

**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 BHASKER RAO		Last name JAKKULA		Your social security number 075-51-7952	
If joint return, spouse's first name and middle initial SATYA VANI		Last name CHINNAMANENI		Spouse's social security number 826-25-4430	
Home address (number and street). If you have a P.O. box, see instructions. 15740 ROCKFORD RD				Apt. no. 111	
City, town, or post office. If you have a foreign address, also complete spaces below. PLYMOUTH			State MN	ZIP code 55446	
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  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):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name Last name			Child tax credit	Credit for other dependents
	VIHAAN JAKKULA	893-51-1594	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.  <b>Standard Deduction for—</b> • 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 <i>Standard Deduction</i> , see instructions.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b>	94,562.	
	<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	<b>b</b> Taxable interest . . . . .	<b>2b</b>	
	<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	<b>b</b> Ordinary dividends . . . . .	<b>3b</b>	
	<b>4a</b>	IRA distributions . . . . .	<b>4a</b>	<b>b</b> Taxable amount . . . . .	<b>4b</b>	
	<b>5a</b>	Pensions and annuities . . . . .	<b>5a</b>	<b>b</b> Taxable amount . . . . .	<b>5b</b>	
	<b>6a</b>	Social security benefits . . . . .	<b>6a</b>	<b>b</b> Taxable amount . . . . .	<b>6b</b>	
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>			<b>7</b>	
	<b>8</b>	Other income from Schedule 1, line 9 . . . . .			<b>8</b>	-2,594.
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶			<b>9</b>	91,968.
	<b>10</b>	Adjustments to income:				
	<b>a</b>	From Schedule 1, line 22 . . . . .	<b>10a</b>			
	<b>b</b>	Charitable contributions if you take the standard deduction. See instructions . . . . .	<b>10b</b>			
	<b>c</b>	Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶			<b>10c</b>	
	<b>11</b>	Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶			<b>11</b>	91,968.
	<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .			<b>12</b>	24,800.
<b>13</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .			<b>13</b>		
<b>14</b>	Add lines 12 and 13 . . . . .			<b>14</b>	24,800.	
<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .			<b>15</b>	67,168.	

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	7,666.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	7,666.
19	Child tax credit or credit for other dependents	19	2,000.
20	Amount from Schedule 3, line 7	20	1,690.
21	Add lines 19 and 20	21	3,690.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	3,976.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	3,976.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	6,033.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	6,033.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) <b>NO</b>	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	1,100.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	1,100.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	7,133.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	3,157.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,157.
b	Routing number 2 9 6 0 7 6 3 0 1		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 2 7 8 9 2 2 5 4 8 1		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	
<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
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 TEACHER	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 LABORATORY ANALYST	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/20/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
Firm's EIN				30-1017196

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

**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 BHASKER RAO JAKKULA & SATYA VANI CHINNAMANENI	Your social security number 075-51-7952
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**Part I Additional Income**

1 Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
2a Alimony received . . . . .	<b>2a</b>	
b Date of original divorce or separation agreement (see instructions) ▶ _____		
3 Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
4 Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-5,590.
6 Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
7 Unemployment compensation . . . . .	<b>7</b>	13,196.
8 Other income. List type and amount ▶ UCE _____ -10,200.	<b>8</b>	-10,200.
9 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-2,594.

**Part II Adjustments to Income**

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

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

▶ **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. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR BHASKER RAO JAKKULA & SATYA VANI CHINNAMANENI	Your social security number 075-51-7952
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**Part I Nonrefundable Credits**

1 Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	
2 Credit for child and dependent care expenses. Attach Form 2441 . . . . .	<b>2</b>	
3 Education credits from Form 8863, line 19 . . . . .	<b>3</b>	1,690.
4 Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	
5 Residential energy credits. Attach Form 5695 . . . . .	<b>5</b>	
6 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	<b>6</b>	
7 Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	<b>7</b>	1,690.

**Part II Other Payments and Refundable Credits**

8 Net premium tax credit. Attach Form 8962 . . . . .		
9 Amount paid with request for extension to file (see instructions) . . . . .	<b>9</b>	
10 Excess social security and tier 1 RRTA tax withheld . . . . .	<b>10</b>	
11 Credit for federal tax on fuels. Attach Form 4136 . . . . .	<b>11</b>	
12 Other payments or refundable credits:		
a Form 2439 . . . . .	<b>12a</b>	
b Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 . . . . .	<b>12b</b>	
c Health coverage tax credit from Form 8885 . . . . .	<b>12c</b>	
d Other: _____	<b>12d</b>	
e Deferral for certain Schedule H or SE filers (see instructions) . . . . .	<b>12e</b>	
f Add lines 12a through 12e . . . . .	<b>12f</b>	
13 Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	<b>13</b>	

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

BAA

REV 03/13/21 PRO

Schedule 3 (Form 1040) 2020

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

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2020**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

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

Name(s) shown on return

Your social security number

BHASKER RAO JAKKULA & SATYA VANI CHINNAMANENI

075-51-7952

**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** 12-12-81, RAVINDRA NAGAR SITAFALMANDI HYDERABAD, TELANGANA IN 500061  
**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	B	A	B	A	B
A	3			365		0		<input type="checkbox"/>	<input type="checkbox"/>
B								<input type="checkbox"/>	<input type="checkbox"/>
C								<input type="checkbox"/>	<input type="checkbox"/>

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

Income:	Properties:	A	B	C
3 Rents received . . . . .	3	620.		
4 Royalties received . . . . .	4			

<b>Expenses:</b>				
5 Advertising . . . . .	5	60.		
6 Auto and travel (see instructions) . . . . .	6	250.		
7 Cleaning and maintenance . . . . .	7	150.		
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	5,600.		
14 Repairs. . . . .	14	150.		
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	6,210.		

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	-5,590.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	22	( -5,590. )	( )	( )

23a Total of all amounts reported on line 3 for all rental properties . . . . .	23a	620.		
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	6,210.		

**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** ( 5,590. )

**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** -5,590.

**Education Credits**  
**(American Opportunity and Lifetime Learning Credits)**

▶ Attach to Form 1040 or 1040-SR.

▶ Go to [www.irs.gov/Form8863](http://www.irs.gov/Form8863) for instructions and the latest information.

Name(s) shown on return

BHASKER RAO JAKKULA & SATYA VANI CHINNAMANENI

Your social security number

075-51-7952



*Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.*

**Part I Refundable American Opportunity Credit**

<b>1</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . .	<b>1</b>	
<b>2</b>	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) . . . . .	<b>2</b>	
<b>3</b>	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	<b>3</b>	
<b>4</b>	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit . . . . .	<b>4</b>	
<b>5</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>5</b>	
<b>6</b>	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 . . . . . • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>6</b>	
<b>7</b>	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions described in the instructions, you <b>can't</b> take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box . . . . . <input type="checkbox"/>	<b>7</b>	
<b>8</b>	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below. . . . .	<b>8</b>	

**Part II Nonrefundable Education Credits**

<b>9</b>	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . . . . .	<b>9</b>	
<b>10</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 . . . . .	<b>10</b>	8,450.
<b>11</b>	Enter the smaller of line 10 or \$10,000 . . . . .	<b>11</b>	8,450.
<b>12</b>	Multiply line 11 by 20% (0.20) . . . . .	<b>12</b>	1,690.
<b>13</b>	Enter: \$138,000 if married filing jointly; \$69,000 if single, head of household, or qualifying widow(er) . . . . .	<b>13</b>	138,000.
<b>14</b>	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	<b>14</b>	91,968.
<b>15</b>	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 . . . . .	<b>15</b>	46,032.
<b>16</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>16</b>	20,000.
<b>17</b>	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>17</b>	1.000
<b>18</b>	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	<b>18</b>	1,690.
<b>19</b>	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3 . . . . .	<b>19</b>	1,690.

Name(s) shown on return BHASKER RAO JAKKULA & SATYA VANI CHINNAMANENI	Your social security number 075-51-7952
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**Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.**

**Part III Student and Educational Institution Information.** See instructions.

<b>20</b> Student name (as shown on page 1 of your tax return) BHASKER RAO JAKKULA	<b>21</b> Student social security number (as shown on page 1 of your tax return)  075-51-7952
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<b>22</b> Educational institution information (see instructions)	
<b>a.</b> Name of first educational institution Minnesota State Colleges & Universities  <b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 30 7th StUHHW East, Suite 350 SAINT PAUL MN 55101  <b>(2)</b> Did the student receive Form 1098-T from this institution for 2020? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>(3)</b> Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b> . You can get the EIN from Form 1098-T or from the institution.  41-1687554	<b>b.</b> Name of second educational institution (if any)  <b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.  <b>(2)</b> Did the student receive Form 1098-T from this institution for 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>(3)</b> Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b> . You can get the EIN from Form 1098-T or from the institution.

**23** Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020?  Yes — **Stop!** Go to line 31 for this student.  No — Go to line 24.

**24** Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2020 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.  Yes — Go to line 25.  No — **Stop!** Go to line 31 for this student.

**25** Did the student complete the first 4 years of postsecondary education before 2020? See instructions.  Yes — **Stop!** Go to line 31 for this student.  No — Go to line 26.

**26** Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance?  Yes — **Stop!** Go to line 31 for this student.  No — Complete lines 27 through 30 for this student.



**You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.**

**American Opportunity Credit**

<b>27</b> Adjusted qualified education expenses (see instructions). <b>Don't enter more than \$4,000</b> . . . . .	<b>27</b>
<b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0- . . . . .	<b>28</b>
<b>29</b> Multiply line 28 by 25% (0.25) . . . . .	<b>29</b>
<b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1 . . . . .	<b>30</b>

**Lifetime Learning Credit**

<b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . .	<b>31</b>
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8,450.



**Paid Preparer's Due Diligence Checklist**

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

**2020**

Department of the Treasury  
Internal Revenue Service

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

Attachment  
Sequence No. **70**

Taxpayer name(s) shown on return BHASKER RAO JAKKULA & SATYA VANI CHINNAMANENI	Taxpayer identification number 075-51-7952
---	---

Enter preparer's name and PTIN SYAM PRIYA RAM SAGAR GUPTA TALLAM	P02082703
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**Part I Due Diligence Requirements**

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

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



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

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

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

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

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

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

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

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

**Part VI Eligibility Certification**

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

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

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

**Passive Activity Loss Limitations**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.  
▶ Attach to Form 1040, 1040-SR, or 1041.  
▶ Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

Name(s) shown on return

BHASKER RAO JAKKULA & SATYA VANI CHINNAMANENI

Identifying number

075-51-7952

**Part I 2020 Passive Activity Loss**

**Caution:** Complete Worksheets 1, 2, and 3 before completing Part I.

**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

<b>1a</b> Activities with net income (enter the amount from Worksheet 1, column (a)) . . . . .	<b>1a</b>	0.	
<b>b</b> Activities with net loss (enter the amount from Worksheet 1, column (b)) . . . . .	<b>1b</b>	( 5,590. )	
<b>c</b> Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)) . . . . .	<b>1c</b>	( )	
<b>d</b> Combine lines 1a, 1b, and 1c . . . . .	<b>1d</b>		-5,590.

**Commercial Revitalization Deductions From Rental Real Estate Activities**

<b>2a</b> Commercial revitalization deductions from Worksheet 2, column (a) . . . . .	<b>2a</b>	( )	
<b>b</b> Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b) . . . . .	<b>2b</b>	( )	
<b>c</b> Add lines 2a and 2b . . . . .	<b>2c</b>	( )	

**All Other Passive Activities**

<b>3a</b> Activities with net income (enter the amount from Worksheet 3, column (a)) . . . . .	<b>3a</b>	( )	
<b>b</b> Activities with net loss (enter the amount from Worksheet 3, column (b)) . . . . .	<b>3b</b>	( )	
<b>c</b> Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) . . . . .	<b>3c</b>	( )	
<b>d</b> Combine lines 3a, 3b, and 3c . . . . .	<b>3d</b>		

<b>4</b> Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used . . . . .	<b>4</b>		-5,590.
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- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
  - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
  - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

**Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

<b>5</b> Enter the <b>smaller</b> of the loss on line 1d or the loss on line 4 . . . . .	<b>5</b>	5,590.
<b>6</b> Enter \$150,000. If married filing separately, see instructions . . . . .	<b>6</b>	150,000.
<b>7</b> Enter modified adjusted gross income, but not less than zero. See instructions . . . . .	<b>7</b>	107,758.
<b>Note:</b> If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.		
<b>8</b> Subtract line 7 from line 6 . . . . .	<b>8</b>	42,242.
<b>9</b> Multiply line 8 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions . . . . .	<b>9</b>	21,121.
<b>10</b> Enter the <b>smaller</b> of line 5 or line 9 . . . . .	<b>10</b>	5,590.

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

**Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**

**Note:** Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

<b>11</b> Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions . . . . .	<b>11</b>	
<b>12</b> Enter the loss from line 4 . . . . .	<b>12</b>	
<b>13</b> Reduce line 12 by the amount on line 10 . . . . .	<b>13</b>	
<b>14</b> Enter the <b>smallest</b> of line 2c (treated as a positive amount), line 11, or line 13 . . . . .	<b>14</b>	

**Part IV Total Losses Allowed**

<b>15</b> Add the income, if any, on lines 1a and 3a and enter the total . . . . .	<b>15</b>	0.
<b>16</b> <b>Total losses allowed from all passive activities for 2020.</b> Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return . . . . .	<b>16</b>	5,590.

**Caution:** The worksheets must be filed with your tax return. Keep a copy for your records.

**Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c** (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
12-12-81, RAVINDRA NAGAR	0.	5,590.			5,590.
<b>Total.</b> Enter on Form 8582, lines 1a, 1b, and 1c	0.	5,590.			

**Worksheet 2—For Form 8582, Lines 2a and 2b** (see instructions)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
<b>Total.</b> Enter on Form 8582, lines 2a and 2b			

**Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c** (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
<b>Total.</b> Enter on Form 8582, lines 3a, 3b, and 3c					

**Worksheet 4—Use This Worksheet if an Amount Is Shown on Form 8582, Line 10 or 14.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
12-12-81, RAVINDRA NAGAR	E Ln 22	5,590.	1.00000000	5,590.	0.
<b>Total</b>		5,590.	1.00	5,590.	0.

**Worksheet 5—Allocation of Unallowed Losses** (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
<b>Total</b>			1.00	



**2020 Form M1, Individual Income Tax**

<u>BHASKER RAO</u> Your First Name and Initial	<u>JAKKULA</u> Your Last Name	<u>075517952</u> Your Social Security Number (SSN)	<u>02051984</u> Your Date of Birth
<u>SATYA VANI</u> If a Joint Return, Spouse's First Name and Initial	<u>CHINNAMANENI</u> Spouse's Last Name	<u>826254430</u> Spouse's Social Security Number	<u>06081979</u> Spouse's Date of Birth
<u>15740 ROCKFORD RD A</u> Current Home Address	<u>PLYMOUTH</u> City	<u>MN</u> <u>55446</u> State ZIP Cod	Check if Address is: <input type="checkbox"/> New <input type="checkbox"/> Foreign

**2020 Federal Filing Status (place an X in one box):**

(1) Single  
  (2) Married Filing Jointly  
  (3) Married Filing Separately  
  (4) Head of Household  
  (5) Qualifying Widow(er)

Spouse Name \_\_\_\_\_  
Spouse SSN \_\_\_\_\_

**Dependents (see instructions):**

<u>VIHAAN</u> Dependent 1 First Name	<u>JAKKULA</u> Dependent 1 Last Name	<u>893511594</u> Dependent 1 SSN	<u>SON</u> Dependent 1 Relationship to You
_____ Dependent 2 First Name	_____ Dependent 2 Last Name	_____ Dependent 2 SSN	_____ Dependent 2 Relationship to You
_____ Dependent 3 First Name	_____ Dependent 3 Last Name	_____ Dependent 3 SSN	_____ Dependent 3 Relationship to You

**State Elections Campaign Fund**

To grant \$5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

**Political Party Code Numbers:**

_____ Your Code	_____ Spouse's Code	Republican—11	Independence—13	Green—15	Legal Marijuana Now—17
		Democratic/Farmer-Labor—12	Grassroots/Legalize Cannabis—14	Libertarian—16	General Campaign Fund—99

**From Your Federal Return (see instructions)**

<u>94562</u> A. Wages, salaries, tips, etc.	<u>0</u> B. IRA, pensions, and annuities	<u>13196</u> C. Unemployment	<u>67168</u> D. Federal taxable income
--	---	---------------------------------	---

<b>1</b>	<b>Federal adjusted gross income</b> (from line 11 of federal Form 1040 and 1040-SR) . . . . .	<b>1</b> ■	<u>91968</u>
<b>2</b>	<b>Additions to Minnesota income</b> from line 17 of Schedule M1M (see instructions; enclose Schedule M1M) . . . . .	<b>2</b> ■	_____
<b>3</b>	<b>Add lines 1 and 2.</b> . . . . .	<b>3</b>	<u>91968</u>
<b>4</b>	<b>Itemized deductions</b> (from Schedule M1SA) or your <b>standard deduction</b> (see instructions) . . . . .	<b>4</b> ■	<u>24800</u>
<b>5</b>	<b>Exemptions</b> (determine from instructions) . . . . .	<b>5</b> ■	<u>4300</u>
<b>6</b>	<b>State income tax refund</b> from line 1 of federal Schedule 1. . . . .	<b>6</b> ■	_____
<b>7</b>	<b>Other subtractions</b> from Minnesota income from line 47 of Schedule M1M (see instructions; enclose Schedule M1M) . . . . .	<b>7</b> ■	_____
<b>8</b>	<b>Total subtractions.</b> Add lines 4 through 7. . . . .	<b>8</b>	<u>29100</u>
<b>9</b>	<b>Minnesota taxable income.</b> Subtract line 8 from line 3. If zero or less, leave blank. . . . .	<b>9</b>	<u>62868</u>
<b>10</b>	<b>Tax</b> from the table in the Form M1 instructions . . . . .	<b>10</b>	<u>3702</u>
<b>11</b>	<b>Alternative minimum tax</b> (enclose Schedule M1MT) . . . . .	<b>11</b> ■	_____



12 Add lines 10 and 11 ..... 12 3702

13 **Full-year residents:** Enter the amount from line 12 on line 13. Skip lines 13a and 13b.  
**Part-year residents and nonresidents:** From Schedule M1NR, enter the amount from line 32 on line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR) ..... 13 3702


13a ■ 0 13b ■ 0

14 Other taxes, such as recapture amounts and the tax on lump-sum distributions (check appropriate boxes)  
 (a) Schedule M1HOME  (b) Schedule M1529  (c) Schedule M1LS ..... 14 ■ \_\_\_\_\_

15 Tax before credits. Add lines 13 and 14 ..... 15 3702

16 Amount from line 17 of Schedule M1C, *Nonrefundable Credits* (enclose Schedule M1C) ..... 16 ■ 347

17 Subtract line 16 from line 15 (if result is zero or less, leave blank) ..... 17 3355

18 Nongame Wildlife Fund contribution (see instructions)  
This will reduce your refund or increase the amount you owe .....  18 ■ \_\_\_\_\_

19 Add lines 17 and 18 ..... 19 3355

20 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report  
Minnesota withholding from Forms W-2, 1099, and W-2G (do not send) ..... 20 ■ 2582

21 Minnesota estimated tax and extension payments made for 2020 ..... 21 ■ \_\_\_\_\_

22 Amount from line 9 of Schedule M1REF, *Refundable Credits* (see instructions; enclose Schedule M1REF) ..... 22 ■ \_\_\_\_\_

23 Total payments. Add lines 20 through 22 ..... 23 2582

24 **REFUND.** If line 23 is more than line 19, subtract line 19 from line 23 (see instructions).  
For direct deposit, complete line 25 ..... 24 ■ \_\_\_\_\_

25 Direct deposit of your refund (you must use an account not associated with a foreign bank):  
 Checking  Savings \_\_\_\_\_  
Routing Number Account Number

26 **AMOUNT YOU OWE.** If line 19 is more than line 23, subtract line 23 from line 19 (see instructions) ..... 26 ■ 782

27 Penalty amount from Schedule M15 (see instructions). Also subtract this amount from line 24 or add it to line 26 (enclose Schedule M15) ..... 27 ■ 9

**IF YOU PAY ESTIMATED TAX** and want part of your refund credited to estimated tax, complete lines 28 and 29.

28 Amount from line 24 you want sent to you ..... 28 ■ \_\_\_\_\_

29 Amount from line 24 you want applied to your 2021 estimated tax ..... 29 ■ \_\_\_\_\_

Taxpayer: I declare that this return is correct and complete to the best of my knowledge and belief.

Your Signature \_\_\_\_\_  
9493728922  
Daytime Phone

SYAM PRIYA RAM SAGAR GUPTA TALLAM  
Paid Preparer's Signature  
6789659522  
Preparer's Daytime Phone

Spouse's Signature (If Filing Jointly) \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_  
bachisamuel@gmail.com  
Email Address

03202021  
Date (MM/DD/YYYY) P02082703  
PTIN or VITA/TCE # (required)

SYAM@GTAXFILE.COM  
Preparer's Email Address

I do not want my paid preparer to file my return electronically.

I authorize the Minnesota Department of Revenue to discuss this return with my paid preparer or the third-party designee indicated on my federal return.



# 2020 Schedule M1C, Nonrefundable Credits

Complete this schedule to determine line 16 of Form M1. Include this schedule when filing your return.

BHASKER RAO  
Your First Name and Initial

JAKKULA  
Your Last Name

075517952  
Your Social Security Number

- 1 Marriage Credit for joint return when both spouses have taxable earned income or taxable retirement income *(enclose Schedule M1MA)* . . . . . **1** ■ 46
- 2 Credit for long-term care insurance premiums paid *(enclose Schedule M1LTI)* . . . . . **2** ■ \_\_\_\_\_
- 3 Credit for taxes paid to another state *(enclose Schedule(s) M1CR and M1RCR)* . . . . . **3** ■ 301
- 4 Credit for Past Military Service *(see instructions)* . . . . . **4** ■ \_\_\_\_\_
- 5 Employer Transit Pass Credit *(enclose Schedule ETP)* . . . . . **5** ■ \_\_\_\_\_
- 6 SEED Capital Investment Credit *(see instructions; enclose certification)* . . . . . **6** ■ \_\_\_\_\_
- 7 Education Savings Account Contribution Credit *(enclose Schedule M1529)* . . . . . **7** ■ \_\_\_\_\_
- 8 Credit for Attaining Master’s Degree in Teacher’s Licensure Field *(enclose Schedule M1CMD)* . . . . . **8** ■ \_\_\_\_\_
- 9 Student Loan Credit *(enclose Schedule M1SLC)* . . . . . **9** ■ \_\_\_\_\_
- 10 Beginning Farmer Management Credit . . . . . **10** ■ \_\_\_\_\_  
Enter the certificate number from the certificate you received from the Rural Finance Authority:  
BF 20 - \_\_\_\_\_
- 11 Tax Credit for Owners of Agricultural Assets. . . . . **11** ■ \_\_\_\_\_  
Enter the certificate number from the certificate you received from the Rural Finance Authority:  
AO 20 - \_\_\_\_\_  
AO 20 - \_\_\_\_\_  
AO 20 - \_\_\_\_\_
- 12 Credit for increasing research activities *(enclose Schedule KPI, KS, or KF)* . . . . . **12** ■ \_\_\_\_\_
- 13 Carryforward of prior year Beginning Farmer Management Credits *(see instructions)* . . . . . **13** ■ \_\_\_\_\_  
BF \_\_\_\_ - \_\_\_\_\_  
BF \_\_\_\_ - \_\_\_\_\_
- 14 Carryforward of prior year Owners of Agricultural Assets Credits *(see instructions)* . . . . . **14** ■ \_\_\_\_\_  
AO \_\_\_\_ - \_\_\_\_\_  
AO \_\_\_\_ - \_\_\_\_\_
- 15 Carryforward of prior year Credit for Increasing Research Activities . . . . . **15** ■ \_\_\_\_\_  
List the years the credits were reported to you on Schedule KPI, KS, or KF:  
\_\_\_\_\_
- 16 Alternative Minimum Tax Credit *(enclose Schedule M1MTC)* . . . . . **16** ■ 0
- 17 Add lines 1 through 16. Enter total here and on line 16 of Form M1. . . . . **17** 347

**You must include this schedule with your Form M1.**







**2020 Schedule M1CR, Credit for Income Tax Paid to Another State**

BHASKER RAO JAKKULA \_\_\_\_\_ 075517952 \_\_\_\_\_  
 Your First Name and Initial Last Name Social Security Number  
 New Jersey \_\_\_\_\_  
 State or Canadian Province or Territory That Taxed Income Also Taxed By Minnesota

**You must complete a separate Schedule M1CR for each state or province you paid tax to. To report tax paid to Wisconsin, use Schedule M1CR, Credit for Taxes Paid to Wisconsin.**

To be eligible for this credit, all of the following must apply:

- You were a full- or part-year Minnesota resident in 2020
- You paid 2020 state income tax to **both Minnesota and another state or Canadian province on the same income**
- You were a Minnesota resident when both states taxed the same income.

**Use Schedule M1CR to report tax paid to Wisconsin.**

**Round amounts to the nearest whole dollar.**

**Full-Year Residents and Part-Year Residents**

1	Amount of adjusted gross income you received while a Minnesota resident that was taxed by the other state ( <i>see instructions</i> ) . . . . .	1	_____ 24695
2	Your adjusted gross income adjusted by U.S. bond interest on bonds of another state ( <i>determine from instructions</i> ). <b>Part-year residents: See instructions</b> . . . . .	2	_____ 91968
3	Divide line 1 by line 2. Enter the result as a decimal ( <i>carry to five decimal places; if line 1 is more than line 2, enter 1.00000</i> ) . . . . .	3	_____ .26852
4	Complete the lines below to determine your Minnesota tax after credits.		
	a Tax from line 13 of Form M1. . . . .	4 a	_____ 3702
	b Add lines 1-2 and 4-9 of Schedule M1C. . . . .	4 b	_____ 46
	Subtract line 4b from line 4a. If the result is zero or less, <b>STOP HERE</b> . You do not qualify for this credit . . . . .	4	_____ 3656
5	Multiply line 4 by line 3 . . . . .	5	_____ 982
6	From the other state's income tax return, enter the tax amount before you subtract any tax withheld or estimated tax payments ( <i>see instructions</i> ). If you paid taxes to a Canadian province or territory, see instructions . . . . .	6 ■	_____ 301

**Full-Year Residents**

7	Amount from line 5 or line 6, whichever is less. Enter here and include on line 3 of Schedule M1C . . . . .	7	_____ 301
---	---	---	-----------

**Part-Year Residents**

8	From the other state's income tax return, enter the amount of income taxed by that state before subtracting itemized or standard deductions . . . . .	8	_____
9	Divide line 1 by line 8. Enter the result as a decimal ( <i>carry to five decimal places; if line 1 is more than line 8, enter 1.00000</i> ) . . . . .	9	_____
10	Multiply line 6 by line 9 . . . . .	10	_____
11	Amount from line 5 or line 10, whichever is less. Enter here and include on line 3 of Schedule M1C. . . . .	11	_____

**You must include this schedule with your Form M1.**



# 2020 Schedule M1MA, Marriage Credit

BHASKER RAO  
Your First Name and Initial

JAKKULA  
Your Last Name

075517952  
Your Social Security Number

SATYA VANI  
Spouse's First Name and Initial

CHINNAMANENI  
Spouse's Last Name

826254430  
Spouse's Social Security Number

Part 1	A — Taxpayer	B — Spouse
1 Wages, salaries, tips, etc. (see instructions) . . . . .	1 <u>66936</u>	<u>27626</u>
2 Self-employment income (from line 3 of federal Schedule SE, less the self-employment tax deduction from line 13 of federal Schedule SE). . . . .	2 _____	_____
3 Taxable pension income (see instructions) . . . . .	3 _____	_____
4 Taxable Social Security income (from line 6b of federal Form 1040 or 1040-SR) . . . . .	4 _____	_____
5 Add lines 1 through 4 for each column . . . . .	5 <u>66936</u>	<u>27626</u>
6 Amount from line 5, Column A or B, whichever is less (If less than \$25,000, STOP HERE. You do not qualify) . . . . .	6 _____	<u>27626</u>
7 Joint taxable income from line 9 of Form M1. (If less than \$40,000, STOP HERE. You do not qualify) . . . . .	7 _____	<u>62868</u>
8 If line 6 is less than \$103,000, determine the amount of your credit using lines 6 and 7 and the table in the instructions. — Full-year residents: Enter the result here and on line 1 of Schedule M1C . . . . . — Part-year residents and nonresidents: Skip ahead to Part 3	8 _____	<u>46</u>

If line 6 is \$103,000 or more, continue to Part 2

**Part 2 — If Line 6 is \$103,000 or More**

9 Enter the amount from line 6 . . . . .	9 _____
10 Value of one-half of the standard deduction for Married Filing Jointly . . . . .	10 <u>12,400</u>
11 Subtract line 10 from line 9 . . . . .	11 _____
12 Using the tax schedule for single persons in the M1 instructions, compute the tax for the amount on line 11 . . . . .	12 _____
13 Amount from line 7 . . . . .	13 _____
14 Amount from line 11. . . . .	14 _____
15 Subtract line 14 from line 13 (If zero or less, STOP HERE. You do not qualify). . . . .	15 _____
16 Using the tax schedule for single persons in the Form M1 instructions, compute the tax for the amount on line 15. . . . .	16 _____
17 Tax from line 10 of Form M1 . . . . .	17 _____
18 Add lines 12 and 16 . . . . .	18 _____
19 Subtract line 18 from line 17. If the result is more than \$1,533, enter \$1,533. If result is zero or less, you do not qualify. Full-year residents: Enter the result here and on line 1 of Schedule M1C . . . . . Part-year residents and nonresidents: Continue to Part 3.	19 _____

**Part 3 — Part-Year Residents and Nonresidents**

20 Part-year residents and nonresidents: Enter the percentage from line 30 of Schedule M1NR . . . . .	20 _____
21 Multiply line 8 or line 19, whichever is applicable, by line 20. Enter the result here and on line 1 of Schedule M1C . . . . .	21 _____

**Include this schedule when you file Form M1. Keep a copy for your records.**





**2020 Schedule M1W, Minnesota Income Tax Withheld**

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

<u>BHASKER RAO</u> Your First Name and Initial	<u>JAKKULA</u> Last Name	<u>075517952</u> Your Social Security Number
<u>SATYA VANI</u> If a Joint Return, Spouse's First Name and Initial	<u>CHINNAMANENI</u> Spouse's Last Name	<u>826254430</u> Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF that shows Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

**1** Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

<b>A</b>	<b>B—Box 13</b>	<b>C—Box 15</b>	<b>D—Box 16</b>	<b>E—Box 17</b>
If the Form W-2 is for: • you, enter 1 • spouse, enter 2	If Retirement Plan box is checked, mark an X below.	Employer's seven-digit Minnesota Tax ID Number	State wages, tips, etc. <i>(round to nearest whole dollar)</i>	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
a1 <u>1</u>	b1 <input checked="" type="checkbox"/>	c1 MN <u>8004697</u>	d1 <u>66936</u>	e1 <u>2582</u>
a2 _____	b2 <input type="checkbox"/>	c2 MN _____	d2 _____	e2 _____
a3 _____	b3 <input type="checkbox"/>	c3 MN _____	d3 _____	e3 _____
a4 _____	b4 <input type="checkbox"/>	c4 MN _____	d4 _____	e4 _____
a5 _____	b5 <input type="checkbox"/>	c5 MN _____	d5 _____	e5 _____

Subtotal for additional Forms W-2 (from line 5 on page 2) ..... \_\_\_\_\_

**Total Minnesota tax withheld on all Forms W-2 (add amounts in line 1, column E) ..... 1 ■ 2582**

**2** Minnesota tax withheld on Forms 1099, W-2G, and 1042-S. If you have more than four forms, complete line 6 on the back.

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
If the Form 1099, W-2G, or 1042-S is for: • you, enter 1 • spouse, enter 2	Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer)	Income amount (see the table on the back for amounts to include)	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
a1 _____	b1 MN _____	c1 _____	d1 _____
a2 _____	b2 MN _____	c2 _____	d2 _____
a3 _____	b3 MN _____	c3 _____	d3 _____
a4 _____	b4 MN _____	c4 _____	d4 _____

Subtotal for additional 1099, W-2G, and 1042-S (from line 6 on page 2) ..... \_\_\_\_\_

**Total Minnesota tax withheld on all 1099, W-2G, and 1042-S (add amounts in line 2, column D) ..... 2 ■ \_\_\_\_\_**

**3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries (from line 7 on page 2) ..... 3 ■ \_\_\_\_\_**

**4 Total.** Add the Minnesota tax withheld on lines 1, 2, and 3.  
Enter the total here and on line 20 of Form M1 ..... **4 ■ 2582**

**Include this schedule with your Form M1.  
If required, include Schedules KPI, KS, and KF.**



**2020 Schedule M15, Underpayment of Estimated Income Tax**  
For Individuals (Form M1)

BHASKER RAO  
Your First Name and Initial

JAKKULA  
Last Name

075517952  
Social Security Number

**Required Annual Payment**

- 1 Minnesota income tax for **2020** (from line 17 of Form M1) ..... **1** \_\_\_\_\_ 3355
- 2 Minnesota withholding and credits for **2020** (add lines 20 and 22 of Form M1) ..... **2** \_\_\_\_\_ 2582
- 3 Subtract line 2 from line 1. If less than \$500, **STOP HERE**; you do not owe an underpayment penalty ..... **3** \_\_\_\_\_ 773
- 4 Multiply line 1 by 90% (.90). **Farmers and commercial fishermen:** Multiply line 1 by 66.7% (.667) ..... **4** \_\_\_\_\_ 3020
- 5 Required payments based on 2018 or 2019 tax amounts  
(see instructions) ..... **5** \_\_\_\_\_
- 6 **Required annual payment.** Amount from line 4 or line 5, whichever is less ..... **6** \_\_\_\_\_ 3020
  - If line 6 is less than or equal to line 2, stop here; you do not owe an underpayment penalty.
  - If line 6 is more than line 2, continue with line 7 or line 13, depending on which method you use.

**Optional Short Method** (see instructions to determine which method to use)

- 7 Quarterly estimated tax payments you made for 2020 ..... **7** \_\_\_\_\_ 0
- 8 Add line 2 and line 7 ..... **8** \_\_\_\_\_ 2582
- 9 Total underpayment for the year. Subtract line 8 from line 6  
(if result is zero or less, **STOP HERE**; you do not owe an underpayment penalty) ..... **9** \_\_\_\_\_ 438
- 10 Multiply line 9 by 2% (.02) ..... **10** \_\_\_\_\_ 9
- 11 • If the amount on line 9 will be paid on or after April 15, 2021, enter 0.  
 • If the amount was paid before April 15, 2021, use the following computation and enter the result on line 11:  

Amount on line 9	Number of days paid before 4/15/21	x	x	.000137	.....	<b>11</b>	_____	0
------------------	---------------------------------------	---	---	---------	-------	-----------	-------	---
- 12 **Penalty.** Subtract line 11 from line 10. Enter result here and on line 27 of Form M1 ..... **12** \_\_\_\_\_ 9

**Regular Method**

A	B	C	D
April 15, 2020	June 15, 2020	Sept. 15, 2020	Jan. 15, 2021

- 13 Enter 25% (.25) of line 6 in each column OR use the annualized income installment worksheet on the back of this form. If you use the worksheet or are a farmer or fisherman, see instructions ..... **13** \_\_\_\_\_
- 14 **Credits.** See instructions ..... **14** \_\_\_\_\_
- 15 **Overpayment.** If line 14 is more than line 13, subtract line 13 from line 14. Enter the result here and add it to line 14 in the next column. Overpayments in any quarter following an underpayment must first be applied to making up previous underpayments ..... **15** \_\_\_\_\_
- 16 **Underpayment.** If line 14 is less than line 13, subtract line 14 from line 13. Enter the result here and go to line 17 below ..... **16** \_\_\_\_\_
- 17 Enter the date of payment or April 15, 2021, whichever is earlier (see instructions) ..... **17** \_\_\_\_\_
- 18 Number of days between the payment due date and the date on line 17 ..... **18** \_\_\_\_\_
- 19 Divide line 18 by 365. The result is a decimal ..... **19** \_\_\_\_\_ . \_\_\_\_\_
- 20 Multiply line 19 by 5% (.05). Enter as a decimal ..... **20** \_\_\_\_\_ . \_\_\_\_\_
- 21 Multiply line 20 by line 16 ..... **21** \_\_\_\_\_
- 22 **Penalty.** Add columns A-D on line 21. Enter result here and on line 27 of Form M1 ..... **22** \_\_\_\_\_

2020 NJ-1040NR  
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040NR  
2020  
Page 1



040NV01200

For Taxable Year January 1, 2020 – December 31, 2020 or Other Tax Year  
Beginning \_\_\_\_\_, 2020 Ending \_\_\_\_\_, 2021

1555

Your Social Security Number  
075517952

Last Name, First Name, Initial (Joint filers enter first name and middle initial of each. Enter spouse/CU partner last name only if different.)  
JAKKULA BHASKER RAO & CHINNAMANENI

Spouse's/CU Partner's Social Security Number  
826254430

State of Residency (outside NJ)  
Minnesota

Home Address (Number and Street, incl. apt. # or rural route)  
15740 ROCKFORD RD, Apt. 111

Driver's License # (Voluntary)	State	City, Town, Post Office	State	ZIP Code
A851023692314	MN	PLYMOUTH	MN	55446

This is an amended return

Federal extension application attached or enter confirmation number \_\_\_\_\_

The address above is a foreign address

Your address has changed

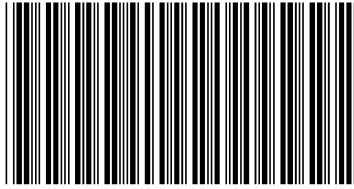
Death certificate for deceased taxpayer is attached (See instructions page 9)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer

**NJ Residency Status** If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency. From: To:

<b>Gubernatorial Elections Fund</b>	Do you wish to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner wish to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.	Yes	No
		Yes	No





040NV02200

Name(s) as shown on Form NJ-1040NR

JAKKULA BHASKER RAO & CHINNAMANENI

Your Social Security Number

075517952

1555

**Filing Status**

(Check only ONE box)

- 1. Single
- 2.  Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Name and SSN of Spouse/CU Partner
- 5. Qualifying Widow(er)/Surviving CU Partner

**Exemptions**

- 6. Regular Self Spouse/CU Partner Domestic Partner 6. 2
- 7. Age 65 or over Self Spouse/CU Partner 7.
- 8. Blind or Disabled Self Spouse/CU Partner 8.
- 9. Veteran Exemption Self Spouse/CU Partner 9.
- 10. Number of your qualified dependent children 10. 1
- 11. Number of other dependents 11.
- 12. Dependents attending colleges (See Instructions) 12.
- 13. For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 and 11. For line 13c – Enter amount from line 9. 13a. 2 13b. 1 13c.

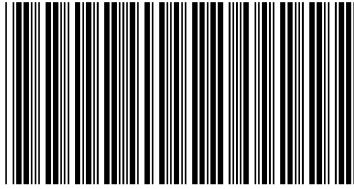
**Dependent Information**

- | 14. Dependent's Last Name, First Name, Middle Initial | Dependent's Social Security Number | Birth Year  |
|---|------------------------------------|-------------|
| a. <u>JAKKULA VIHAAN</u>                              | <u>893511594</u>                   | <u>2020</u> |
| b. _____  |                                    |             |
| c. _____  |                                    |             |
| d. _____  |                                    |             |

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE) COL. B - AMOUNT FROM NEW JERSEY SOURCES

15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 66 through 72	15.	24695	.	15.	24695	.
16. Interest	16.		.	16.		.
17. Dividends	17.		.	17.		.
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18.		.	18.		.
19. Net gains or income from disposition of property (From line 65)	19.		.	19.		.
20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)	20.	0	.	20.	0	.
21. Net gambling winnings (See Instructions)	21.		.	21.		.
22. Pensions, Annuities, and IRA Withdrawals	22.		.	22.		.
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)	23.		.	23.		.
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)	24.		.	24.		.
25. Alimony and separate maintenance payments received	25.		.	25.		.
26. Other – State Nature and Source _____	26.		.	26.		.
27. TOTAL INCOME (Add lines 15 through 26)	27.	24695	.	27.	24695	.
28a. Pension Exclusion (See Instructions)	28a.		.	28a.		.
28b. Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.		.	28b.		.
28c. Total Exclusion Amount (Add line 28a and line 28b)	28c.		.	28c.		.
29. Gross Income (Subtract line 28c from line 27)	29.	24695	.	29.	24695	.
30. Total Exemption Amount (See Instructions)	30.	3500	.	30.		.
31. Medical Expenses (See Worksheet and Instructions)	31.		.	31.		.
32. Alimony and separate maintenance payments	32.		.	32.		.
33. Qualified Conservation Contribution	33.		.	33.		.
34. Health Enterprise Zone Deduction	34.		.	34.		.
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0	.	35.		.





040NV03200

Name(s) as shown on Form NJ-1040NR  
JAKKULA BHASKER RAO & CHINNAMANENI SATYA V

Your Social Security Number  
075517952

1555

36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	.
37.	Total Exemptions and Deductions (Add lines 30 through 36)	37.	3500	.
38.	TAXABLE INCOME (Subtract line 37 from line 29, column A)	38.	21195	.
39.	Tax on amount on line 38 (From Tax Table page 34)	39.	301	.
40.	Income Percentage B. (line 29) / A. (line 29) = <u>100.00</u> %			
41.	NEW JERSEY TAX (Multiply amount from line 39 by income percentage from line 40)	41.		301 .
42.	Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)	42.		.
43.	Gold Star Family Counseling Credit (See Instructions)	43.		.
44.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	44.		.
45.	Total credits (Add lines 42, 43, and 44)	45.		.
46.	Balance of Tax After Credits (Subtract line 45 from line 41)	46.		301 .
47.	Penalty for Underpayment of Estimated Tax. Check box if Form NJ-2210NR is enclosed	47.		.
48.	Total Tax and Penalty (Add line 46 and line 47)	48.		301 .
49.	Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099)	49.	390	.
50.	New Jersey Estimated Tax Payments/Credit from 2019 return	50.		.
51.	Tax paid on your behalf by Partnership(s)	51.		.
52.	EXCESS NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	52.		.
53.	EXCESS NJ Disability Insurance Withheld (Enclose Form NJ-2450)	53.		.
54.	EXCESS NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	54.		.
55.	Pass-Through Business Alternative Income Tax Credit (See instructions)	55.		.
56.	Total Payments/Credits (Add lines 49 through 55)	56.		390 .
57.	If line 56 is LESS THAN line 48, enter AMOUNT YOU OWE	57.		.
58.	If line 56 is MORE THAN line 48, enter OVERPAYMENT	58.		89 .
59.	Deductions from Overpayment on line 58 that you elect to credit to:			
	(A) Your 2021 Tax	59A.		.
	(B) N.J. Endangered Wildlife Fund	59B.		.
	(C) N.J. Children's Trust Fund	59C.		.
	(D) N.J. Vietnam Veterans' Memorial Fund	59D.		.
	(E) N.J. Breast Cancer Research Fund	59E.		.
	(F) U.S.S. N.J. Educational Museum Fund	59F.		.
	(G) Designated Contribution Code	59G.		.
60.	Total Deductions From Overpayment (Add lines 59A through 59G)	60.		.
61.	REFUND (Amount to be sent to you. Subtract line 60 from line 58)	61.		89 .

Also enter on line 50:  
• Payments made in connection with sale of NJ real property  
• Payments by S corporation for nonresident shareholder

NOTE:  
An entry on line 59A, B, C, D, E, F, or G will reduce your tax refund

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, this declaration is based on all information of which the preparer has any knowledge.

> \_\_\_\_\_  
Your Signature Date

> \_\_\_\_\_  
Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

Paid Preparer's Signature

Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM

P02082703

Firm's Name

Firm's Federal Employer Identification Number

GLOBAL TAXES LLC

30-1017196

Pay amount on line 57 in full. Write Social Security number(s) on check or money order and make payable to:

State of New Jersey - TGI  
Division of Taxation  
Revenue Processing Center  
PO Box 244  
Trenton, NJ 08646-0244

You may also pay by e-check or credit card.

Name(s) as shown on Form NJ-1040NR  
 JAKKULA BHASKER RAO & CHINNAMANENI SATYA VANI

Your Social Security Number  
 075517952

**PART I Net Gains or Income From Disposition of Property** List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)
62.					

63. Capital Gains Distribution ..... 63.

64. Other Net Gains..... 64.

65. Net Gains (Add lines 62, 63, and 64) (Enter here and on line 19) (If loss, enter zero) .....

**PART II Allocation of Wage and Salary Income Earned Partly Inside and Outside New Jersey** (See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)

66. Amount reported on line 15 in column A required to be allocated .....	66.	
67. Total days in taxable year .....	67.	
68. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.) .....	68.	
69. Total days worked in taxable year (subtract line 68 from line 67) .....	69.	
70. Deduct days worked outside New Jersey.....	70.	
71. Days worked in New Jersey (subtract line 70 from line 69).....	71.	

72. ALLOCATION FORMULA  $\frac{\text{(Line 71)}}{\text{(Line 69)}} \times \frac{\text{(Enter amount from line 66)}}{\text{(Salary earned inside N.J.)}} =$  (Include this amount on line 15, col. B)

**PART III Allocation of Business Income to New Jersey** (See instructions if other than Formula Basis of allocation is used.)

Business Allocation Percentage (From Schedule NJ-NR-A)  
 Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ % = \$ \_\_\_\_\_

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ % = \$ \_\_\_\_\_

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ % = \$ \_\_\_\_\_

Name(s) as shown on Form NJ-1040NR JAKKULA, BHASKER RAO & CHINNAMANENI, SATYA VANI	Social Security Number 075-51-7952
---	---------------------------------------

**Schedule NJ-BUS-1**  
(Form NJ-1040NR)

New Jersey Gross Income Tax  
Business Income Summary Schedule

**2020**

**Part I Net Profits From Business** List the net profit (loss) from business(es). See Instructions.

	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.			
2.			
3.			
4.	Net Profit or (Loss). (Add lines 1, 2, and 3) (Enter here and on line 18, column A. If loss, enter ZERO on line 18, column A.)		4.

**Part II Net Gains or Income From Rents, Royalties, Patents, and Copyrights** List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions.  
Type of Property:  
1-Rental real estate 2-Royalties 3-Patents 4-Copyrights

	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above	Income or (Loss)
1.	12-12-81, RAVINDRA NAGAR	075517952	1	-5,590.
2.				
3.				
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 20, column A. If loss, enter ZERO on line 20, column A.)		4.	-5,590.

**Part III Distributive Share of Partnership Income** List the distributive share of income (loss) from partnership(s). See instructions.

	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)	Share of tax paid on your behalf by Partnerships
1.				
2.				
3.				
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, column A. If loss, enter ZERO on line 23, column A.)			
5.	Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3.) Enter total here and include on line 51.			

**Part IV Net Pro Rata Share of S Corporation Income** List the pro rata share of income (usable loss) from S corporation(s). See instructions.

	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)
1.			
2.			
3.			
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 24, column A. If loss, enter ZERO on line 24, column A.)		4.

Keep a copy of this schedule for your records

**Schedule NJ-BUS-2**  
(Form NJ-1040NR)

New Jersey Gross Income Tax  
Alternative Business Calculation Adjustment

**2020**

PART I Income (Loss)		Column A		Column B		
		Reportable Regular Business Income		Alternative Business Income (Loss)		
1.	Net Profits From Business	1a.	0.	1b.	0.	
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.	0.	2b.	-5,590.	
3.	Distributive Share of Partnership Income	3a.	0.	3b.	0.	
4.	Net Pro Rata Share of S Corporation Income	4a.	0.	4b.	0.	
5.	Loss Carryforward From Tax Year 2019			5b.	( )	
6.	Totals	6a.	0.	6b.	-5,590.	
<b>PART II Adjustment Calculation</b>						
7.	Total Regular Business Income	7.	0.			
8.	Total Alternative Business Income/(Loss). (If loss, enter zero)	8.	0.			
9.	Business Increment (line 7 minus line 8)	9.	0.			
10.	Adjustment Percentage	10.	0.50			
11.	Alternative Business Calculation Adjustment (line 9 x 0.50)	11.	0.			
<b>PART III Loss Carryforward to Tax Year 2021</b>						
12.	Loss Carryforward to Tax Year 2021	12.		(	5,590.	)

**Instructions**

- Line 1a. Enter the amount from line 18, column A, Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from line 20, column A, Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from line 23, column A, Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from line 24, column A, Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from line 12 of your 2019 Schedule NJ-BUS-2 (Form NJ-1040NR).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 35 of Form NJ-1040NR, and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2020 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040NR.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

**Keep a copy of this schedule for your records**