

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

| | |
|--|--|
| Taxpayer's name MANISH KUMAR EAGALA NAGENDER | Social security number 166-96-8597 |
| 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 | 95,269. |
| 2 Total tax | 2 | 11,878. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 13,289. |
| 4 Amount you want refunded to you | 4 | 1,411. |
| 5 Amount you owe | 5 | |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 6 | 8 | 5 | 9 | 7 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

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 income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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 MANISH KUMAR | Last name EAGALA NAGENDER | Your social security number 166-96-8597 |
| If joint return, spouse's first name and middle initial | Last name | Spouse's social security number |

| | | | |
|---|-------------------------------|---------------------|--|
| Home address (number and street). If you have a P.O. box, see instructions. 14060 74TH PL N | | Apt. no. | 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. <input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below. MAPLE GROVE | State MN | ZIP code 55311 | |
| Foreign country name | Foreign province/state/county | Foreign postal code | |

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

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

| | | | | | | |
|--|--|---|------------|---------------------------------------|------------|---------|
| Attach Sch. B if required. Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions. | 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 | 95,269. | |
| | 2a | Tax-exempt interest | 2a | b Taxable interest | 2b | |
| | 3a | Qualified dividends | 3a | b Ordinary dividends | 3b | |
| | 4a | IRA distributions | 4a | b Taxable amount | 4b | |
| | 5a | Pensions and annuities | 5a | b Taxable amount | 5b | |
| | 6a | Social security benefits | 6a | b Taxable amount | 6b | |
| | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | | | 7 | |
| | 8 | Other income from Schedule 1, line 9 | | | 8 | |
| | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | | | 9 | 95,269. |
| | 10 | Adjustments to income: | | | | |
| | a | From Schedule 1, line 22 | 10a | | | |
| | b | Charitable contributions if you take the standard deduction. See instructions | 10b | | | |
| | c | Add lines 10a and 10b. These are your total adjustments to income ▶ | | | 10c | |
| | 11 | Subtract line 10c from line 9. This is your adjusted gross income ▶ | | | 11 | 95,269. |
| | 12 | Standard deduction or itemized deductions (from Schedule A) | | | 12 | 22,143. |
| 13 | Qualified business income deduction. Attach Form 8995 or Form 8995-A | | | 13 | | |
| 14 | Add lines 12 and 13 | | | 14 | 22,143. | |
| 15 | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | | | 15 | 73,126. | |

| | | | |
|----|---|-----|---------|
| 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 | 11,878. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 11,878. |
| 19 | Child tax credit or credit for other dependents | 19 | |
| 20 | Amount from Schedule 3, line 7 | 20 | |
| 21 | Add lines 19 and 20 | 21 | |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 11,878. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 23 | 0. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 11,878. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 13,289. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 13,289. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) NO | 27 | |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 13,289. |

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

Refund

| | | | | | | | | | | | | | | | | | | | | | | | |
|-----|--|-----|--------|---|---|---|---|---|---|---|---|---------|--|---|---|---|---|---|---|---|---|--|--|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 1,411. | | | | | | | | | | | | | | | | | | | | |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 1,411. | | | | | | | | | | | | | | | | | | | | |
| b | Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> | X | X | X | X | X | X | X | X | X | X | c Type: | <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | | | | | | | | | |
| X | X | X | X | X | X | X | X | X | X | | | | | | | | | | | | | | |
| d | Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | |
| X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | | | | | | | | | | | | | | | | | | | | | |

Amount You Owe

For details on how to pay, see instructions.

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

Third Party Designee

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

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

Sign Here

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

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

Paid Preparer Use Only

| | | | | |
|---------------------------------------|-----------------------------------|------------|-----------|--|
| Preparer's name | Preparer's signature | Date | PTIN | Check if: |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA RAM SAGAR GUPTA TALLAM | 02/13/2021 | P02082703 | <input type="checkbox"/> Self-employed |
| Firm's name | Phone no. | | | |
| GLOBAL TAXES LLC | (678) 965-9522 | | | |
| Firm's address | Firm's EIN | | | |
| 2530 Pebble Creek Ln Cumming GA 30041 | 30-1017196 | | | |

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

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

▶ Attach to Form 1040 or 1040-SR.

2020

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

MANISH KUMAR EAGALA NAGENDER

Your social security number

166-96-8597

Medical and Dental Expenses

Caution: Do not include expenses reimbursed or paid by others.

| | | | |
|----------|---|---|---|
| 1 | Medical and dental expenses (see instructions) | | |
| 2 | Enter amount from Form 1040 or 1040-SR, line 11 | 2 | |
| 3 | Multiply line 2 by 7.5% (0.075) | | |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | 4 |

Taxes You Paid

| | | | |
|----------|--|-----------|--------|
| 5 | State and local taxes. | | |
| a | State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> | 5a | 5,750. |
| b | State and local real estate taxes (see instructions) | 5b | 3,476. |
| c | State and local personal property taxes | 5c | |
| d | Add lines 5a through 5c | 5d | 9,226. |
| e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 5e | 9,226. |
| 6 | Other taxes. List type and amount ▶ | 6 | |
| 7 | Add lines 5e and 6 | 7 | 9,226. |

Interest You Paid

Caution: Your mortgage interest deduction may be limited (see instructions).

| | | | |
|-----------|---|-----------|---------|
| 8 | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/> | | |
| a | Home mortgage interest and points reported to you on Form 1098. See instructions if limited | 8a | 10,441. |
| b | Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶ | 8b | |
| c | Points not reported to you on Form 1098. See instructions for special rules | 8c | |
| d | Mortgage insurance premiums (see instructions) | 8d | 2,476. |
| e | Add lines 8a through 8d | 8e | 12,917. |
| 9 | Investment interest. Attach Form 4952 if required. See instructions. | 9 | |
| 10 | Add lines 8e and 9 | 10 | 12,917. |

Gifts to Charity

Caution: If you made a gift and got a benefit for it, see instructions.

| | | | |
|-----------|---|-----------|--|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 11 | |
| 12 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500. | 12 | |
| 13 | Carryover from prior year | 13 | |
| 14 | Add lines 11 through 13 | 14 | |

Casualty and Theft Losses

| | | | |
|-----------|--|-----------|--|
| 15 | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | 15 | |
|-----------|--|-----------|--|

Other Itemized Deductions

| | | | |
|-----------|---|-----------|--|
| 16 | Other—from list in instructions. List type and amount ▶ | 16 | |
|-----------|---|-----------|--|

Total Itemized Deductions

| | | | |
|-----------|--|-----------|---------|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 | 17 | 22,143. |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/> | | |



2020 Form M1, Individual Income Tax

MANISH KUMAR
Your First Name and Initial

EAGALA NAGENDER
Your Last Name

166968597
Your Social Security Number (SSN)

10191992
Your Date of Birth

If a Joint Return, Spouse's First Name and Initial
14060 74TH PL N
Current Home Address

Spouse's Last Name
MAPLE GROVE
City

Spouse's Social Security Number
MN 55311
State ZIP Code

Spouse's Date of Birth
Check if Address is:
 New 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):

Dependent 1 First Name _____ Dependent 1 Last Name _____ Dependent 1 SSN _____ 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)

95269 0 0 73126
A. Wages, salaries, tips, etc. B. IRA, pensions, and annuities C. Unemployment D. Federal taxable income

| | | | |
|-----------|---|-----------|--------------|
| 1 | Federal adjusted gross income (from line 11 of federal Form 1040 and 1040-SR) | 1 | <u>95269</u> |
| 2 | Additions to Minnesota income from line 17 of Schedule M1M (see instructions; enclose Schedule M1M) | 2 | _____ |
| 3 | Add lines 1 and 2 | 3 | <u>95269</u> |
| 4 | Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions) | 4 | <u>13917</u> |
| 5 | Exemptions (determine from instructions) | 5 | _____ |
| 6 | State income tax refund from line 1 of federal Schedule 1 | 6 | _____ |
| 7 | Other subtractions from Minnesota income from line 47 of Schedule M1M (see instructions; enclose Schedule M1M) | 7 | _____ |
| 8 | Total subtractions . Add lines 4 through 7 | 8 | <u>13917</u> |
| 9 | Minnesota taxable income . Subtract line 8 from line 3. If zero or less, leave blank. | 9 | <u>81352</u> |
| 10 | Tax from the table in the Form M1 instructions | 10 | <u>5141</u> |
| 11 | Alternative minimum tax (enclose Schedule M1MT) | 11 | _____ |



12 Add lines 10 and 11 12 5141

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 5141

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 5141

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

17 Subtract line 16 from line 15 (if result is zero or less, leave blank) 17 5141

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 5141

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 ■ 5750

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 5750

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 ■ 609

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 ■ _____

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 ■ _____

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
9404424185
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)
MANISHEEGA@GMAIL.COM
Email Address
02132021
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 M1SA, Minnesota Itemized Deductions

MANISH KUMAR
Your First Name and Initial

EAGALA NAGENDER
Last Name

166968597
Your Social Security Number

Medical and Dental Expenses

- 1 Medical and dental expenses (see instructions) 1 ■ _____
- 2 Adjusted gross income (see instructions) 2 _____ 95269
- 3 Multiply line 2 by 10% (.10) 3 _____ 9527
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4 ■ _____ 0

Taxes You Paid

- 5 Real estate taxes (see instructions) 5 ■ _____ 3476
- 6 Personal property taxes (see instructions) 6 ■ _____
- 7 Add lines 5 and 6 7 ■ _____ 3476
- 8 Enter the lesser of line 7 or \$10,000 (\$5,000 if married filing separately) 8 ■ _____ 3476
- 9 Other taxes. List the type and amount 9 ■ _____
- 10 Add lines 8 and 9 10 ■ _____ 3476

Interest You Paid

- 11 Home mortgage interest and points on federal Form 1098 11 _____ 10441
- 12 Home mortgage interest and points not reported to you on Form 1098 (see instructions) 12 _____
- 13 Investment interest expense 13 _____
- 14 Add lines 11 through 13 14 ■ _____ 10441

Charitable Contributions

- 15 Charitable contributions by cash or check (see instructions) 15 _____
- 16 Charitable contributions by other than cash or check (see instructions) 16 _____
- 17 Carryover of charitable contributions from a prior year 17 _____
- 18 Add lines 15 through 17 18 ■ _____

Casualty and Theft Losses

- 19 Casualty or theft loss (enclose Schedule M1CAT) 19 ■ _____

Unreimbursed Employee Business Expenses

- 20 Unreimbursed employee expenses (enclose Schedule M1UE) 20 ■ _____
- 21 Adjusted gross income (see instructions) 21 _____ 95269
- 22 Multiply line 21 by 2% (.02) 22 _____ 1905
- 23 Subtract line 22 from line 20. If zero or less, enter 0 23 ■ _____ 0

Other Miscellaneous Deductions

- 24 Other miscellaneous deductions (see instructions) 24 ■ _____
List type and amount _____
- 25 Add lines 4, 10, 14, 18, 19, 23, and 24 25 ■ _____ 13917
- 26 Complete the worksheet in the instructions if Line 1 of Form M1 or line 34 of Schedule M1NC is more than \$197,850 (\$98,925 if your filing status is Married Filing Separately) 26 ■ _____
- 27 Subtract line 26 from line 25. Enter the result here and on line 4 of Form M1 27 ■ _____ 13917



2020 Schedule M1W, Minnesota Income Tax Withheld

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

MANISH KUMAR Your First Name and Initial
 EAGALA NAGENDER Last Name
 166968597 Your Social Security Number

If a Joint Return, Spouse's First Name and Initial Spouse's Last Name 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.

| A | B—Box 13 | C—Box 15 | D—Box 16 | E—Box 17 |
|--|---|--|--|---|
| 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. (round to nearest whole dollar) | Minnesota tax withheld (round to nearest whole dollar) |
| a1 <u>1</u> | b1 <input type="checkbox"/> | c1 MN <u>6036925</u> | d1 <u>69377</u> | e1 <u>4206</u> |
| a2 <u>1</u> | b2 <input type="checkbox"/> | c2 MN <u>5785119</u> | d2 <u>25892</u> | e2 <u>1544</u> |
| 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 ■ 5750

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.

| A | B | C | D |
|--|---|--|---|
| 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 (round to nearest whole dollar) |
| 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 ■ 5750**

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

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: MANISH KUMAR
Last name: EAGALA NAGENDER
Your social security number: 166-96-8597
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions. 14060 74TH PL N
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. MAPLE GROVE
State: MN
ZIP code: 55311
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [] You [] Spouse

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

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

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for, and various income and deduction lines (1-15).

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

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

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

▶ Attach to Form 1040 or 1040-SR.

2020

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

MANISH KUMAR EAGALA NAGENDER

Your social security number

166-96-8597

Medical and Dental Expenses

Caution: Do not include expenses reimbursed or paid by others.

| | | | | |
|----------|---|---|----------|----------|
| 1 | Medical and dental expenses (see instructions) | | 1 | |
| 2 | Enter amount from Form 1040 or 1040-SR, line 11 | 2 | | |
| 3 | Multiply line 2 by 7.5% (0.075) | | 3 | |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | | 4 |

Taxes You Paid

| | | | | |
|----------|--|--|-----------|-----------------|
| 5 | State and local taxes. | | | |
| a | State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> | | 5a | 5,750. |
| b | State and local real estate taxes (see instructions) | | 5b | 3,476. |
| c | State and local personal property taxes | | 5c | |
| d | Add lines 5a through 5c | | 5d | 9,226. |
| e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | | 5e | 9,226. |
| 6 | Other taxes. List type and amount ▶ | | 6 | |
| 7 | Add lines 5e and 6 | | | 7 9,226. |

Interest You Paid

Caution: Your mortgage interest deduction may be limited (see instructions).

| | | | | |
|-----------|---|--|-----------|-------------------|
| 8 | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/> | | | |
| a | Home mortgage interest and points reported to you on Form 1098. See instructions if limited | | 8a | 10,441. |
| b | Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶ | | 8b | |
| c | Points not reported to you on Form 1098. See instructions for special rules | | 8c | |
| d | Mortgage insurance premiums (see instructions) | | 8d | 2,476. |
| e | Add lines 8a through 8d | | 8e | 12,917. |
| 9 | Investment interest. Attach Form 4952 if required. See instructions. | | 9 | |
| 10 | Add lines 8e and 9 | | | 10 12,917. |

Gifts to Charity

Caution: If you made a gift and got a benefit for it, see instructions.

| | | | | |
|-----------|---|--|-----------|-----------|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | | 11 | |
| 12 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500. | | 12 | |
| 13 | Carryover from prior year | | 13 | |
| 14 | Add lines 11 through 13 | | | 14 |

Casualty and Theft Losses

| | | | | |
|-----------|--|--|--|-----------|
| 15 | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | | | 15 |
|-----------|--|--|--|-----------|

Other Itemized Deductions

| | | | | |
|-----------|---|--|--|-----------|
| 16 | Other—from list in instructions. List type and amount ▶ | | | 16 |
|-----------|---|--|--|-----------|

Total Itemized Deductions

| | | | | |
|-----------|--|--|--|-------------------|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 | | | 17 22,143. |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/> | | | |