E104(artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		(99) urn	202	0	OMB No. 1	1545-00	74 IRS U	Jse Only	∕−Do not w	rite or staple i	n this space.
Filing Statu	s 🗆 🤅	Single 🔀 Married filing jointly	Marrie	ed filina :	separately (N	AES)	- Hear	d of ho	isehold (F	IOH)		lifving wide	ow(er) (QW)
Check only		u checked the MFS box, enter the n	_	-	• • •	,			```	,		, ,	. , . ,
one box.		son is a child but not your dependent		your spo	use. Il you e	ncon			W DOX, C			name ir ur	e qualitying
Your first name	•	, ,	Last na	ime							Your so	cial securit	y number
ASHOK R	EDDY		REDI	DEM							893-23-4236		
		s first name and middle initial	Last na										urity number
SIRI PR	IYA		PALI	ΓE							841-	73-2010	С
		er and street). If you have a P.O. box, see							Apt. no.				on Campaigr
8031 N	MACA	RTHUR BLVD							2120		•	nere if you,	
City, town, or	post offi	ce. If you have a foreign address, also co	mplete s	paces be	low.	Stat	е	ZI	P code				tly, want \$3
IRVING			·	TX			7	to go to this fund. (box below will not			0		
Foreign countr	ry name			Foreign p	rovince/state/	count	y	Fo			your tax or refund.		
Ū				0.1			•					You	Spouse
At any time du	uring 20	020, did you receive, sell, send, excl	nange, d	or otherw	vise acquire	any f	inancial in	nterest	in any vir	tual cu	irrency?	Yes	🗙 No
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate retur	•		Your spous dual-status		a depende	ent					
Age/Blindnes	s You	Were born before January 2, 1	956	Are b	lind Spo	ouse:	: 🗌 Was	born b	pefore Jai	nuary	2, 1956	🗌 ls bli	nd
Dependent		•		(2) 5	Social security	,	(3) Relation					r (see instruc	ctions):
If more		irst name Last name			number		to yo			d tax c			ner dependents
than four												[
dependents,												[
see instructior and check	IS —								-				
here 🕨 🗌													
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .							. 1	17	1,262.
Attach	2a	Tax-exempt interest	2a			b Ta	axable inte	erest			. 2b		
Sch. B if	3a	Qualified dividends	3a			b O	rdinary div	vidends	s		. 3b		
required.	- 4a	IRA distributions	4a				axable am				. 4b		
	5a	Pensions and annuities	5a			b Ta	axable am	ount.			. 5b		
Standard	6a	Social security benefits	6a			b Ta	axable am	ount.			. 6b		
Deduction for-	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here						. 🕨 [7				
 Single or Married filing 	8	Other income from Schedule 1, lin	e9.								. 8		
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	This is yo	our total inco	ome					▶ 9	17	1,262.
 Married filing 	10	Adjustments to income:											
jointly or Qualifying	a	From Schedule 1, line 22						10a					
widow(er), \$24,800	b	Charitable contributions if you take					1	10b		30	0.		
Head of	c	Add lines 10a and 10b. These are	your to	tal adjus	stments to i	ncon	ne				► 100	>	300.
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjusted	d gross inco	me					▶ 11	17	70,962.
 If you checked 	12	Standard deduction or itemized									. 12	2	24,800.
any box under Standard	13	Qualified business income deduction					995-A .				. 13		
Deduction, see instructions.	14	Add lines 12 and 13									. 14	2	24,800.
	15	Taxable income. Subtract line 14	from lin	ne 11. lf z	zero or less,	entei	r-0				. 15		46,162.
For Disclosuro	Drivao	Act and Paperwork Reduction Act N										Form	1040 (2020)

Form 1040 (

Form 1040 (2020	J)			Page 2
	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 . .	16	23,736.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	23,736.
	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	23,736.
	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	23,736.
	25	Federal income tax withheld from:		,
	а	Form(s) W-2		
	b	Form(s) 1099		
	с	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	24,037.
If you have a	26	2020 estimated tax payments and amount applied from 2019 return	26	
qualifying child,	27	Earned income credit (EIC)		
attach Sch. EIC.	28	Additional child tax credit. Attach Schedule 8812		
nontaxable	29	American opportunity credit from Form 8863, line 8	1	
combat pay, see instructions.	30	Recovery rebate credit. See instructions	1	
)	31	Amount from Schedule 3, line 13	1	
	32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,352.
	33	Add lines 25d, 26, and 32. These are your total payments	33	25,389.
Defensel	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,653.
Refund	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	1,653.
Direct deposit?	►b	Routing number X X X X X X X X X X X ► c Type: Checking Savings		_,
See instructions.		Account number X X X X X X X X X X X X X X X X X X X		
	36	Amount of line 34 you want applied to your 2021 estimated tax		
Amount	37	Subtract line 33 from line 24. This is the amount you owe now	37	
You Owe		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for		
For details on		2020. See Schedule 3, line 12e, and its instructions for details.		
how to pay, see instructions.	38	Estimated tax penalty (see instructions)		
Third Party	Do	you want to allow another person to discuss this return with the IRS? See		
Designee	ins	tructions	pelow.	× No
		signee's Phone Personal identi		
0:		ne no. no. number (PIN)		
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Here	Yo	ur signature Date Your occupation If the	IRS se	nt you an Identity
		Prote	ection P	IN, enter it here
Joint return?			inst.) 🕨	
See instructions. Keep a copy for	Sp			nt your spouse an ection PIN, enter it here
your records.			inst.) 🕨	
	Ph	Done no.		
		parer's name Preparer's signature Date PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/17/2021 P0208	2703	Self-employed
Preparer				678)965-9522
Use Only	Firi		s EIN	
Go to www.irs.go		n1040 for instructions and the latest information. BAA REV 03/06/21 PRO		Form 1040 (2020)
5				

NRPY1220V011555	Form CT-1040NR/PY - 2020 Connecticut Nonresident and Part-Year Resident Income Tax Return (Rev. 12/20)
Page 1 of 4	Resident income Tax Return (Rev. 12/20)
Other tax year, beginning:	and ending:
N S Y FJ N MFS	N HOH N QW
893 - 23 - 4236 841 - 73 - 2010	
ASHOK REDDY REDDEM SIRI PRIYA PALLE	N Dec. N P N Dec. Y N
8031 N MACARTHUR BLVD	N CT-8379 N CT-2210
APT 2120	N CT-1040 CRC N Federal Form 1310
IRVING TX 75063	-
1. Federal adjusted gross income (from federal Form 1040, Lin	e 11 or federal Form 1040-SR, Line 11) 1. 170962
2. Additions to federal adjusted gross income (from Schedule 1	
3. Add Line 1 and Line 2	3. 170962 dule 1. Line 52) 4. 0
 Subtractions from federal adjusted gross income (from Sche Connecticut adjusted gross income: Line 4 subtracted fro 	
 Income from Connecticut sources (from Schedule CT-SI, Lin 	
7. Greater of Line 5 or Line 6. If less than zero, "0" is entered o	
8. Income tax	8. 8904
9. Line 6 divided by Line 5. If Line 6 is equal to or greater than	
10. Line 9 multiplied by Line 8	10. 1731
11. Credit for income taxes paid to qualifying jurisdictions (from	
12. Line 11 subtracted from Line 10. If Line 11 is greater than Lin	· · · · · · · · · · · · · · · · · · ·
13. Connecticut alternative minimum tax (from Form CT-6251)	13. 0
14. Add Line 12 and Line 13.	14. 1731
15. Total allowable credits (from Schedule CT-IT Credit, Part 1, L	,
16. Connecticut income tax: Line 15 subtracted from Line 14.17. Individual use tax (from Schedule 3, Line 62) If no tax is due	-
18. Total tax: Add Line 16 and Line 17.	18. 1731

←

←



	Form CT-1040NR/PY, Page 2 of 4						
NRPY1220V021555			•	893234236			
19. Amount from Line 18			19. •	1731			
Forms W-2, W-2G, 1099, and Schedule CT K-1	Information						
Col. A - Employer's Federal ID # Col. B	- CT Wages, Tips, etc.	Sch. CT K-1	Col. C	- CT Income Tax Wit	hheld		
20a. 47 - 1665148 •	33236	•		1277			
20b	0	•		0			
20c. -	Ő	•		Ő			
20d. –	0	•		Ŭ Û			
20e. - •	0	•		Ő			
20f. Additional Connecticut withholding (from Supp	plemental Schedule CT-	1040WH, Line 3)	20f.	0			
20. Total Connecticut income tax withheld: Amo	unts in Column C			20.	1277		
21. All 2020 estimated tax payments and any over		m a prior vear		21.	0		
22. Payments made with Form CT-1040 EXT	orpaymente applied ner	in a prior your		22.	0		
22a. Claim of right credit (from Form CT-1040 CF	RC, Line 6)			22a.	0		
22b. Pass-through entity tax credit (from Schedu	,	edule must be atta	ached.	22b.	0		
23. Total payments and refundable credits: A	,			23.	1277		
	-, , , ,				± ± , ,		
24. Overpayment: If Line 23 is more than Line 19	9, Line 19 subtracted fro	om Line 23.		24.	0		
25. Amount of Line 24 you want applied to your	2021 estimated tax		-	25.	0		
26. Reserved for future use				26.	_		
26a. Total contributions of refund to designated c	harities (from Schedule	e 4, Line 63)		26a.	0		
27. Refund: Lines 25, 26, and 26a subtracted fro If you have not elected to direct deposit, a ref		ued and process	sing may l	27. be delayed.	0		
-	Rout. #	27c. Ad		2			
27d. Refund going to a bank account outside the U.							
28. Tax due: If Line 19 is more than Line 23, Lin		ne 19.		28.	454		
29. If late: Penalty entered. Line 28 multiplied by	10% (.10).			29.	0		
30. If late: Interest entered.							
Line 28 multiplied by number of months or fra		en by 1% (.01).		30.	0		
31. Interest on underpayment of estimated tax (f	· · · ·			31.	0		
32. Total amount due: Add Lines 28 through 31				32.	454.00		
Declaration: I declare under penalty of law that statements, including reporting and payment it is true, complete, and correct. I understand DRS is a fine of not more than \$5,000, or impri a paid preparer other than the taxpayer is bas Your signature	of any use tax due, an the penalty for willful sonment for not more	d, to the best of ly delivering a fa than five years,	f my know alse returr or both. T	ledge and belief, n or document to he declaration of			
Spouse's signature (if joint return)		Date		Daytime telephone nun	hber		
Paid preparer's signature	Date	Telephone number		Paid Preparer's PTIN			
• SYAM PRIYA RAM SAGAR G	•	•6789659	9522	P020827	03		
Paid preparer's name	0 031/21	070905		FEIN			
SYAM PRIYA RAM SAGAR G	UPTA TALL			3010171	96		
Firm's name, address and ZIP code GLOBAL TA				Self-employed			
2530 PEBBLE CREEK LN	CUMMING GA	A 30041 -		N			
Third Party Designee - Complete the following to Designee's name	o authorize DRS to contact			n. fication number (PIN)			
•	•	•					
	NRPY1220V02	21555			_		

Sign Here Keep a copy for your records. Form CT-1040NR/PY, Page 3 of 4

NRPY1220V031555		• 893	234236	
Schedule 1 - Modifications to Federal Adjusted Gross Income				
33. Interest on state and local government obligations other than Connect	icut		33.	0
34. Mutual fund exempt-interest dividends from non-Connecticut state or n	nunicipal gove	rnment		
obligations			34.	0
35. Taxable amount of lump-sum distributions from qualified plans not incl	uded in federal	l adjusted gross		
income			35.	0
36. Beneficiary's share of Connecticut fiduciary adjustment: Entered only	f greater than a	zero.	36.	0
37. Loss on sale of Connecticut state and local government bonds		4.	37.	0
38. Section 168(k) federal bonus depreciation deduction allowed for property 38a. 80% of Section 179 federal deduction.	placed in servic		38. 38a.	0
39. Other - specify ●			39.	0
55. Oulei - specify •			39.	0
40. Total additions: Add Lines 33 through 39.			40.	0
41. Interest on U.S. government obligations			41.	0
42. Exempt dividends from certain qualifying mutual funds derived from U	.S. governmen	t obligations	42.	0 0
43. Social Security benefit adjustment (from Social Security Benefit Adjust	-		43.	0
44. Refunds of state and local income taxes			44.	Õ
45. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuiti	es		45.	0
46. Military retirement pay			46.	0
47. 25% of income received from Connecticut Teachers' Retirement Syste	;m		47.	0
48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only	f less than zero	o.	48.	0
49. Gain on sale of Connecticut state and local government bonds			49.	0
50. CHET contributionsmade in 2020 or				
an excess carried forward from a prior year Acct. #			50.	0
			- 0	0
50a. 25% of Section 168(k) federal bonus depreciation deduction added ba	ick in preceding		50a.	0
50b. 28% of pension or annuity income. 51. Other - specify ●			50b. 51.	0
51. Other - specify • 52. Total subtractions: Add Lines 41 through 51.			51.	0 0
52. Total subtractions. Add Lines 41 through 51.			52.	0
Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions	5			
53. Connecticut AGI during residency portion of taxable year	-		53.	0
	Co	ol. A	(Col. B
54. Qualifying jurisdiction's name and two-letter code 54.	•		•	
55. Non-Connecticut income included on Line 53 and reported on a		0		0
qualifying jurisdiction's income tax return (from Schedule 2 Worksheet)	55.	0		0
		0 0000		0 0000
56. Line 55 divided by Line 53. May not exceed 1.0000.	56.	0.0000		0.0000
	F7	0		0
57. Apportioned income tax	57.	0		0
59 Line 56 multiplied by Line 57	59	0		0
58. Line 56 multiplied by Line 57	58.	0		0
59. Allowable income tax paid to a qualifying jurisdiction	59.	0		0
oo. Anowable moorne tax paid to a qualitying junsulution	55.	0		U
60. Lesser of Line 58 or Line 59	60.	0		0
		0		0
61. Total credit: Add Line 60, all columns.			61.	0
	1			

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Form CT-1040NR/PY, Page 4 of 4

• 893234236

Schedule 3 - Individual Use Tax

		0
62a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	62a.	0
62b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	62b.	0
62c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	62c.	0
62d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7)	62d.	0
62. Individual use tax: Add Lines 62a, 62b, 62c, and 62d.	62. •	0
Schedule 4 - Contributions to Designated Charities		
63a. AR	63a.	0
63b. OT	63b.	0
63c. ES/W	63c.	0
63d. BCR	63d.	0
63e. SNS	63e.	0
63f. MR	63f.	0
63g. CBS	63g.	0
63h. MHCIA	63h.	0
63. Total Contributions: Add Lines 63a through 63h.	63.	0

Taxpayer email