

Filing Status [X] Single [ ] 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

Your first name and middle initial: RAJESH
Last name: DASARI
Your social security number: 885-43-2767
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.
75 S MAIN STREET
Apt. no.: 308
City, town, or post office. If you have a foreign address, also complete spaces below.
ATTLEBORO
State: MA
ZIP code: 02703
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[ ] You [ ] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [ ] Yes [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 with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'If more than four dependents, see instructions and check here'.

Main tax calculation table with 15 rows. Columns include line numbers, descriptions, sub-columns (2a, 3a, 4a, 5a, 6a, 10a, 10b, 10c), and final amounts. Total income is 58,036. Adjusted gross income is 55,536. Standard deduction is 12,400. Taxable income is 43,136.

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>	5,278.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	5,278.
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 7	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	5,278.
<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>	5,278.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	8,472.
<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>	8,472.
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>	
<b>27</b>	Earned income credit (EIC) <b>NO</b>	<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>	
<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>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	8,472.

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

**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>	3,194.
<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>	3,194.
<b>b</b>	Routing number 1 2 1 0 0 0 3 5 8	<b>c</b>	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number 3 2 5 0 6 1 3 5 1 8 2 6		
<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 <b>SOFTWARE ENGINEER</b>	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	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (510) 274-0412 Email address dasarirajeshyadav@gmail.com

**Paid Preparer Use Only**

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

**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  
RAJESH DASARI

Your social security number  
885-43-2767

**Part I Additional Income**

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

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶ _____		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	2,500.
<b>21</b>	Tuition and fees deduction. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	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>	2,500.

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

BAA

REV 07/28/21 PRO

Schedule 1 (Form 1040) 2020

**DO NOT SEND THIS VA-8453 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS.  
 IT MUST BE MAINTAINED IN YOUR FILES!**

Virginia Submission Identification Number (SID)											
First Name & Middle Initial (if joint or combined return, enter both)						Last Name			B Your Social Security Number		
RAJESH						DASARI			885-43-2767		
Present Home Address						A Spouse's Social Security Number					
75 S MAIN STREET APT # 308											
City, State and Zip Code						Online Filed Return			<input type="checkbox"/>		
ATTLEBORO MA 02703											
<b>Part I Tax Return Information</b>						<b>A Spouse</b>			<b>B Yourself</b>		
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)									55,536.		
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)									39,255.		
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)									35,684.		
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)									1,794.		
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)									2,021.		
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)											
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)									227.		
<b>Part II Declaration of Taxpayer</b>											
<p>8a. <input checked="" type="checkbox"/> I consent that my refund be directly deposited as designated on my 2020 Virginia income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.</p> <p>8b. <input type="checkbox"/> I do not want direct deposit of my refund or I am not receiving a refund. I choose to have a check mailed to me.</p> <p>8c. <input type="checkbox"/> I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on my 2020 Virginia income tax return for payment of my state taxes owed on this return and/or a payment of estimated tax. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.</p> <p>I declare under penalties of perjury that I have compared the information on my return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2020 Virginia individual income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return including this declaration and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my electronic return originator (ERO) and by the IRS to Virginia Tax. This declaration is to be retained by the ERO or transmitter as validation of my electronically filed Virginia income tax return. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.</p>											
Your Signature				Date		Spouse's Signature (If Filing Status 2 or 4, BOTH must sign)				Date	
<b>Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer</b>											
<p>I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on Form VA-8453 before submitting this return to the Internal Revenue Service (IRS) and Virginia Tax. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and Virginia Tax and have followed all other requirements as described in Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2020) and any requirements specified by Virginia Tax. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which preparer has any knowledge. EROs and paid preparer can sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.</p>											
ERO's Signature						Date			SSN/PTIN		
GLOBAL TAXES LLC						08-25-21			301017196		
Firm's name (or yours if self-employed)						Paid Preparer? <input type="checkbox"/> Y <input type="checkbox"/> N			Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N		
2530 PEBBLE CREEK LN CUMMING GA 30041									301017196		
Address, City, State and Zip						Date			EIN		
08-25-21						P02082703			SSN/PTIN		
Paid Preparer's Signature						Date			SSN/PTIN		
SYAM PRIYA RAM SAGAR GUPTA TALLAM						08-25-21			301017196		
Firm's name (or yours if self-employed)						Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N					
2530 PEBBLE CREEK LN CUMMING GA 30041									301017196		
Address, City, State and Zip									EIN		



**See instructions before completing line items.**

Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

Dates of VA Residence (mm-dd-yyyy)	
You - From	You - To
01-01-2020	06-01-2020
Spouse - From	Spouse - To

<b>YOUR</b> First Name RAJESH	MI	Your Last Name DASARI	Check if deceased <input type="checkbox"/>	Suffix	<b>A</b> Your Social Security Number 885-43-2767
<b>SPOUSE'S</b> First Name (filing status 2 or 4)	MI	Spouse's Last Name	Check if deceased <input type="checkbox"/>	Suffix	<b>B</b> Spouse's Social Security Number

Present Home Address (Number and Street, or Rural Route) 75 S MAIN STREET APT 308			<b>VA Driver's License Information</b>		
City, Town or Post Office ATTLEBORO			Customer ID		
State MA			You _____		
ZIP Code 02703			Spouse _____		
Locality Code 810			Issue Date (mm-dd-yyyy)		
			You _____		
			Spouse _____		

<b>Check Applicable Boxes</b>	<input type="checkbox"/> Amended Return Reason Code <input type="checkbox"/>	<input type="checkbox"/> Qualifying Farmer, Fisherman or Merchant Seaman	Combined Social Security for You and Spouse reported as taxable income on Federal Return \$ _____ .00
	<input type="checkbox"/> Dependent on Another's Return	<input type="checkbox"/> Earned Income Credit Claimed on federal return	
	<input type="checkbox"/> Overseas on Due Date	\$ _____ .00	
		\$ _____ .00	

**Filing Status** Enter Filing Status Code in box below.

1 = Single (Column A) - Federal head of household? YES

2 = Married, Filing Joint return (Column A)

3 = Married, Filing Separate returns (Column A)

4 = Married, Filing Separately on this combined return (Columns A and B)

If Filing Status 3, enter spouse's SSN in the Spouse's Social Security Number box at top of form and, enter Spouse's Name \_\_\_\_\_

**Exemptions** Enter the number of exemptions being claimed.

	You/ Spouse	Dependents	65 or Over	Blind
<b>A - You</b> Enter the numbers for both You and Spouse if Filing Status 2	1	0	<input type="checkbox"/>	<input type="checkbox"/>
<b>B - Spouse</b> Filing Status 4 Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DATE OF BIRTH**

Your Birth Date (mm-dd-yyyy)      0 8 - 1 6 - 1 9 9 3

Spouse's Birth Date (mm-dd-yyyy)      - -

<b>B</b> Spouse Filing Status 4 ONLY	<b>A</b> You Include Spouse if Filing Status 2
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Complete the Schedule of Income first and submit it with your Form 760PY.				
1	FEDERAL ADJUSTED GROSS INCOME from Schedule of Income, Part 1, Line 7, Column 1.....	1	00	55536 00
2	Additions from Schedule 760PY ADJ, Line 3.....	2	00	00
3	<b>Add Lines 1 and 2.....</b>	3	00	55536 00
4a	Qualifying Age Deduction. Enter Birth Dates above. Complete Age Deduction Worksheet in instructions. Enter Spouse's Age Deduction on Line 4b, Column B when using Filing Status 4 ONLY. Otherwise, claim Your Age Deduction on Line 4a, Column A and Spouse's on Line 4b, Column A.....	4a		00
4b		4b	00	00
5	Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported as taxable income on federal return and attributable to your period of residence in Virginia.....	5	00	00
6	State income tax refund or overpayment credit reported as income on your federal return and received while a Virginia resident. Claim in the same column you reported adjusted gross income on Line 1.....	6	00	00
7	Income attributable to your period of residence outside Virginia from Schedule of Income, Part 1, Line 9, Column 3.....	7	00	16281 00
8	Subtractions from Schedule 760PY ADJ, Line 7.....	8	00	00
9	<b>Add Lines 4a, 4b, 5, 6, 7, and 8.....</b>	9	00	16281 00
10	<b>Virginia Adjusted Gross Income (VAGI). Subtract Line 9 from Line 3.....</b>	10	00	39255 00
11	Itemized Deductions from Virginia Schedule A paid while a Virginia resident. See Instructions.....	11	00	00
12	If you do not claim itemized deductions on Line 11, enter standard deduction from Standard Deductions Worksheet in instructions.....	12	00	3182 00



Your Name <b>RAJESH DASARI</b>	Your SSN <b>885-43-2767</b>
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	<b>B</b> Spouse Filing Status 4 ONLY	<b>A</b> You Include Spouse if Filing Status 2
13 Prorated exemption amount from Schedule of Income, Part 2, Line 11. See instructions.....	13 00	389 00
14 Deductions from Schedule 760PY ADJ, Line 9.....	14 00	00
15 <b>Add Lines 11, 12, 13 and 14.</b> .....	15 00	3571 00
16 <b>Virginia Taxable Income. Subtract Line 15 from Line 10.</b> .....	16 00	35684 00
17 Tax amount from Tax Table or Tax Rate Schedule.....	17 00	1794 00
18 <b>Total Tax. Add Line 17, Column A and Line 17, Column B.</b> .....	18	1794 00
19a Your Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1.....	19a	2021 00
19b Spouse's Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1.....	19b	00
20 Combined 2020 Estimated Tax Payments.....	20	00
21 2019 overpayment credited to 2020 estimated taxes.....	21	00
22 Extension Payment - Enter amount paid on Form 760IP.....	22	00
23 Tax Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 760PY ADJ, Line 17....	23	00
24 Total credit for taxes paid to another state from Schedule OSC.....	24	00
25 Credits from Schedule CR, Section 5, Line 1A.....	25	00
26 <b>Total payments and credits. Add Lines 19a through 25.</b> .....	26	2021 00
27 If Line 18 is larger than Line 26, enter the difference. This is the <b>INCOME TAX YOU OWE.</b> .....	27	00
28 If Line 26 is larger than Line 18, enter the difference. This is the <b>OVERPAYMENT AMOUNT.</b> .....	28	227 00
29 Amount of overpayment on Line 28 to be <b>CREDITED TO 2021 ESTIMATED INCOME TAX.</b> .....	29	00
30 Virginia529 and ABLEnow Contributions from Schedule VAC, Section I, Line 6.....	30	00
31 Other Voluntary Contributions from Schedule VAC, Section II, Line 14.....	31	00
32 Addition to Tax, Penalty and Interest from <b>enclosed</b> Schedule 760PY ADJ, Line 21.....	32	00
33 Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions. Check here if no sales and use tax is due..... <input checked="" type="checkbox"/>	33	00
34 <b>Add Lines 29 through 33.</b> .....	34	00
35 If you owe tax on Line 27, add Lines 27 and 34 - <b>OR</b> - If Line 28 is an overpayment and Line 34 is larger than Line 28, enter the difference. Enclose payment or pay at <b>www.tax.virginia.gov</b> ..... <b>AMOUNT YOU OWE</b> ... Check here if paying by credit or debit card - See instructions. <input type="checkbox"/>	35	00
36 If Line 28 is larger than Line 34, subtract Line 34 from Line 28..... <b>YOUR REFUND.</b> .....	36	227 00

If the Direct Deposit section below is not completed, your refund will be issued by check.

**DIRECT BANK DEPOSIT** Domestic Accounts Only. No International Deposits.

<b>Your Bank Routing Transit Number</b>	<b>Your Bank Account Number</b>	Checking <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>
1 2 1 0 0 0 3 5 8	3 2 5 0 6 1 3 5 1 8 2 6		

I (We) authorize the Department of Taxation to discuss this return with my (our) preparer.  I agree to obtain my Form 1099-G at [www.tax.virginia.gov](http://www.tax.virginia.gov).  
 I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

Your Signature	Your Phone Number	Date
Spouse's Signature (If a joint return, <b>both</b> must sign)	Spouse's Phone Number	Date
Preparer's Name <b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b>	Preparer's Phone Number <b>(678) 965-9522</b>	Date <b>08-25-2021</b>
Firm's Name (or Yours if Self-Employed) <b>GLOBAL TAXES LLC</b> <b>2530 PEBBLE CREEK LN CUMMING GA 30041</b>	Preparer's PTIN <b>P02082703</b> Vendor Code <b>1555</b>	Filing Election Code <b>7</b> ID Theft PIN

**2020 VIRGINIA SCHEDULE OF INCOME  
Form 760PY**

Page 1



Your Name RAJESH DASARI	Your SSN 885-43-2767
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**PART 1**

**Income Distribution**

Complete the Schedule of Income prior to beginning Form 760PY. Everyone should complete Section A. If you are claiming filing status 4, also complete Section B. Refer to your federal return when completing Part 1.

SECTION A SCHEDULE OF INCOME Form 760PY, Column A — All Filers Must Complete Section A —		You (Include Spouse if Filing Status 2)						
		Column A1 Federal Return		Column A2 While VA Resident		Column A3 While NOT VA Resident		
1.	Wages, salaries, tips, etc.....	1	58036	.00	39255	.00	18781	.00
2.	Interest and dividends .....	2		.00		.00		.00
3.	Pension and other income.....	3		.00		.00		.00
4.	Gross income (add Lines 1, 2 and 3) .....	4	58036	.00	39255	.00	18781	.00
5.	Adjustments to income: moving expenses .....	5		.00		.00		.00
6.	Other income adjustments (enclose explanation)	6	2500	.00	0	.00	2500	.00
7.	Federal adjusted gross income (Line 4 less Lines 5 and 6)* .....	7	55536	.00	39255	.00	16281	.00
8.	Net fixed date conformity modifications.....	8		.00		.00		.00
9.	Fixed date conformity Federal Adjusted Gross Income (add Lines 7 and 8).....	9	55536	.00	39255	.00	16281	.00

\*Enter the amount from Line 7, Column A1 on Form 760PY, Page 1, Line 1, Column A.

SECTION B SCHEDULE OF INCOME Form 760PY, Column B — Spouse Must Complete Section B if claiming Filing Status 4 —		Enter Spouse's Income When Filing Status 4 Is Claimed						
		Column B1 Federal Return		Column B2 While VA Resident		Column B3 While NOT VA Resident		
1.	Wages, salaries, tips, etc.....	1		.00		.00		.00
2.	Interest and dividends .....	2		.00		.00		.00
3.	Pension and other income.....	3		.00		.00		.00
4.	Gross income (add Lines 1, 2 and 3) .....	4		.00		.00		.00
5.	Adjustments to income: moving expenses .....	5		.00		.00		.00
6.	Other income adjustments (enclose explanation)	6		.00		.00		.00
7.	Federal Adjusted gross income (Line 4 less Lines 5 and 6)** .....	7		.00		.00		.00
8.	Net fixed date conformity modifications.....	8		.00		.00		.00
9.	Fixed date conformity Federal Adjusted Gross Income (add Lines 7 and 8).....	9		.00		.00		.00

\*\*Enter the amount from Line 7, Column B1 on Form 760PY, Page 1, Line 1, Column B.

Submit completed Schedule of Income with Form 760PY to avoid delays.

**2020 VIRGINIA SCHEDULE OF INCOME**

**Form 760PY**

Page 2



Your Name <b>RAJESH DASARI</b>	Your SSN <b>885-43-2767</b>
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**PART 2**

**Prorated Exemptions Worksheet**

If claiming Filing Status 4, complete both the "A" and "B" sections of the schedule. For all other filing statuses, complete only the "A" section.

Complete the Prorated Exemption Worksheet to compute your allowable personal and dependent exemptions. The worksheet below is used to reduce your personal and dependent exemptions to an amount that is proportional to the number of days you resided in Virginia during the taxable year. The total exemption amount is the number of exemptions claimed, prorated based on the portion of the year you resided in Virginia (see Ratio Schedule in Form 760PY Instructions).

Each spouse must compute his or her own prorated personal exemptions based on the number of exemptions claimed in the Exemption Section of Form 760PY. Use the separate exemption amounts for "you" and your "spouse" when completing Lines 1 - 11 of the worksheet. Enter the total prorated exemption in the appropriate column on Form 760PY, Line 13. If claiming Filing Status 2, the combined exemption amount for you and spouse should be entered on Form 760PY, Line 13, Column A.

For example, if you are single, claim no dependents and moved to Virginia on July 1, your prorated Virginia personal exemption is computed as follows:

\$930 (One personal exemption)

X .504 (Ratio Schedule factor for July 1 move to Virginia)

\$468.72 (Be sure to round to the nearest whole number, \$469.00 in this example)

**Prorated Virginia Personal Exemptions**

		<b>Column B Spouse</b>	<b>Column A You</b>
1.	Your exemption.....	1	1
2.	Dependents .....	2	0
3.	Add Lines 1 and 2 .....	3	1
4.	Multiply Line 3 by \$930 .....	4	930
5.	65 or over .....	5	
6.	Blind .....	6	
7.	Add Lines 5 and 6 .....	7	
8.	Multiply Line 7 by \$800 .....	8	
9.	Add Lines 4 and 8 .....	9	930
10.	Enter the ratio amount from the Personal Exemption Ratio Schedule in the Form 760PY Instructions .....	10	0.418
11.	Multiply Line 9 by Line 10 and enter the result in the appropriate column on Form 760PY, Line 13.....	11	389

**PART 3**

**Moving Information**

- 1a. If YOU moved into Virginia in 2020, prior state of residence \_\_\_\_\_
- 1b. If YOU moved out of Virginia in 2020, state moved to MD
- 2a. If SPOUSE moved into Virginia in 2020, prior state of residence \_\_\_\_\_
- 2b. If SPOUSE moved out of Virginia in 2020, state moved to \_\_\_\_\_



**2020 Schedule INC/CG**

885432767

Report all W-2s, 1099s & VK-1s with VA Withholding



RAJESH

DASARI

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
885432767	W	2021.	202083658	30202083658F001	39255.

Total VA Withholding	SSN	VA Withholding
You	885432767	2021.
Spouse		
Total # of W-2s, 1099s & VK-1s	01	

To avoid delays - be sure to enter all information, including the Employer's FEIN.



201010013

Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions.

Print Using Blue or Black Ink Only.

RAJESH First Name MI DASARI Last Name 885432767 SSN/Taxpayer Identification Number
Spouse's First Name MI Spouse's Last Name SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

- 1. Amount of overpayment to be applied to 2021 estimated tax
2. Amount of overpayment to be refunded to you REFUND 148
3. Total amount due (Pay in full by April 15, 2021. See instructions.)

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described above agree with the amounts shown on the corresponding lines of my 2020 Maryland electronic income tax return.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC ERO firm name to enter or generate my PIN 22767 Enter five digits. Do not enter all zeros. as my signature on my tax year 2020 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature Date

Spouse's PIN: check one box only

[ ] I authorize ERO firm name to enter or generate my PIN Enter five digits. Do not enter all zeros. as my signature on my tax year 2020 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature Date

Practitioner PIN Method Returns Only

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 58727861989 Do not enter all zeros.

I certify this numeric entry is my PIN, which is my signature for the tax year 2020 electronically filed income tax return for the taxpayer(s). I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-file Providers.

ERO's signature Date 08252021

DO NOT MAIL



205020013

\$

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2020, ENDING \_\_\_\_\_

885432767

Your Social Security Number

Spouse's Social Security Number

RAJESH

Your First Name

MI

Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit www.ssa.gov.

DASARI

Your Last Name

Spouse's First Name

MI

Spouse's Last Name

75 S MAIN STREET

Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

308

ATTLEBORO

MA

02703

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

City or Town

State

ZIP Code + 4

REQUIRED: Maryland Physical address of taxing area as of December 31, 2020 or last day of the taxable year for fiscal year taxpayers. See Instruction 6. Part-year residents see Instruction 26.

1400

4 Digit Political Subdivision Code (See Instruction 6)

HOWARD

Maryland Political Subdivision (See Instruction 6)

6190 GOOD HUNTERSIDE

Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box)

Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)

COLUMBIA

City

MD

State

21045

ZIP Code + 4

HOWARD

Maryland County

FILING STATUS

CHECK ONE BOX

See Instruction 1 if you are required to file.

- 1. [X] Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2. [ ] Married filing joint return or spouse had no income
3. [ ] Married filing separately, Spouse SSN
4. [ ] Head of household
5. [ ] Qualifying widow(er) with dependent child
6. [ ] Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

PART-YEAR RESIDENT

See Instruction 26.

Dates of Maryland Residence (MM DD YYYY) FROM 06022020 TO 12312020

Other state of residence: VA

If you began or ended legal residence in Maryland in 2020 place a P in the box. [P]
MILITARY: If you or your spouse has non-Maryland military income, place an M in the box. [ ]

Enter Military Income amount here: \_\_\_\_\_

EXEMPTIONS

See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form to receive the applicable exemption amount.

- A. [X] Yourself [ ] Spouse . . . . Enter number checked [1] See Instruction 10 A. \$ 3200
B. [ ] 65 or over [ ] 65 or over
[ ] Blind [ ] Blind . . . . . Enter number checked [ ] X \$1,000 . . . . . B. \$
C. [ ] Enter number from line 3 of Dependent Form 502B . . . . . [ ] See Instruction 10 C. \$
D. Enter Total Exemptions (Add A, B and C.) . . . . . [1] Total Amount . . . . D. \$ 3200

Print Using Blue or Black Ink Only

Place your W-2 wage and tax statements and ATTACH HERE with one staple. Do not attach check or money order to Form 502. Attach check or money order to Form PV.



205020113

NAME RAJESH DASARI

SSN 885432767

MARYLAND HEALTH CARE COVERAGE

See Instruction 3.

Check here [ ] If you do not have health care coverage DOB (mm/dd/yyyy)
Check here [ ] If your spouse does not have health care coverage DOB (mm/dd/yyyy)
Check here [ ] I authorize the Comptroller of Maryland to share information from this tax return with the Maryland Health Benefit Exchange for the purpose of determining pre-eligibility for no-cost or low-cost health care coverage.
E-mail address

INCOME

See Instruction 11.

1. Adjusted gross income from your federal return 1. 55536
1a. Wages, salaries and/or tips 1a. 58036
1b. Earned income 1b.
1c. Capital Gain or (loss) 1c.
1d. Taxable Pensions, IRAs, Annuities (Attach Form 502R.) 1d.
1e. Place a "Y" in this box if the amount of your investment income is more than \$3,650. [ ]

ADDITIONS TO MARYLAND INCOME

See Instruction 12.

2. Tax-exempt interest on state and local obligations (bonds) other than Maryland 2.
3. State retirement pickup. 3.
4. Lump sum distributions (from worksheet in Instruction 12.) 4.
5. Other additions (Enter code letter(s) from Instruction 12.) A 5. 2500
6. Total additions (Add lines 2 through 5 plus line 3 of Form 502LU.) 6. 2500
7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) 7. 58036

SUBTRACTIONS FROM MARYLAND INCOME

See Instruction 13.

8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 8.
9. Child and dependent care expenses 9.
10a. Pension exclusion from worksheet (13A) Yourself [ ] Spouse [ ] 10a.
10b. Pension exclusion from worksheet (13E) Yourself [ ] Spouse [ ] 10b.
11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 11.
12. Income received during period of nonresidence (See Instruction 26.) 12. 39255
13. Subtractions from attached Form 502SU 13.
14. Two-income subtraction from worksheet in Instruction 13. 14.
15. Total subtractions (Add lines 8 through 14 plus line 7 of Form 502LU.) 15. 39255
16. Maryland adjusted gross income (Subtract line 15 from line 7.) 16. 18781

DEDUCTION METHOD

See Instruction 16.

All taxpayers must select one method and check the appropriate box.
[X] STANDARD DEDUCTION METHOD (Enter amount on line 17.)
[ ] ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)
17a. Total federal itemized deductions (from line 17, federal Schedule A) 17a.
17b. State and local income taxes (See Instruction 14.) 17b.
Subtract line 17b from line 17a and enter amount on line 17.
17. Deduction amount (Part-year residents see Instruction 26 (l and m).) 17. 778

MARYLAND TAX COMPUTATION

18. Net income (Subtract line 17 from line 16.) 18. 18003
19. Exemption amount from Exemptions area (See Instruction 10.) 19. 1082
20. Taxable net income (Subtract line 19 from line 18.) 20. 16921
21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) 21. 751
22. Earned income credit (EIC)(See Instruction 18.) 22.
Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.
23. Poverty level credit (See Instruction 18.) 23.
24. Other income tax credits for individuals from Part AA, line 13 of Form 502CR (Attach Form 502CR.) 24.
25. Business tax credits. You must file this form electronically to claim business tax credits on Form 500CR. 25.
26. Total credits (Add lines 22 through 25.) 26.
27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0. 27. 751



205020213

NAME RAJESH DASARI

SSN 885432767

<b>LOCAL TAX COMPUTATION</b>	<b>28.</b> Local tax (See Instruction 19 for tax rates and worksheet.) <b>Multiply line 20 by your local tax rate .0320</b> or use the Local Tax Worksheet . . . . . 28. <u>541</u>
	<b>29.</b> Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) . . . . . 29. _____
	<b>30.</b> Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) . . . . . 30. _____
	<b>31.</b> Local tax credit from Part BB, line 1 of Form 502CR. ( <b>Attach Form 502CR.</b> ) . . . . . 31. _____
	<b>32.</b> Total credits (Add lines 29 through 31.) . . . . . 32. _____
	<b>33.</b> <b>Local tax</b> after credits (Subtract line 32 from line 28.) If less than 0, enter 0 . . . . . 33. <u>541</u>
	<b>34.</b> Total Maryland and local tax (Add lines 27 and 33.) . . . . . 34. <u>1292</u>
<b>CONTRIBUTIONS</b> See Instruction 20.	<b>35.</b> Contribution to Chesapeake Bay and Endangered Species Fund . . . . . ▶ 35. _____
	<b>36.</b> Contribution to Developmental Disabilities Services and Support Fund . . . . . ▶ 36. _____
	<b>37.</b> Contribution to Maryland Cancer Fund. . . . . ▶ 37. _____
	<b>38.</b> Contribution to Fair Campaign Financing Fund . . . . . ▶ 38. _____
	<b>39.</b> <b>Total Maryland income tax, local income tax and contributions</b> (Add lines 34 through 38.) . 39. <u>1292</u>
	<b>40.</b> Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.) . . . . . ▶ 40. <u>1440</u>
	<b>41.</b> 2020 estimated tax payments, amount applied from 2019 return, payment made with an extension request, and <b>Form MW506NRS</b> . . . . . ▶ 41. _____
	<b>42.</b> Refundable earned income credit (from worksheet in Instruction 21) . . . . . ▶ 42. _____
	<b>43.</b> Refundable income tax credits from Part CC, line 8 of Form 502CR ( <b>Attach Form 502CR.</b> See Instruction 21.) . . . . . 43. _____
	<b>44.</b> Total payments and credits (Add lines 40 through 43.) . . . . . 44. <u>1440</u>
	<b>45.</b> Balance due (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.) . . . . . ▶ 45. _____
	<b>46.</b> Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) . . . . . ▶ 46. <u>148</u>
<b>REFUND</b>	<b>47.</b> <b>Amount of overpayment TO BE APPLIED TO 2021 ESTIMATED TAX.</b> . . . . . ▶ 47. _____
	<b>48.</b> Amount of overpayment <b>TO BE REFUNDED TO YOU</b> (Subtract line 47 from line 46.) See line 51 . . . . . <b>REFUND</b> ▶ 48. <u>148</u>
<b>AMOUNT DUE</b>	<b>49.</b> Check here <input type="checkbox"/> if you are attaching Form 502UP. Enter interest charges from line 18 of Form 502UP _____ or for late filing _____ . . . . . ▶ 49. _____
	<b>50.</b> <b>TOTAL AMOUNT DUE</b> (Add lines 45 and 49.) <b>IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV.</b> . . . . . 50. _____



205020313

NAME RAJESH DASARI SSN 885432767

**DIRECT DEPOSIT OF REFUND** (See Instruction 22.) Be sure the account information is correct. **For Splitting Direct Deposit**, use Form 588. To comply with banking and **NACHA (National Automated Clearing House Association)** rules, if this refund will go to an account outside of the United States, place "Y" in this box  or if you authorize the State of Maryland to direct deposit your refund, check this box  and complete the following information clearly and legibly.

**51a.** Type of account:  Checking  Savings **51b.** Routing Number (9-digits)  121000358

**51c.** Account Number  325061351826

**51d.** Name(s) as it appears on the bank account \_\_\_\_\_

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per line)

Check here  if you authorize your preparer to discuss this return with us. Check here  if you authorize your paid preparer not to file electronically. Check here  if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 24.)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

\_\_\_\_\_  
Your signature Date

GLOBAL TAXES LLC  
Printed name of the Preparer / or Firm's name

SYAM PRIYA RAM SAGAR GUPTA TALLAM  
Signature of preparer other than taxpayer **(Required by Law)**

\_\_\_\_\_  
Spouse's signature Date

2530 PEBBLE CREEK LN  
Street address of preparer or Firm's address

CUMMING GA 30041  
City, State, ZIP Code + 4

6789659522  P02082703  
Telephone number of preparer Preparer's PTIN **(Required by Law)**

**For returns filed without payments, mail your completed return to:**

Comptroller of Maryland  
Revenue Administration Division  
110 Carroll Street  
Annapolis, MD 21411-0001

**For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 502. Place Form PV with attached check/money order on TOP of Form 502 and mail to:**

Comptroller of Maryland  
Payment Processing  
PO Box 8888  
Annapolis, MD 21401-8888