

Filing Status 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 SUBHASH CHANDRA	Last name KILARI	Your social security number 406-93-8407
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. 63 N ORCHARD DR		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. WARSAW		State IN
Foreign country name		ZIP code 46582
Foreign province/state/county		Foreign postal code

You Spouse

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

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

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

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name Last name		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit Credit for other dependents	
						<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

	1	Wages, salaries, tips, etc. Attach Form(s) W-2		95,303.
Attach Sch. B if required.	2a	Tax-exempt interest	2b	
	3a	Qualified dividends	3b	
	4a	IRA distributions	4b	
	5a	Pensions and annuities	5b	
	6a	Social security benefits	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 9	8	-6,235.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	89,068.
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction, see instructions.	10 Adjustments to income:			
	a	From Schedule 1, line 22	10a	
	b	Charitable contributions if you take the standard deduction. See instructions	10b	
	c	Add lines 10a and 10b. These are your total adjustments to income ▶	10c	
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶	11	89,068.
	12	Standard deduction or itemized deductions (from Schedule A)	12	12,400.
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	
	14	Add lines 12 and 13	14	12,400.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	76,668.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	12,659.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	12,659.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	12,659.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	12,659.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	15,063.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	15,063.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	15,063.

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,404.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,404.
b	Routing number <u>0 2 1 0 0 0 3 2 2</u> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <u>4 8 3 0 5 0 0 7 4 3 2 8</u>		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

For details on how to pay, see instructions.

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

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name Phone no. Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
<input type="text"/>	<input type="text"/>	IT CONSULTANT	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone no.	Email address		
<input type="text"/>	<input type="text"/>		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/23/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	Firm's EIN
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		(678) 965-9522	30-1017196

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2020

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SUBHASH CHANDRA KILARI

Your social security number
406-93-8407

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-6,235.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ _____ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-6,235.

Part II Adjustments to Income

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

SCHEDULE E
(Form 1040)

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, 1040-NR, or 1041.**
▶ **Go to www.irs.gov/ScheduleE for instructions and the latest information.**

Name(s) shown on return

SUBHASH CHANDRA KILARI

Your social security number

406-93-8407

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

A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions **Yes** **No**
B If "Yes," did you or will you file required Form(s) 1099? **Yes** **No**

1a	Physical address of each property (street, city, state, ZIP code)				
A	54-12-23 HB COLONY VISAKHAPATNAM, ANDHRA PRADESH IN 530022				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	3		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<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
3 Rents received	3	450.		
4 Royalties received	4			
Expenses:				
5 Advertising	5	75.		
6 Auto and travel (see instructions)	6	330.		
7 Cleaning and maintenance	7	260.		
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13	5,800.		
14 Repairs	14	220.		
15 Supplies	15			
16 Taxes	16			
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	6,685.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-6,235.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-6,235.)	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a	450.		
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e	6,685.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(6,235.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26	-6,235.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

2020 Individual PFC Letter

Dear Taxpayer:

Your 2020 Indiana Individual Income Tax return indicates a total tax amount of \$ 648.00 is owed to the Indiana Department of Revenue.

As a reminder, you must pay this amount in full no later than April 15, 2021. Any portion not paid by that date will be subject to penalties and interest.

You can take care of this obligation by doing one of the following:

1. Pay online via eCheck or credit card by visiting <https://www.in.gov/dor/4340.htm>. At this site you can either pay in full or make partial payments by selecting "Individual" and "Tax Return Payment" options. Have your SSN ready for identification purposes. If paying by credit card, a fee will be charged by the credit card processor based on the amount you are paying. If paying by electronic check, a fee of \$1 will be charged by the bank. You can make partial payments, but must still pay the entire amount by April 15, 2021 to avoid penalty and interest.
2. Pay by check or money order using the coupon at the bottom of this letter. If you did not electronically file your state return and will submit the payment with your tax return, then do not include the payment coupon below. If you are sending in your return separately from your payment, then mail your payment and the tear-off coupon at the bottom of this letter to: Indiana Department of Revenue, PO Box 1674, Indianapolis, IN 46206-1674 Make your check or money order payable to "Indiana Department of Revenue". DO NOT SEND CASH.

Remember, you must take action on this debt no later than April 15, 2021, to avoid penalty and interest.

Sincerely,

Indiana Department of Revenue
317-232-2240

Cut on line before mailing

REV 03/06/21 PRO

POST FILING COUPON

PFC

0912

1030

*SSN 1 406 93 8407
*SSN 2
Period End Date 12 31 2020
Date Due 04 15 2021
Tax Type IND

"Electronic calculation and processing of state tax liabilities serve as a convenience for Indiana taxpayers. The taxpayer remains responsible for providing accurate information and remains liable for payment of the correct amount of tax."

Mail and make check payable to
INDIANA DEPARTMENT OF REVENUE
P.O. BOX 1674
INDIANAPOLIS, IN 46206-1674

SUBHASH CHANDRA KILARI

Amount Due:

648.00

63 N ORCHARD DR

WARSAW IN 46582

06000040693840702000010111231202007

2020 **Indiana Full-Year Resident Individual Income Tax Return**

Due April 15, 2021

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from to:

Place "X" in box
if amending

Your Social Security Number 406 93 8407

Spouse's Social Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name SUBHASH CHANDRA Initial Last name KILARI Suffix

If filing a joint return, spouse's first name Initial Last name Suffix

Present address (number and street or rural route)

63 N ORCHARD DR Place "X" in box if you are
married filing separately.

City WARSAW State IN Zip/Postal code 46582

Foreign country 2-character code (see instructions)

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40) for the county where you lived and worked on January 1, 2020.

County where you lived 43 County where you worked 43 County where spouse lived County where spouse worked

Round all entries

1. Enter your federal adjusted gross income from your federal income tax return, Form 1040 or Form 1040-SR, line 11	Federal AGI	<input type="text"/> 1	<input type="text"/> 89068	<input type="text"/> .00
2. Enter amount from Schedule 1, line 7, and enclose Schedule 1	Indiana Add-Backs	<input type="text"/> 2	<input type="text"/>	<input type="text"/> .00
3. Add line 1 and line 2			<input type="text"/> 89068	<input type="text"/> .00
4. Enter amount from Schedule 2, line 12, and enclose Schedule 2	Indiana Deductions	<input type="text"/> 4	<input type="text"/>	<input type="text"/> .00
5. Subtract line 4 from line 3			<input type="text"/> 89068	<input type="text"/> .00
6. You must complete Schedule 3. Enter amount from Schedule 3, line 6, and enclose Schedule 3	Indiana Exemptions	<input type="text"/> 6	<input type="text"/> 1000	<input type="text"/> .00
7. Subtract line 6 from line 5	Indiana Adjusted Gross Income	<input type="text"/> 7	<input type="text"/> 88068	<input type="text"/> .00
8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323) (if answer is less than zero, leave blank)		<input type="text"/> 8	<input type="text"/> 2845	<input type="text"/> .00
9. County tax. Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank)		<input type="text"/> 9	<input type="text"/> 881	<input type="text"/> .00
10. Other taxes. Enter amount from Schedule 4, line 4 (enclose sch.)		<input type="text"/> 10	<input type="text"/>	<input type="text"/> .00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back	Indiana Taxes	<input type="text"/> 11	<input type="text"/> 3726	<input type="text"/> .00



12. Enter credits from Schedule 5, line 10 (enclose schedule)

13. Enter offset credits from Schedule 6, line 8 (enclose schedule)

14. Add lines 12 and 13 _____ **Indiana Credits**

15. Enter amount from line 11 _____ **Indiana Taxes**

16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)

17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16

18. Subtract line 17 from line 16 _____ **Overpayment**

19. Amount from line 18 to be applied to your 2021 estimated tax account (see instructions).
 Enter your county code county tax to be applied _ \$
 Spouse's county code county tax to be applied _ \$
 Indiana adjusted gross income tax to be applied _____ \$
 Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) _____

20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A _____

21. **Refund:** Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 ____ **Your Refund**

22. **Direct Deposit** (see instructions)
 a. Routing Number
 b. Account Number
 c. Type: Checking Savings Hoosier Works MC
 d. Place an "X" in the box if refund will go to an account outside the United States

23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) _____

24. Penalty if filed after due date (see instructions) _____

25. Interest if filed after due date (see instructions) _____

26. **Amount Due:** Add lines 23, 24 and 25 _____ **Amount You Owe**
 Do not send cash. Please make your check or money order payable to:
 Indiana Department of Revenue. Credit card payers must see instructions.

Sign and date this return after reading the Authorization statement on Schedule 7. You must enclose Schedule 7.

 Your Signature Date Spouse's Signature Date

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.



15120121030

Name(s) shown on Form IT-40

SUBHASH CHANDRA KILARI

Your Social Security Number

406 93 8407

Complete and enclose Schedule IN-DEP: Dependent Information and Additional
Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below.

Round all entries

1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000 1 1000 .00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 6 x \$1000 2 .00
You **MUST** enclose Schedule IN-DEP.

3. You may claim an additional exemption for each qualifying dependent child:
- who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom you are a legal guardian,
 - who was under the age of 19 by Dec. 31, 2020,
 - or a full-time student who was under the age of 24 by Dec. 31, 2020, and
 - who you are eligible to claim as a dependent on line 2 above.

Enter the number of additional dependents listed on Schedule IN-DEP, Box 7. x \$1500 3 .00

4. Place "X" in box(es) below if, by December 31, 2020

You were age 65 or older and/or blind

Spouse was 65 or older and/or blind

Total number of boxes with Xs x \$1000 .00

5. If age 65 or older, enter amount from Form IT-40, line 1.

If this amount is less than \$40,000, place "X" in box(es) below if:

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs x \$500 5 .00

6. Add lines 1, 2, 3, 4 and 5. Enter here and on Form IT-40, line 6 **Total Exemptions** 6 1000 .00



Name(s) shown on Form IT-40

Your Social Security Number

SUBHASH CHANDRA KILARI

406 93 8407

Round all entries

1. Indiana state tax withheld: enclose W-2s, 1099s showing state tax withholding amounts _____	1	3078	.00
2. Indiana county tax withheld: enclose W-2s, 1099s showing county tax withholding amounts _____	2		.00
3. Estimated tax paid for 2020: include any extension payment made with Form IT-9 _____			.00
4. Unified tax credit for the elderly _____			.00
5. Earned income credit: enclose Schedule IN-EIC and enter amount from line A-3 _____	5		.00
6. Lake County residential income tax credit _____			.00
7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____	7		.00
8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) _____	8		.00
9. Headquarters relocation credit (refundable portion - see instructions) _____	9		.00
10. Add lines 1 through 9. Enter total here and on Form IT-40, line 12 _____ Total Credits	10	3078	.00

Schedule IN-DONATE

Important. The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

a. Enter fund name		code no.		1a		.00
b. Enter fund name		code no.		1b		.00
c. Enter fund name		code no.		c		.00
2. Add lines 1a through 1c. Enter total here and on Form IT-40/IT-40PNR, line 17 Total Donations	2					.00



23120111030

Name(s) shown on Form IT-40

Your Social Security Number

SUBHASH CHANDRA KILARI

406 93 8407

1. Federal filing information

Are you filing a federal income tax return for 2020? Place "X" in appropriate box. Yes No

2. Out-of-state income Complete if you and/or your spouse (if filing a joint return) received any salary, wage, tip and/or commission income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or Wisconsin. Enter two-digit code number from the back of Schedule CT-40 for state where you and/or your spouse worked.

State where you worked

Your income

State where spouse worked

Spouse's income

\$.00

\$.00

3. Extension of time to file

- a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.
- b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

4. Farm / Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.
Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

5. MFJ filers. If you are eligible for a refund and you do not want it applied to an existing state income tax liability of your spouse, or to another debt of your spouse to which the state tax refund may be applied, place an "X" in the box and see instructions.

6. Date of death

If any individual listed at the top of the IT-40 died during 2020, enter date of death (MM/DD).

Taxpayer's date of death 2020 Spouse's date of death 2020

Authorization Sign Form IT-40 after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

7. Your daytime telephone number

Your email address KSUBHASH567@GMAIL.COM

I authorize the Department to discuss my return with my personal representative.

Yes No If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State Zip Code

Paid Preparer: Firm's Name (or yours if self-employed)

GLOBAL TAXES LLC

IN-OPT on file with paid preparer if not filing electronically

PTIN P02082703

Address 2530 PEBBLE CREEK LN

City CUMMING

State GA Zip Code 30041

Preparer's signature SYAM PRIYA RAM SAGAR GUPTA



Name(s) shown on Form IT-40

Your Social Security Number

SUBHASH CHANDRA KILARI

406

93

8407

1. Enter the amount from IT-40, line 7. Note: If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40, line 7 on line 1A (do not complete Column B). See instructions _____

Column A - Yourself

Column B - Spouse's

1 88068.00

1B .00

2. Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2020 _____

2A .0100000

2B .

3. Multiply line 1 by the rate on line 2 (leave blank if less than zero) _____

3A 881.00

3B .00

4. Add lines 3A and 3B. Enter the total here. **Note: Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 5 and 6.** Otherwise, enter the total here and on line 7 below (see instructions _____)

4 881.00

5. Enter the amount of income that was taxed by certain Kentucky localities (see instructions _____)

5 .00

6. Multiply line 5 by .0181 and enter total here _____

6 .00

7. Enter total of line 4 minus line 6. Enter this amount on line 9 of Form IT-40 _____

7 881.00



