HARSHA       GADDE       287-19-4779         If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address furnible and streetly. If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         CONCORD       Concord       NC       280.27         Foreign country name       Foreign province/state/country       Foreign postal code       you tak or refund.         Standard       Someone can claim:       You as dependent       You spouse a dependent         Deduction       Spouse itemizes on a separate return or you ware a dual-status alian       Apendent       No         Standard       Someone can claim:       You as a dependent       You       Spouse       No         Deduction       Spouse itemizes on a separate return or you ware a dual-status alian       Immore       Im	Check only	lf yc	ou checked the MFS box, enter the n	ame of					. ,			, ,	. , . ,
If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address frumber and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         112222 STREAM WOOD LANE       CDRCORD       Concords       NC       28027         Concords       NC       28027       State       Up code       your tax or refund.         CONCORD       Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         You       Spouse if spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness       You       You       Spouse itemizes or (in spouse)         Age/Blindness       You:       We born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (i) First name       Last name       Immeter       Immete	Your first name	e and m	iddle initial	Last na	me					Yo	our soc	ial securit	ty number
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign Check here if you, or your spouse if filing jointly, want S3 to go to this fund. Checking a box below will not change         Foreign country name       Foreign province/state/country       Foreign post office. If you have a foreign address, also complete spaces below. NC       28027         Foreign country name       Foreign province/state/country       Foreign post office.       You       Spouse ox 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       You as born before January 2, 1956       No         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness       You       Check here it       Ceet to reher dependent         If more than four dependents, see instructions;       (I) First name       Last name       Inumber       I       19, 760.         Attach Sch. B if 3a       Ga       Datable interest       2b       So       So       So         Standard       Ga       Datable amount       6b       So       So       So       So         Gifty for with an four dependents, see instructions;       Ga       Datable amount       5b <td>SRI HAR</td> <td>SHA</td> <td></td> <td>GADE</td> <td>Σ</td> <td></td> <td></td> <td></td> <td></td> <td>28</td> <td>87-1</td> <td>9-477</td> <td>9</td>	SRI HAR	SHA		GADE	Σ					28	87-1	9-477	9
11222 STREAM WOOD LANE       Check here if you, or your         City, town, or post office. If you have a foreign address, also complete spaces below.       NC       280.27       box below will not change your tax or refund.         CONCORD       NC       280.27       box below will not change your tax or refund.       Image of the postal code         Foreign country name       Foreign province/state/country       Foreign postal code       Image of the postal code       Image of the postal code       Image of the postal code         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Image of the postal code       I	lf joint return, s	spouse's	s first name and middle initial	Last na	me					Sp	ouse's	social sec	urity number
CUN, Own, or post office, Ir you have a longin address, also complete spaces below.       State       24° door       to go to this fund. Checking a box below into change your tax or refund.         CONCORD       Foreign country name       Foreign province/state/county       Foreign postal code       You       Spouse 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       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness       Your addition of the dependents         Age/Blindness       You:       Were born before January 2, 1956       Is blind       Checket         If more       (i) First name       Last name       (i) Beatonship       (i) 4' if qualifies for (see instructions);         required,       1       Wages, salaries, tips, etc. Attach Form(s)W-2       1       1 9, 760.         Attach       2a       Tax-awengt interest       2a       2a       b       b       Taxable amount       4b         Standard       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total amount       5b       5b       5b         Standard				instructio	ons.			A	Apt. no.	Ch	neck he	ere if you,	or your
COCCRD       NC       28027       box below will not change         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         You       Spouse       Someone can claim:       You as a dependent       You postal code       Yes       No         Standard       Someone can claim:       You as a dependent       You resource as a dependent       Yes       No         Age/Blindness       You:       Ware born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (f) First name       Last name       (g) Social security       (g) Relationship       (h) I' I qualifies for (see instructions):       Check to other dependents, see instructions;         if more       (1) First name       Last name       Immober	City, town, or p	post offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP co	ode				
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       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         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       You was born before January 2, 1956       Is blind         Opepardents       (see instructions):       (1) First name       Last name       Immediation to top of the other dependents         see instructions       (1) First name       Last name       Immediation top of the other dependents       Immediation top of the other dependents         see instructions and check       1       19,760.       2a       Tax-exempt interest       2b         Attach       2a       Immediation tor       3a       b       Dordinary dividends       3b         Standard       2a       Social security benefits       6a       Social security benefits       6a       5b         Standard       2a       Caulified dividends       3a       b       Draxable amount       5b         Standard       Social sec	CONCORD					N	С	280	27		•		0
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       You spouse as a dependent       Yes       No         Age/Blindness You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V' if qualifies for (see instructions):       Credit for other dependents         If more than four       (1) First name       Last name       Immediate	Foreign countr	ry name		F	oreign province/st	ate/cour	ity	Foreig	n postal cod	е уо	ur tax	or refund.	-
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) // if qualifies tor (see instructions):         If more than four       (1) First name       Last name       (2) Social security       (3) Relationship       (4) // if qualifies tor (see instructions):         If more dependents, see instructions												You	Spouse
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) ✓ if qualifies for (see instructions):         If more       (1) First name       Last name       (2) Social security       (3) Relationship       (4) ✓ if qualifies for (see instructions):         and check	At any time du	uring 20	020, did you receive, sell, send, exch	nange, c	or otherwise acqu	iire any	financial intere	est in a	any virtual	currer	ncy?	Yes	X 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													
If more than four dependents, see instructions and check       Last name       number       to you       Child tax credit       Credit for other dependents         see instructions and check	Age/Blindnes	s You	: 🗌 Were born before January 2, 1	956	Are blind	Spouse	e: 🗌 Was bo	rn befo	ore Januar	y 2, 19	956	🗌 ls bl	ind
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	Dependent	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	nip	<b>(4) 🖌</b> if	qualif	ies for	(see instru	ctions):
than four dependents, see instructions and check here	If more	<b>(1)</b> F	irst name Last name		number		to you						
see instructions       Image: Constructions and check here	than four											[	
and check       here       image: state in the image: sta	•											[	<u> </u>
Attach       2a       1       1       19,760.         Attach       2a       b       Tax-exempt interest       2b         Sch. B if       3a       Qualified dividends       3a       b       Control         4a       IRA distributions       4a       b       Definition       3b       Control         5a       Pensions and annuities       5a       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       6a       b       Taxable amount       5b         Standard       6a       Social security benefits       6a       b       Taxable amount       6b         Standard       0       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       8         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       7       8         9       19,760.       10       Adjustments to income:       10b         9       19,760.       10       Adjustments to income:       10b         9       19,760.       11       19,760.       12       12,400.												[	<u> </u>
Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Sch. B if       a       Qualified dividends       3a       b       Ordinary dividends       3b         required.       4a       IRA distributions       4a       b       Ordinary dividends       3b         5a       Pensions and annuities       5a       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           9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income           8           9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income               10       Adjustments to income:                 10       Adjustments to income:                 10       Adjustments to income ining 0. These are your total adjustments to in	here 🕨 🗌											. [	
Sch. B if required.       2a		1	Wages, salaries, tips, etc. Attach F	orm(s)	N-2						1	-	19,760.
required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard       Deduction for       6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         8       Other income from Schedule 1, line 9       7       8         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       19, 760.         Married filing jointly or guardiving widow(ef), \$24,800       Charitable contributions if you take the standard deduction. See instructions       10a       10b         8       Subtract line 10c from line 9. This is your adjusted gross income       11       19, 760.         9       Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A       12       12       12, 400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       12, 400.         14       12, 400.       14       12, 400.       14       12, 400.		2a	Tax-exempt interest	2a		b 1	axable interes	t.			2b		
4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard       6a       Social security benefits       6a       b       Taxable amount       5b         Standard       6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       Formation and and the second se		3a	Qualified dividends	3a		b(	Ordinary divide	nds .			3b		
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         • 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       19, 760.         • Married filing jointly or Qualifying widow(er), \$24,800       •       From Schedule 1, line 22       •       10a         • Head of household, \$18,650       •       •       •       10b       10c         • Head of household, \$18,650       •       •       •       11       19,760.         • If you checked any box under Standard       12       12,400       12       12,400.         • If you checked any box under Standard       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       12,400.         • Add lines 12 and 13       •       •       •       14       12,400.         • If you checked any box under Standard       •       •       •       13         • If duction on, see instructions.       •       •       13       •       14       12,400.       13		) 4a	IRA distributions	4a		b 1	axable amoun	ıt			4b		
Deduction for-       7         Single or Married filing separately, \$12,400       7         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       8         9       19,760.         10       Adjustments to income: a From Schedule 1, line 22       10a         10a       10b         9       19,760.         10       Adjustments to income: a From Schedule 1, line 22       10a         10       Adjustments to income: a From Schedule 1, line 22       10a         9       19,760.         10       Add lines 10a and 10b. These are your total adjustments to income       10b         11       19,760.         12       Standard deduction or itemized deductions (from Schedule A)       12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13         14       12,400.       14       12,400.         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       15       7,360.		5a	Pensions and annuities	5a		b 1	axable amoun	ıt			5b		
<ul> <li>Single or Married filing separately, \$12,400</li> <li>Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income</li> <li>Married filing jointy or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>Head of household, \$18,650</li> <li>Head of household, \$18,650</li> <li>Head of household, \$18,650</li> <li>Subtract line 10c from line 9. This is your adjusted gross income</li> <li>In the second provided eduction or itemized deductions (from Schedule A)</li> <li>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> <li>To the second provided in the second provided provided in the second provided in the second provided in the second provided in the second provided provided in the second provided in the second provided provided</li></ul>		6a	Social security benefits	6a		b 1	axable amoun	ıt			6b		
Married filing separately, \$12,400       8       Other income from Schedule 1, line 9       8         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       19, 760.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10a         9       19, 760.         9       19, 760.         9       19, 760.         9       19, 760.         9       19, 760.         9       19, 760.         10a       10a         9       19, 760.         10a       10b         9       19, 760.         10b       10b         9       19, 760.         11       19, 760.         11       19, 760.         11       19, 760.         11       19, 760.         12       12, 400.         13       14       12, 400.         14       12, 400.         15       14       12, 400.		7	Capital gain or (loss). Attach Schee	dule D if	required. If not r	equirec	l, check here		🕨		7		
\$12,400       9       Add lines 1, 26, 36, 46, 56, 66, 7, and 8. This is your total income       9       19, 760.         • 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, \$11       Subtract line 10c from line 9. This is your adjusted gross income       10c       11       19, 760.         • If you checked any box under Standard       12       Standard deduction or itemized deduction. (from Schedule A)       12       12, 400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       12, 400.         14       12, 400.       15       7, 360.       15       7, 360.	Married filing	8	Other income from Schedule 1, line	e9.							8		
jointly or Qualifying widow(er), \$24,800       a       From Schedule 1, line 22       10a         b       Charitable contributions if you take the standard deduction. See instructions       10b       10b         • Head of household, \$18,650       c       Add lines 10a and 10b. These are your total adjustments to income       •       •         11       19,760.       11       Subtract line 10c from line 9. This is your adjusted gross income       •       •         14       12,400.       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       •       13         14       12,400.       14       12,400.       15       7,360.		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. T	his is your <b>total</b> i	income					9	-	19,760.
Qualifying widow(er), \$24,800       a       From Schedule 1, line 22       10a       10a         b       Charitable contributions if you take the standard deduction. See instructions       10b       10b         • Head of household, \$18,650       c       Add lines 10a and 10b. These are your total adjustments to income       .       .       .       .       .       .       11       19,760.         11       Subtract line 10c from line 9. This is your adjusted gross income       .       .       .       .       12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       .<	to to the second	10	Adjustments to income:										
\$24,800       C       Add lines 10a and 10b. These are your total adjustments to income       10c         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       •       •       11       19,760.         • If you checked any box under Standard deduction, see instructions, see instructions, see instructions.       •       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       7,360.	Qualifying	а	From Schedule 1, line 22				10	a					
<ul> <li>Head of household, \$18,650</li> <li>I1 Subtract line 10c from line 9. This is your adjusted gross income</li> <li>If you checked any box under Standard Deduction, see instructions, see instructions.</li> <li>I3 Qualified business income deduction. Attach Form 8995 or Form 8995-A</li> <li>I4 Add lines 12 and 13</li> <li>I5 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-</li> <li>I6 10c</li> <li>I1 19,760.</li> <li>I1 19,760.</li> <li>I1 19,760.</li> <li>I2 12,400.</li> <li>I3 14 12,400.</li> <li>I5 7,360.</li> </ul>		b	Charitable contributions if you take	the star	dard deduction.	See inst	tructions 10	b					
\$18,650       11       19,760.         • 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				10c		
any box under Standard Deduction, see instructions.131314Add lines 12 and 13		11	Subtract line 10c from line 9. This	is your a	adjusted gross i	ncome					11	-	19,760.
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       7,360.		12	Standard deduction or itemized	deduct	i <b>ons</b> (from Schec	lule A)					12	-	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 deducti	ion. Atta	ach Form 8995 or	Form 8	3995-A				13		
<b>15 Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0		14									14	1	
		´ 15	Taxable income. Subtract line 14	from lin	e 11. If zero or le	ss, ente	er-0				15		

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

Form **1040** (2020)

Form 1040 (2020	))								_		Page 2
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 49	72	3	-		. 16	738.
	17	Amount from Schedule 2, lin	e3							. 17	
	18	Add lines 16 and 17								. 18	738.
	19	Child tax credit or credit for	other dependen	ts						. 19	
	20	Amount from Schedule 3, lin	e7							. 20	
	21	Add lines 19 and 20								. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						. 22	738.
	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	738.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a		3,37	4.	
	b	Form(s) 1099					25b				
	с	Other forms (see instructions	s)				25c				
	d	Add lines 25a through 25c								. 25d	3,374.
• If you have a	26	2020 estimated tax payment	s and amount a	pplied from 20	19 return .					. 26	
qualifying child,	27	Earned income credit (EIC)			. <sub>.</sub> No		27				
attach Sch. EIC.	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				
	31	Amount from Schedule 3, lin	e13				31				
	32	Add lines 27 through 31. The	ese are your <b>tot</b> a	al other paym	ents and refu	unda	ble ci	redits .		▶ 32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments						▶ 33	3,374.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the ar	mour	nt you	overpaid		. 34	2,636.
neiuliu	35a	Amount of line 34 you want	refunded to you	<b>.</b> If Form 8888	is attached,	chec	ck here	e	. 🕨	35a	2,636.
Direct deposit?	►b	Routing number 3 2 3			<b>c</b> Type:					ngs	
See instructions.	►d	Account number 4 8 5						ľ –		Ŭ	
	36	Amount of line 34 you want a	applied to your	2021 estimate	d tax		36	$\Box$			
Amount	37	Subtract line 33 from line 24	This is the <b>amo</b>	ount vou owe	now					▶ 37	
You Owe		Note: Schedule H and Sch		-							
For details on		2020. See Schedule 3, line 1			•	un c		laxes you	0110		
how to pay, see instructions.	38	Estimated tax penalty (see in					38				
Third Party	Do	you want to allow another					See	-			
Designee		structions						Yes. C	Compl	ete below.	× No
•		signee's		Phone						dentification	
	nai	me 🕨		no. 🕨				nun	nber (P	IN) 🕨	
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here		· · ·	piete. Declaration (				ISEU OI	i ali iniornat			, ,
	YO	ur signature		Date	Your occupat	lion					ent you an Identity PIN, enter it here
Joint return?					SOFTWAR	E E	ENGI	NEER		(see inst.)	
See instructions.	Sp	ouse's signature. If a joint return, <b>k</b>	ooth must sign.	Date	Spouse's occ					If the IRS se	ent your spouse an
Keep a copy for your records.											tection PIN, enter it here
your records.										(see inst.) ►	
		one no. (903)423-156		Email address	SRIHARSH	HA24			-		
Paid		eparer's name	Preparer's signat				Date		PTI		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TAL	LAM	09/	14/2021		2082703	Self-employed
Use Only		m's name ► GLOBAL TAX								Phone no.	(678)965-9522
	Firi	m's address 🕨 2530 Pebb	le Creek I	n Cummin	g GA 300	41				Firm's EIN	▶ 30-1017196
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA		RE\	/ 07/28/21 PR	0		Form <b>1040</b> (2020)

BAA

<b>D-40</b> < Stapl	le All	Pages	of Yo	bur	2020			<u>li</u> na D	epartmer	nt of F	Return Revenue	DOR Use Only			
		<u>d W-2</u>						_	nded Return					<u>, П</u>	
SRI			<u>020, 0</u>	o <mark>r fiscal yea</mark> GAD		1		<u>20</u> ä	and ending			Are you a ve Is your spou	eteran? se a veteran?		No 🗵 No 🗌
			4 WO	OD LANE					Your S	SN: 28	37194779		anted an autom		
				CABAR					Spouse's S			your 2020 fe	ederal income ta		1040)?
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-				ent for the e	•	>	Yes	No No			or deceased s		Date of dea		
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09				0		20A			256		EU				5002
10A				0		20B			0		27		0		
10B				0		21A			0		29		0		
11	S	Y	I	Ν		21B			0		30		0		
11			107	750		21C			0		31		0		
13			026	532		21D			0		32		0		
14			23	371		26A			0		34		132		
15			1	24		26B			0						
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		urn B		mined this retur	efund D		hedules ar	132 ad stateme			<b>t Due</b> ck here if you au	Ithorize the N	0 Iorth Carolina [	)enartment of F	Revenue
the best of	f my kno	wledge a	nd belie	f, they are true,	correct, and o	complete.			,	to d	iscuss this return	and attachn	nents with the p	baid preparer be	elow.
													90342		
Your Signa		USE ON	LY If	prepared by a r	erson other t	Date		-	ature (If filing jo	-	both must sign.) of which the prepar	Date er has anv know		one No. <i>(Include</i> a	rea code)
			·	SAGAR GI		9 14 2		89659			· · · · · · · · · · · · · · · · · · ·		P0208	2703	
Paid Prep			L			Date	_		tact Phone Num	ber (Includ	le area code)			EIN, SSN, or PTI	N

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640 Last Name (First 10 Characters) GADDE

287194779

6.	Federal Adjusted Gross Income	6.	19760
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	19760
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction	10	
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	0
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	10750
12.	a. Add Lines 9, 10b, and 11	12a.	10750
	b. Subtract amount on Line 12a from Line 8	12b.	9010
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.2632
14.	N.C. Taxable Income	14.	2371
15.	N.C. Income Tax	15.	124
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	124
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	124
20a. 20b.	Your tax withheld Spouse's tax withheld	20a. 20b.	256 0
Other	Tax Payments		
21a.	2020 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Amended Returns Only - Previous payments	22.	0
23.	Total Payments	23.	256
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	256
26a.	Tax Due	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	-
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	Pay this Amount	27.	0
28.	Overpayment	28.	132
	int of Refund to Apply to:		
29.	Amount of Line 28 to be applied to 2021 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0

## D-400 Line-by-Line Information

Amount to be Refunded

34.

132

34.

D-400 Sch PN (50)	PN (50)	PN	Sch	-400	D
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8-12-20

## 2020 Part-Year Resident and Nonresident Schedule

DOR
Use
Only

North Carolina Department of Revenue

If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2020, you must attach this schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) GADDE

Your Social Security Number 287194779

A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a "**part-year resident**" if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a "**nonresident**" if you were not a resident of N.C. at any time during the tax year. Important: Refer to the Instructions before completing this form.

23 19760
23 19760
22 5200
22 5200

Taxpayer is: (Select applical	ble box)	Spouse is: (Select app	blicable box)
Full-Year Resident X Nonresident		Full-Year Resident	sident D Part-Year Resident
Date N.C. residency began	Date N.C. residency ended	Date N.C. residency began	Date N.C. residency ended

If you and your spouse were both full-year residents of N.C., stop here; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

Part B	8. Allocation of Income for Part-Year Residents and Nonresidents			
Total	Income	1	COLUMN A Total Income from all sources	COLUMN B Amount of Column A subject to N.C. tax
1.	Wages, Salaries, Tips, Etc.	1.	19760	5200
2.	Taxable Interest	2.	0	0
3.	Taxable Dividends	3.	0	0
4.	Taxable Refunds, Credits, or Offsets			
	of State and Local Income Taxes	4.	0	0
5.	Alimony Received	5.	0	0
6.	Business Income or (Loss)	6.	0	0
7.	Capital Gain or (Loss)	7.	0	0
8.	Other Gains or (Losses)	8.	0	0
9.	Taxable Amount of IRA Distributions	9.	0	0
10.	Taxable Amount of Pensions			
	and Annuities	10.	0	0
11.	Rental Real Estate, Royalties, Partnerships,			
	S-Corps, Estates, Trusts, Etc.	11.	0	0
12.	Farm Income or (Loss)	12.	0	0
13.	Unemployment Compensation	13.	0	0
14.	Taxable Amount of Social Security Benefits			
	or Railroad Retirement Benefits	14.	0	0
15.	Other Income	15.	0	0
16.	Total Income	16.	19760	5200
			COLUMN A	COLUMN B
North	Carolina Adjustments	Ent	er the amount from	Amount of Column A
		For	n D-400 Schedule S	subject to N.C. tax
17.	Additions			
	a. Interest Income From Obligations of States Other Than N.C.	17a.	0	0
	b. Deferred Gains Reinvested Into an Opportunity Fund Under IRC Section 1400Z-2	17b.	0	0
	c. Bonus Depreciation	17c.	0	0
	d. IRC Section 179 Expense	17d.	0	0

e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income

**Total Additions** 

18

0

0

0

0

17e.

18.

## D-400 Sch. PN 2020 Page 2 (50)

Last Name (First 10 Characters) GADDE

Your Social Security Number

287194779

		c	OLUMN A	COLUMN B
		Enter t	he amount from	Amount of Column
		Form D	-400 Schedule S	subject to N.C. tax
19.	Deductions			
	a. State or Local Income Tax Refund	19a.	0	0
	<ul> <li>Interest From Obligations of the United States</li> </ul>			
	or United States' Possessions	19b.	0	0
	c. Taxable Portion of Social Security or			
	Railroad Retirement Benefits	19c.	0	0
	d. Bailey Retirement Benefits	19d.	0	0
	e. Bonus Depreciation	19e.	0	0
	f. IRC Section 179	19f.	0	0
	g. Recognized IRC Section 1400Z-2 Gain	19g.	0	0
	h. Other Deductions From Federal Adjusted Gross			
	Income That Relate to Gross Income	19h.	0	0
20.	Total Deductions	20.	0	0
21.	Total Income Modified by N.C. Adjustments	21.	19760	5200
art (	2. Part-Year Residents and Nonresidents Taxable Percentage			
22.	Enter the Amount From Column B, Line 21		22	. 5200
23.	Enter the Amount From Column A, Line 21		23	
20. 24.	Part-Year Residents and Nonresident Taxable Percentage		20	

REV 04/06/21 PRO