(Rev. January 2021)

Department of the Treasury

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

internal nevertie Service	
Submission Identification Number (SID)	
Taxpayer's name	Social security number
UPENDRA K YAKKALA	742-15-0793
Spouse's name	Spouse's social security number
Part I Tax Return Information — Tax Year Ending December 31,	(Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	1 75,053.
2 Total tax	2 9,579.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	10,924.
4 Amount you want refunded to you	4 2,107.
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be sure you ge Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or all	
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reasor for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accompanient of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellated business days prior to the payment (settlement) date. I also authorize the financial institutions involve taxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or amental Electronic Funds Withdrawal Consent.	on for rejection of the transmission, (b) the reason are the U.S. Treasury and its designated Financial count indicated in the tax preparation software for institution to debit the entry to this account. This action requests must be received no later than 2 d in the processing of the electronic payment of to the payment. I further acknowledge that the
Taxpayer's PIN: check one box only	5 0 7 9 3
X I authorize GLOBAL TAXES LLC to enter or ge	nerate my PIN Enter five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PI below.	
Your signature ► Upendra Kumar Yakkala Da	ate > 2/13/2021
Spouse's PIN: check one box only	
☐ I authorize to enter or ge ERO firm name signature on the income tax return (original or amended) I am now authorizing. ☐ I will enter my PIN as my signature on the income tax return (original or amended)	-
if you are entering your own PIN and your return is filed using the Practitioner PI below. Spouse's signature	N method. The ERO must complete Part III
Practitioner PIN Method Returns Only—continue	
Part III Certification and Authentication — Practitioner PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5 8 7 2 7 8 6 1 9 8 9 Don't enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual in authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I a requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provided in the provided in t	m submitting this return in accordance with the
ERO's signature ▶ Da	ate ►
FRO Must Retain This Form — See Instructi	

Don't Submit This Form to the IRS Unless Requested To Do So

£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly under the none that the MFS box, enter the none is a child but not your dependent	ame of y							
Your first name	and mi	ddle initial	Last nar	me				Your s	ocial securi	ty number
UPENDRA	K		YAKK	ALA	742-	742-15-0793				
If joint return, s	pouse's	first name and middle initial	Last nar	ne				Spouse	's social se	curity number
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Preside	ential Electi	on Campaign
1429 NW	24T)	H STREET					218		here if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	oaces below.	State	ZII	code			tly, want \$3 Checking a
OKLAHOM	A CI	ГҮ			OK	7	3106	_	low will not	•
Foreign country	/ name		F	oreign province/state/c	county	Fo	reign postal coo	le your ta	x or refund.	Spouse
At any time du	ring 20	20, did you receive, sell, send, excl	hange, o	r otherwise acquire	any financial	interest i	n any virtual	currency?	Yes	⊠ No
Standard Deduction		eone can claim:				dent				
Age/Blindness	You:	Were born before January 2, 1	956	Are blind Spo	use: 🗌 W	as born b	efore Januar	y 2, 1956	☐ Is bl	ind
Dependents	s (see	instructions):		(2) Social security	(3) Rel	ationship	(4) V it	f qualifies fo	or (see instru	ctions):
If more		rst name Last name		number	to	you	Child tax		1	her dependents
than four]		
dependents, see instruction]		
and check]		
here ▶ □]		
	1	Wages, salaries, tips, etc. Attach F	ormi(s) V	V-2				. 1		79,783.
Attach Sch. B if	2a	Tax-exempt interest	2a		b Taxable in	nterest		. 21	o	
required.	3a	Qualified dividends	3a		b Ordinary	dividends		. 31	o	
	4a	IRA distributions	4a	`	b Taxable a	mount .		. 41)	
	5a	Pensions and annuities	5a		b Taxable a	mount .		. 51)	
Standard	6a	Social security benefits	6a		b Taxable a	mount .		. 61)	
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	dule D if	required. If not requ	ired, check l	nere .	•	□ □ 7		
Married filing	8	Other income from Schedule 1, lin	e9.					. 8		<u>-4,730.</u>
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total inco	ome			▶ 9		75,053.
Married filing jointly or	10	Adjustments to income:								
Qualifying	а	From Schedule 1, line 22				10a				
widow(er), \$24,800	b	Charitable contributions if you take	the stan	dard deduction. See	instructions	10b				
Head of	С	Add lines 10a and 10b. These are	your tot	al adjustments to ir	ncome .			▶ 10		
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	idjusted gross inco	me			▶ 1	1 '	75,053.
If you checked any box under	12	Standard deduction or itemized	deducti	ons (from Schedule	A)			. 12	2	12,400.
Standard	13	Qualified business income deduct	ion. Atta	ch Form 8995 or For	rm 8995-A			. 1		
Deduction, see instructions.	14	Add lines 12 and 13						. 14		12,400.
	15	Taxable income. Subtract line 14	from line	e 11. If zero or less,	enter -0			. 1	5	62,653.

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

Form **1040** (2020)

17	Form 1040 (2020)			Page 2
18		16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🔲 4972 3 🔲	16	9,579.
19		17	Amount from Schedule 2, line 3	17	
20 Amount from Schedule 3, line 7 21 Add lines 19 and 20 22 Subtract line 21 from line 18. If zero or less, enter -0- 23 Other taxes, including self-employment tax, from Schedule 2, line 10 23 Other taxes, including self-employment tax, from Schedule 2, line 10 25 Federal income tax withheld from: 26 Form(s) W-2 27 Federal income tax withheld from: 28 Form(s) W-2 29 Control (EC) 29 Control (EC) 20 Control (EC) 21 Control (EC) 22 Control (EC) 23 Control (EC) 24 Control (EC) 25 Control (EC) 26 Control (EC) 27 Control (EC) 28 Control (EC) 29 Control (EC) 20 Control (EC)		18	Add lines 16 and 17	18	9,579.
21		19	Child tax credit or credit for other dependents	19	
22 Subtract line 21 from line 18. If zero or less, enter -0. 22 9. 23 Other taxes, including self-employment tax, from Schedule 2, line 10 23 24 Add lines 22 and 23. This is your total tax ≥ 24 9. 25 Federal income tax withheld from:		20	Amount from Schedule 3, line 7	20	
23 Other taxes, including self-employment tax, from Schedule 2, line 10		21		-	
24 Add lines 22 and 23. This is your total tax		22	Subtract line 21 from line 18. If zero or less, enter -0	-	9,579.
Federal income tax withheld from: a Form(s) W-2				-	0.
a Form(s) W-2 b Form(s) 1099 c Other forms (see instructions) d Add lines 25a through 25c c Other forms (see instructions) d Add lines 25a through 25c 27 catald 5ch. ElC. 17 you have a capacity fine child. 18 you have nortaxable contrable properties of the contrable properties of			·	24	9,579.
b Form(s) 1099		25			
c Other forms (see instructions) d Add lines 25a through 256 25a (add lines 25a through 25a (add lines 25a through 25a (add lines 2		а		_	
d Add lines 25a through 25c 2020 estimated tax payments and amount applied from 2019 return . 26 26 26 2020 estimated tax payments and amount applied from 2019 return . 26 26 27 28 28 28 29 29 29 29 29 29 29 29 29 29 29 29 29		b			
26 2020 estimated tax payments and amount applied from 2019 return 27					10.004
and the St. Direct deposit? See instructions. Third Party Designee Dresignee Dresig					10,924.
Additional child tax credit. Attach Schedule 8812 . 28 American opportunity credit from Form 8863, line 8 . 29 American opportunity credit from Form 8863, line 8 . 29 Amount from Schedule 3, line 13 . 31 Refund 32 Add lines 27 through 31. These are your total other payments and refundable credits . ▶ 32 Add lines 25d, 26, and 32. These are your total payments 33 11 Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 2 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ▶ □ 35a 2 Bouting number 1 2 2 1 0 0 2 4 ▶ c Type: ★ Checking ★ Savings				26	
29 American opportunity credit from Form 8863, line 8					
combat pay, see instructions. 30 Recovery rebate credit. See instructions				-	
31 Amount from Schedule 3, line 13 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 11. Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid . 34 2. 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here . ▶ 35a 2. Direct deposit? ▶ b Routing number 1 2 2 1 0 0 0 2 4 ▶ c Type: ★ Checking Savings be descinstructions. See instructions. 36 Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 Amount of line 34 you	combat pay,			4	
Add lines 27 through 31. These are your total other payments and refundable credits	see instructions.			-	
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Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 2 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ▶ 35a 2				-	762.
Sign Here Sign Here Sign Here Sign Sign Sign Here Sign	-				11,686.
Direct deposit? See instructions. 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 know prover your records. See instructions. See instructions. See instructions. Sign Here Phone no. Phone no. Phone no. Preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer see instructions Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer see Tirm's address Phone no. Pressonal identification number (PIN) Spouse's signature. If a joint return, both must-sign. Date Preparer's signature Preparer's s	Refund				2,107.
See instructions. ▶ d Account number 1 9 6 7 7 7 9 9 1 1 9 Amount You Owe For details on how to pay, see instructions. Third Party Designee Bign Here Joint return? See instructions. Sign Here Joint return? See instructions. Phone no. Phone no. Phone no. Phone no. Phone no. Preparer's signature Preparer Use Only Account number 1 9 6 7 7 7 9 9 1 1 9 Jan 36 Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 37 Subtract line 33 from line 24. This is the amount you owe now ▶ 37 Note: Schedule 13, line 12e, and its instructions for details. Estimated tax penalty (see instructions) ▶ 38 Do you want to allow another person to discuss this return with the IRS? See instructions ▶ □ Yes. Complete below. ▶ No Personal identification number (PIN) ▶ □ □ Date Your occupation If the IRS sent you an Identify Protection PIN, enter it have a copy for your records. Phone no. Phone no. Preparer's name Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/29/2021 P02082703 □ Self-en Firm's name ▶ GLOBAL TAXES LLC Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041	Direct deposit?			35a	2,107.
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Note: 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. Sign	Amount			37	
For details on how to pay, see instructions. Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions. Designee's name ▶ Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my know belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any know belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any know belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any know belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any know belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any know belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any know belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any know belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any know belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any know belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any know belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other th		31		01	
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Joint return? See instructions. Keep a copy for your records. Phone no. Preparer's name Protection PIN, enter it he (see inst.) ▶ If the IRS sent your spous Identity Protection PIN, enter it he (see inst.) ▶ If the IRS sent your spous Identity Protection PIN, enter it he (see inst.) ▶ Phone no. Preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer's name Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/29/2021 P02082703 Self-en Firm's name ▶ GLOBAL TAXES LLC Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ▶ 30-10	Here				, ,
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Preparer Use Only Firm's name ► GLOBAL TAXES LLC Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Phone no. (678)965 Firm's EIN ► 30-10				2703	Self-employed
Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ► 30-10	•				
	Use Only				
CONTRACTOR AND CONTRA	Go to www irs a			0 2	Form 1040 (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

UPENDRA K YAKKALA

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

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

Your social security number 742-15-0793

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 a	Alimony received	2 a	
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	-4,730.
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	4 720
Par	t II Adjustments to Income	9	-4,730.
		4.0	
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		
С	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 103	22	
	on Form 1040, 1040-SR, or 1040-NR, line 10a		

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

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

OMB No. 1545-0074

Attachment Sequence No. **13**

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

Your social security number

UPEN	DRA K YAKKALA								742	-15-079	3
Part		s From Rental Real E	state and Ro	valtie	s Note	: If you a	are in th	e business o			
1 are		instructions. If you are an		-		-			-		
A Dic		nts in 2020 that would									
		ou file required Form(s									res □ No
	Physical address of e	each property (street, o	city state 7IF	code	e)	<u> </u>		<u> </u>		· · ·	
A		RABAD TELANGANA			<u> </u>						
В	BIG WHOM HIDE		1 111 3000								
1b	Type of Property (from list below)	2 For each rental reabove, report the personal use day	eal estate proper number of fa	perty l	listed tal and			Rental Days		onal Use Days	QJV
Α	3	personal use day if you meet the re	s. Check the equirements to	QJV to file a	oox only as a	Α		365		0	П
В		qualified joint venture. See instructions.									一一
С					İ	С	_				一一
Type	of Property:										_
	le Family Residence	3 Vacation/Short-	Term Rental	5 La	ınd	7	7 Self-	Rental			
-	ti-Family Residence	4 Commercial		6 Ro	oyalties			r (describe)			
Incom			Properties:		ĺ	A		В			С
3	Rents received			3			500.				
4	Royalties received .			4							
Expen								>			
5				5			80.				
6		nstructions)		6			170.				
7	· ·	nance		7			200.				
8				8							
9				9							
10	Legal and other profe	essional fees		10							
11				11							
12	_	d to banks, etc. (see ir		12							
13				13	7	4,6	600.				
14				14			180.				
15				15							
16				16							
17				17							
18		e or depletion		18							
19				19							
20	Total expenses. Add	lines 5 through 19 .		20		5,2	230.				
21	•	line 3 (rents) and/or 4									
		instructions to find our									
	file Form 6198		•	21		-4,	730.				
22		l estate loss after limit structions)		22	(-4,7	30.)	()()
23a	Total of all amounts re	eported on line 3 for al	I rental prope	rties			23a		500).	
b	Total of all amounts re	eported on line 4 for al	I royalty prop	erties			23b				
С	Total of all amounts re	eported on line 12 for a	all properties				23c				
d	Total of all amounts re	eported on line 18 for a	all properties				23d				
е	Total of all amounts re	eported on line 20 for a	all properties				23e		5,230).	
24	Income. Add positive	e amounts shown on li	ne 21. Do no	t inclu	ude any	losses			. 2	24	
25	Losses. Add royalty lo	sses from line 21 and re	ntal real estate	losse	s from lir	ne 22. Er	nter tota	al losses here	e. 🔽	25 (4,730.)
26	Total rental real esta	ate and royalty incon	ne or (loss).	Comb	oine lines	24 and	d 25. E	nter the res	sult		
	here. If Parts II, III, I	V, and line 40 on pag 40), line 5. Otherwise, i	ge 2 do not	apply	to you,	also e	nter th	nis amount	on	26	-4,730.





2020 Form M1, Individual Income Tax

UPENDRA K Your First Name and Initial	YAKKALA Your Last Name	742150793 Your Social Security Number (SSN)	08311989 Your Date of Birth
If a Joint Return, Spouse's First Name and Initi	al Spouse's Last Name	Spouse's Social Security Number	Spouse's Date of Birth
1429 NW 24TH STREET Current Home Address	OKLAHOMA CITY City	OK 73106 State ZIP Code	Check if Address is: New Foreign
2020 Federal Filing Status (p	lace an X in one box):		
(1) Single (2) Married Filing Join	20 Federal Filing Status (place an X in one box): (1) Single (2) Married Filing Jointly (3) Married Filing Separately Spouse Name Spouse SSN (4) Head of Household Spouse SSN (5) Dependents (see instructions): Indent 1 First Name Dependent 1 Last Name Dependent 2 SSN Dependent 2 First Name Dependent 2 Last Name Dependent 2 SSN Dependent 3 First Name Dependent 3 Last Name Dependent 3 SSN Dependent 3 First Name Dependent 3 Last Name Dependent 3 SSN Dependent 3 First Name Dependent 3 Last Name Dependent 3 SSN Dependent 3 First Name Dependent 4 First Name Dependent 4 First Name Dependent 4 First Name Dependent 5 SSN Dependent 5 First Name Dependent 6 First Name First Name Popendent 7 First Name First Name Popendent 7 First Name First Nam		(5) Qualifying Widow(er)
Dependents (see instruction	•		,
Dependent 1 First Name	Dependent 1 Last Name	Dependent 1 SSN Depe	endent 1 Relationship to You
Dependent 2 First Name	Dependent 2 Last Name	Dependent 2 SSN Depe	endent 2 Relationship to You
Dependent 3 First Name	Dependent 3 Last Name	Dependent 3 SSN Depe	endent 3 Relationship to You
To grant \$5 to this fund, enter the code for the Po Po Your Code Spouse's Code De From Your Federal Return (see	party of your choice. It will help candidates for state litical Party Code Numbers: publican—11 Independence—13 mocratic/Farmer-Labor—12 Grassroots/Legalize C e instructions)	Green—15 Legal Mari annabis—14 Libertarian—16 General Ca	ijuana Now—17 ampaign Fund—99 62653 I taxable income
			■
3 Add lines 1 and 2		3	75053
4 Itemized deductions (from Sc	hedule M1SA) or your standard deduction	(see instructions) 4	12400
5 Exemptions (determine from i	instructions)	5	-
7 Other subtractions from Minr	line 1 of federal Schedule 1esota income from line 47 of Schedule M1	M	•
8 Total subtractions. Add lines 4	through 7	8	12400
9 Minnesota taxable income. S	ubtract line 8 from line 3. If zero or less, leave	e blank	62653
10 Tax from the table in the Forn	n M1 instructions		3869
11 Alternative minimum tax (enc	lose Schedule M1MT)	11	•

2020 M1, page 2



12 13	Add lines 10 and 11	12	3869
	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	3869
	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	3869
16	Amount from line 17 of Schedule M1C, Nonrefundable Credits (enclose Schedule M1C)	16■	
17 18	Subtract line 16 from line 15 (if result is zero or less, leave blank) Nongame Wildlife Fund contribution (see instructions) This will reduce your refund or increase the amount you owe	17 18 ■	3869
19	Add lines 17 and 18.	19	3869
20	Minnesota income tax withheld. Complete and enclose Schedule M1W to report	19	
	Minnesota withholding from Forms W-2, 1099, and W-2G (do not send)	20 ■	4827
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	4827
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 =	958
25	Direct deposit of your refund (you must use an account not associated with a foreign bank):	24	
	Checking Savings 122100024 196779919 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 ■	
27	Penalty amount from Schedule M15 (see instructions). Also subtract		
15 V	this amount from line 24 or add it to line 26 (enclose Schedule M15)	27 ■	
	Amount from line 24 you want sent to you	28 ■	
29	Amount from line 24 you want applied to your 2021 estimated tax	29 ■	
Тахр	payer: I declare that this return is correct and complete to the best of my knowledge and belief.		
		_	
	Signature Spouse's Signature (If Filing Jointly)	Da	ate (MM/DD/YYYY)
	78100433 UYAKKALA@GMAIL.COM Email Address		
	AM PRIYA RAM SAGAR GUPTA TALLAM 01292021		02082703
	Preparer's Signature Date (MM/DD/YYYY) 89659522 SYAM@GTAXFILE.COM	ы	TIN or VITA/TCE # (required)
	arer's Daytime Phone STAMEGIAAF THE COM Preparer's Email Address		
	I do not want my paid preparer to file my return electronically. I authorize the Minnesota Department of Revenue with my paid preparer or the third-party designee i		

Include a copy of your 2020 federal return and schedules.

REV 01/26/21 PRO

Mail to: Minnesota Individual Income Tax, St. Paul, MN 55145-0010

1031





2020 Schedule M1W, Minnesota Income Tax Withheld

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

UPENDRA K		YAKKAI	ĹΑ			74215	50793
Your First Name and Initia	al	Last Name				Your Socia	al Security Number
If a Joint Return, Spouse's F	irst Name and Initial	Spouse's Las	t Name			Spouse's S	Social Security Number
If you received a feder complete this schedul amounts to the neare W-2G; keep them with 1 Minnesota wages a complete line 5 on t	e to determine line st whole dollar. You n your tax records. nd Minnesota tax w	20 of Form M I must include All instructions	1. List only the forr this schedule wher are included on th	ns that report I you file your I is schedule.	Minnesota incometurn. DO NOT	ne tax withh send in your	eld. Round dollar Forms W-2, 1099, or
A	B—Box 13	C—Box 15		D—Box 16		Е—Вох 1	17
If the Form W-2 is for: • you, enter 1	If Retirement Plan box is checked,	Employer's se Tax ID Numbe	even-digit Minnesota er	State wages, (round to ne	tips, etc. arest whole dollar)		ota tax withheld o nearest whole dollar)
• spouse, enter 2	mark an X below.		2060000		50500		4000
a1 <u>1</u>	b1	c1 MN	3869907	d1	79783	e1	4827
a2	b2	c2 MN		d2		e2	
a3	b3	c3 MN		d3		e3	
a4	b4	c4 MN		d4		e4	
a5	b5	c5 MN		d5_		e5	
Subtotal for additio	nal Forms W-2 <i>(fron</i>	n line 5 on page	2)				
Total Minnesota ta	x withheld on all Fo	rms W-2 (add a	mounts in line 1, co	umn E)		1 🔳	4827
2 Minnesota tax with A If the Form 1099, W-26		B Payer's seven	-digit Minnesota Tax ID	C Income amo	unt (see the table on	D Minne	esota tax withheld
you, enter 1spouse, enter 2		Number (I) ur	nknown, contact the pay	er) the back for	amounts to include)	(round	d to nearest whole dollar)
a1		b1 MN		c1		d1	
a2		b2 MN		c2		d2	
a3		b3 MN		с3		d3	
a4		b4 MN		c4		d4	
Subtotal for additio	nal 1099, W-2G, and	l 1042-S (from l	ine 6 on page 2)				
Total Minnesota ta	x withheld on all 10	99, W-2G, and	1042-S (add amount	s in line 2, colui	mn D)	2 🔳	
3 Total Minnesota ta		-					
(from line 7 on page	•					3 🔳	
4 Total. Add the Minr Enter the total here	e and on line 20 of Fo					4 ■	4827

£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly u checked the MFS box, enter the son is a child but not your dependent	name of										
Your first name	and m	iddle initial	Last na	ıme					Your	social secu	ırity number		
UPENDRA	K		YAKK	YAKKALA							742-15-0793		
If joint return, s	pouse's	first name and middle initial	Last na	ime					Spous	Spouse's social security number			
	•	er and street). If you have a P.O. box, se	e instructi	ons.				Apt. no.	- 1		ction Campaign		
		H STREET			_		_	218		k here if yo e if filing ic	ou, or your pintly, want \$3		
		ce. If you have a foreign address, also o	complete s	paces below.	Sta			code		0,	d. Checking a		
OKLAHOM		ГҮ			0		+	3106		elow will n			
Foreign country name				Foreign province/state	e/coun	ty	For	eign postal cod	e your t	ax or refun			
At any time du	ring 20	020, did you receive, sell, send, exc	change, c	or otherwise acquir	e any	financial inte	rest ir	any virtual	currency	?	s 🔀 No		
Standard Deduction		eone can claim:	•	•		•	:						
Age/Blindness	You:	☐ Were born before January 2,	1956	Are blind S	oouse	: Was b	orn b	efore Januar	, 2, 1956	ls	blind		
Dependents	s (see	instructions):		(2) Social securi	ity	(3) Relation	ship	(4) 🗸 if	qualifies	for (see inst	tructions):		
If more		irst name Last name		number	,	to you		Child tax		1	other dependents		
han four													
dependents, see instruction													
and check	5 —												
here ▶ □													
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1	79,783.		
Attach	2a	Tax-exempt interest	2a		b T	axable intere	est		. 2	2b			
Sch. B if required.	3a	Qualified dividends	3a		b (Ordinary divid	ends		. 3	Bb			
	4a	IRA distributions	4a		b T	axable amou	ınt .		. 4	lb			
	5a	Pensions and annuities	5a		b T	axable amou	ınt .		. 5	ib			
Standard	6a	Social security benefits	6a		b T	axable amou	ınt .		. 6	ib di			
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	edule D it	f required. If not red	quired	, check here		•		7			
Married filing	8	Other income from Schedule 1, li	ne 9 .							8	-4,730.		
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	This is your total in	come					9	75,053.		
Married filing	10	Adjustments to income:				1							
jointly or Qualifying	а	From Schedule 1, line 22				<u>1</u>	0a						
widow(er), \$24,800	b	Charitable contributions if you take	Charitable contributions if you take the standard deduction. See instructions 10b										
Head of	С	Add lines 10a and 10b. These are your total adjustments to income											
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross ind	come				▶ 1	11	75,053.		
If you checked any box under	12	Standard deduction or itemized	d deduct	ions (from Schedu	le A)				. 1	12	12,400.		
Standard	13	Qualified business income deduc	tion. Atta	ach Form 8995 or F	orm 8	3995-A .			- 1	13			
Deduction, see instructions.	14	Add lines 12 and 13							- 1	14	12,400.		
	15	Taxable income. Subtract line 1-	4 from lin	ne 11. If zero or less	s, ente	er -0			. 1	15	62,653.		

Form 1040 (2020))									Page 2		
	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌			. 16	9,579.		
	17	Amount from Schedule 2, lir	ne 3						. 17			
	18	Add lines 16 and 17							. 18	9,579.		
	19	Child tax credit or credit for	other dependen	ts					. 19			
	20	Amount from Schedule 3, lir	ne 7						. 20			
	21	Add lines 19 and 20							. 21			
	22	Subtract line 21 from line 18							. 22	9,579.		
	23	Other taxes, including self-e							. 23	0.		
	24	Add lines 22 and 23. This is			*				▶ 24	9,579.		
	25	Federal income tax withheld	-							5,515.		
	а	Form(s) W-2				25a	1.0	,92	4.			
	b	Form(s) 1099				25b		7				
	c	Other forms (see instruction				25c						
	d	Add lines 25a through 25c	•						. 25d	10,924.		
		2020 estimated tax paymen								10,724.		
 If you have a L qualifying child, 	26	Earned income credit (EIC)				27			. 20			
attach Sch. EIC.	27								_			
If you have nontaxable	28	Additional child tax credit. A				28			_			
combat pay,	29	American opportunity credit		-		29		7.0				
see instructions.	30	Recovery rebate credit. See				30		76	۷.			
	31	Amount from Schedule 3, lir				31			<u> </u>	T.C.O.		
	32	Add lines 27 through 31. The	•						32	762.		
	33	Add lines 25d, 26, and 32. T						•		11,686.		
Refund	34	If line 33 is more than line 24				-	-		. 34 35a	2,107.		
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ▶ ☐ Routing number 1 2 2 1 0 0 0 2 4 ▶ c Type: ★ Checking Savings								2,107.		
Direct deposit? See instructions.	►b	Routing number 1 2 2 1 0 0 0 2 4 Account number 1 9 6 7 7 9 9 1 9 <										
coo mondonono.	▶ d					+ + -	_					
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax ►	36						
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now				▶ 37			
You Owe For details on		Note: Schedule H and Sch	for									
how to pay, see		2020. See Schedule 3, line	•			1 1						
instructions.	38	Estimated tax penalty (see in				38						
Third Party		you want to allow another	•				٦,, ۵			N		
Designee		structions				. ▶ [ete below.	⊠ No		
		signee's ne ▶		Phone no. ▶				onaı ıd ber (PII	entification N)			
Cian		der penalties of perjury, I declare	that I have examine		l accompanying sch	nedules a				st of my knowledge and		
Sign		ief, they are true, correct, and com										
Here	Yo	ur signature		Date	Your occupation			1	f the IRS se	nt you an Identity		
	k.	_								IN, enter it here		
Joint return?					ENGINEER			(see inst.)			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	tion		- 1		nt your spouse an		
your records.	,								see inst.) >	ection PIN, enter it here		
	————	one no.	Email address					,,,				
		eparer's name	Preparer's signat			Date		PTIN	<u> </u>	Check if:		
Paid		PRIYA RAM SAGAR GUPTA TALLAM	1 .		מווסיית ייתודת		9/2021		082703	Self-employed		
Preparer				NADAG MAN	GUFIA IALLAM	1 01/2	J/ ZUZI					
Use Only		0500 - 117								e no. (678)965-9522		
				ni Cullilling	-				Firm's EIN			
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV (01/25/21 PR)		Form 1040 (2020)		

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

2020 Attachment Sequence No. 01

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

UPENDRA K YAKKALA

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

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

Sequence No. **01**Your social security number
742-15-0793

Par	Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 a	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	-4,730.
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,		4 520
Dar	line 8	9	-4,730.
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		
С	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.)

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

Attachment Sequence No. **13**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Your social security number

	DRA K YAKKALA								42-15-		
Part	Income or Loss From Rental Real Es	tate and Roy	altie	s Note	If you a	are in th	e business o	f rent	ing persor	al pro	perty, use
	Schedule C. See instructions. If you are an	individual, repo	ort farr	n rental ir	ncome o	r loss fr	om Form 48	35 or	n page 2, I	ine 40.	
A Did	d you make any payments in 2020 that would r	equire you to	file F	orm(s) 1	099? Se	ee instr	uctions .				es 🔀 No
B If "	Yes," did you or will you file required Form(s)	1099?									es 🗌 No
1a	Physical address of each property (street, c										
Α	SRI NAGAR HYDERABAD TELANGANA	IN 50009	0								
В											
С											
1b	Type of Property 2 For each rental re	al estate prop	erty li	sted		Fair	Rental	Per	sonal Us	se	QJV
	(from list below) above, report the personal use days	number of fai	r renta	al and			ays		Days		QUV
Α	3 if you meet the re	365		0							
В	qualified joint ven	ture. See insti	ructio	ns.	В						
С					С						
Туре	of Property:									'	
1 Sing	gle Family Residence 3 Vacation/Short-T	erm Rental	5 Lai	nd	7	7 Self-	Rental				
2 Mul	ti-Family Residence 4 Commercial		6 Ro	yalties	8	3 Othe	r (describe))			
Incom	ne:	Properties:			Α		В	3			С
3	Rents received		3		į	500.					
4	Royalties received		4								
Exper	ises:										
5	Advertising		5			80.					
6	Auto and travel (see instructions)		6			170.					
7	Cleaning and maintenance		7		4	200.					
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 in	structions)	12								
13	Other interest		13		4,6	500.					
14	Repairs		14			180.					
15	Supplies		15								
16	Taxes		16								
17	Utilities		17								
18	Depreciation expense or depletion		18								
19			19								
20	Total expenses. Add lines 5 through 19		20		5,2	230.					
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		-4,	730.					
22	Deductible rental real estate loss after limita	ation, if any,									
	on Form 8582 (see instructions)		22	(-4,7		()()
23a	Total of all amounts reported on line 3 for all					23a		5	00.		
b	Total of all amounts reported on line 4 for all					23b					
С	Total of all amounts reported on line 12 for a					23c					
d	Total of all amounts reported on line 18 for a					23d					
е	Total of all amounts reported on line 20 for a					23e		5,2			
24	Income. Add positive amounts shown on lin			-					24		4 865 '
25	Losses. Add royalty losses from line 21 and rer	ntal real estate	losses	s trom lin	e 22. Er	nter tota	al losses her	е.	25 (4,730.)
26	Total rental real estate and royalty incom										
	here. If Parts II, III, IV, and line 40 on pag Schedule 1 (Form 1040), line 5. Otherwise, ir								26		-4,730.