

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 LAXMI NIKIL BABU	Last name KISTAPURAM	Your social security number 186-90-3815
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. 6201 EP TRUE PKWY		Apt. no. 5309	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 type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. WEST DESMOINES	State IA	ZIP code 50266	
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

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

	1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	98,638.
Attach Sch. B if required.	2a	Tax-exempt interest	2a		2b	178.
	3a	Qualified dividends	3a	101.	3b	103.
	4a	IRA distributions	4a		4b	
	5a	Pensions and annuities	5a		5b	
	6a	Social security benefits	6a		6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			7	-340.
	8	Other income from Schedule 1, line 9			8	-6,510.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶			9	92,069.
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.	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	92,069.
	12	Standard deduction or itemized deductions (from Schedule A)			12	12,400.
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A			13	
	14	Add lines 12 and 13			14	12,400.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15	79,669.

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	13,312.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	13,312.
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	13,312.
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	13,312.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	14,892.
b	Form(s) 1099	25b	43.
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	14,935.
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	14,935.

• 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	1,623.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,623.
b	Routing number 081000032		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 355008250248		
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 SOFTWARE DEVELOPER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
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.)
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 03/21/2021	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

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
LAXMI NIKIL BABU KISTAPURAM

Your social security number
186-90-3815

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-6,510.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ _____ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-6,510.

Part II Adjustments to Income

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

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2020

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return

LAXMI NIKIL BABU KISTAPURAM

Your social security number

186-90-3815

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes** **No**

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	6,634.	8,540.	1,393.	-513.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -513.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	1,358.	1,185.	0.	173.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15 173.

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-340.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } 	21	(340.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification number

LAXMI NIKIL BABU KISTAPURAM

186-90-3815

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Securities LLC	03/31/20	11/27/20	6,634.	8,540.	W	1,393.	-513.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				6,634.	8,540.		1,393.	-513.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side LAXMI NIKIL BABU KISTAPURAM	Social security number or taxpayer identification number 186-90-3815
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Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Securities LLC	04/03/19	05/21/20	1,358.	1,185.	W	0.	173.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶				1,358.	1,185.		0.	173.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

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 for instructions and the latest information.

Name(s) shown on return

Your social security number

LAXMI NIKIL BABU KISTAPURAM

186-90-3815

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 PLOT NO 16, ROAD NO:3 SAI BRUNDHAVAN COLONY CHOWDARIGUDA, GHATKESAR ,MEDHCHAL,MALKAJGIRI,HYDERABAD,TELANGANA IN
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	3		A		365	0	<input type="checkbox"/>
B			B				<input type="checkbox"/>
C			C				<input type="checkbox"/>

Type of Property:

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

Income:		Properties:		A	B	C
3	Rents received	3		610.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7		1,000.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11		1,600.		
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13				
14	Repairs.	14		1,200.		
15	Supplies	15		1,320.		
16	Taxes	16				
17	Utilities	17		2,000.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		7,120.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-6,510.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		(-6,510.)	()	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		610.		
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		7,120.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25		(6,510.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26		-6,510.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Keep for your records

Name(s) shown on return
LAXMI NIKIL BABU KISTAPURAM

Social Security No.
186-90-3815

General Information:

Property description PLOT NO 16, ROAD NO:3, SAI BRUNDHAVAN COLONY, CHOWDARIGUDA GRAM PANCHAYAT
Property type . . 3 Vacation/Short-term If type is other, enter a description . .
Location (street address) PLOT NO 16, ROAD NO:3
City SAI BRUNDHAVAN COLONY State ZIP code
If a foreign address: Foreign province or state CHOWDARIGUDA, GHATKESAR ,MEDHCHAL, MALKAJGIRI, HYDERABAD, TELANGANA
Foreign postal code Foreign country India

Complete For All Properties:

Did you make any payments that would require you to file Form(s) 1099? Yes [] No [X]
If yes, did you or will you file all required Form(s) 1099? Yes [] No []

Complete For All Rental Properties:

Days rented at fair rental value 365 Days of personal use 0

Check All That Apply:

- A Owned by spouse [] B Owned jointly []
C Active participation [X] D Material participation []
E Qualified joint venture [] F Some investment is not at risk []
G Other passive exceptions [] H Complete taxable disposition - See Help []
I Treat all MACRS assets for this activity as qualified Indian reservation property? . . Yes [] No [X]
J Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular [] Extension [] No [X]
K Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? Yes [] No [X]
L Was this activity located in a Qualified Disaster Area? Yes [] No [X]
M Check this box if filing this Schedule E as an LLC in CA or TX []

Ownership Percentage:

- N Check to allocate income and expenses using ownership percentage []
O Enter ownership percentage %

Owner-Occupied Rentals:

- P Check to allocate personal use items to Schedule A []
Q Percentage of rental use %

Vacation Home or Property with Personal Use Days:

- R Check to allocate interest and taxes using the Tax Court Method []
S Number of days property owned if less than the entire year

Income		% if Different	Total
3 Enter rental income (not reported elsewhere)	610.		
Rental income from Form 1099-MISC			
Rental income from Form 1099-K			
Rental Income from Cancellation of Debt Wks			
Total rents received	610.	100.000000	610.
4 Enter royalties received (not reported elsewhere) .			
Royalty income from Form 1099-MISC			
Royalty income from Form 1099-K			
Royalty Income from Cancellation of Debt Wks			
Royalty Income from Schedule K-1			
Total royalties received			

Expenses	(a) Total	(b) Enter % if not 100.00	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
5 Advertising					
6 a Auto					
b Travel					
7 Cleaning and maint . .	1,000.		1,000.		
8 Commissions					
9 a Mort insur qualified . .					
From Form 1098 import					
Total mort insur qual .					
b Other Insurance					
10 Legal & other prof fees					
11 Management fees . . .	1,600.		1,600.		
12 a Mortgage int qualified .					
From Form 1098 import					
Total mort int qualified					
b Mort int other					
From Form 1098 import					
Total mort int other . .					
13 Other interest.					
14 Repairs	1,200.		1,200.		
15 Supplies	1,320.		1,320.		
16 a Real estate taxes . . .					
From Form 1098 import					
Total real estate taxes					
b Other taxes					
17 Utilities	2,000.		2,000.		
18 a Depreciation					
b Depletion					
c Depreciation carryover					
19 Other expenses					
a					
b					
c					
d					
e Indirect operating exp .					
f Operating exp carryover					
g Vehicle rental.					
h Amortization					
20 Add lines 5 through 19	7,120.		7,120.		
21 Income or (loss)			-6,510.		
22 Deductible rental real estate loss			-6,510.		

Your first name, middle initial, and last name LAXMI NIKIL BABU KISTAPURAM

Spouse's first name, middle initial, and last name _____

Your Social Security number 186-90-3815

Spouse's Social Security number _____

Home address, City, State, ZIP 6201 EP TRUE PKWY, 5309

WEST DESMOINES IA 50266

Part I Tax Return Information

	B. Spouse (filing status 3)	A. You or Joint
1. Iowa Net Income (IA 1040, line 26 A & B).....	1B _____ .00	1A <u>92,069</u> .00
2. Total Tax (IA 1040, line 42 A & B).....	2B _____ .00	2A <u>4,199</u> .00
3. Iowa Income Tax Withheld (IA 1040, line 63 A & B).....	3B _____ .00	3A <u>628</u> .00
4. Amount to be Refunded (IA 1040, line 68).....		4. <u>96</u> .00
5. Total Amount Due (IA 1040, line 73).....		5. _____ .00

Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return.)

6. I do not want direct deposit or direct debit.
7. I consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

I authorize the Iowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated below for payment of my individual Iowa taxes owed on this return, and the financial institution to debit the entry to this account on _____ (the payment/settlement date). I also authorize the financial institution 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. This authorization is to remain in full force and effect until I notify IDR to terminate the authorization. To revoke (cancel) a payment, I must contact IDR at (515) 281-3114 or idreft@iowa.gov. Payment cancellation requests must be received no later than five business days prior to the payment/settlement date. Note: This electronic withdrawal from your bank account will be identified with the ACH Company ID 4426004574. If you currently have a debit block on this account, contact your financial institution to request that they allow a withdrawal from your bank account by this ACH Company ID.

Name of financial institution: BANK OF AMERICA

Routing Number

0	8	1	0	0	0	0	3	2
---	---	---	---	---	---	---	---	---

 The first two digits must be 01 through 12 or 21 through 32.

Account Number

3	5	5	0	0	8	2	5	0	2	4	8
---	---	---	---	---	---	---	---	---	---	---	---

Type of Account: Savings Checking

Will this refund go to (or payment come from) an account outside the United States? Yes No

Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and statements for tax year ending December 31, 2020 and certify 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 shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedules, attachments, and statements be sent to the Iowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originator (ERO). In addition, by using software to prepare and transmit my return electronically, I consent to the disclosure to IDR of all information pertaining to the transmission of my tax return electronically. I authorize IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize IDR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if IDR does not receive full and timely payment of my tax liability I will remain liable for the tax liability and all applicable penalties and interest. I consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my return, refund, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. I understand that this declaration with required attachments must be forwarded upon request to IDR.

Your Signature _____ Date _____

Spouse Signature. If a joint return, both must sign. _____ Date _____

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with IDR and have followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form IA 8453-IND should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whichever is later, to which the IA 8453-IND relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I have based this declaration on all information available to me.

ERO Signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO PTIN
Firm's name (or yours if self-employed) <u>GLOBAL TAXES LLC</u>				FEIN <u>30-1017196</u>
Address, City, State, ZIP <u>2530 PEBBLE CREEK LN CUMMING GA 30041</u>				Phone Number <u>(678) 965-9522</u>
Paid Preparer Signature <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>	Date <u>03/21/2021</u>	Check if self-employed <input type="checkbox"/>		Preparer PTIN <u>P02082703</u>
Firm's name (or yours if self-employed) <u>GLOBAL TAXES LLC</u>				FEIN <u>30-1017196</u>
Address, City, State, ZIP <u>2530 PEBBLE CREEK LN CUMMING GA 30041</u>				Phone Number <u>(678) 965-9522</u>

2020 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning _____ and ending _____

Step 1: Fill in all spaces. You must fill in your Social Security number (SSN).

Your last name: KISTAPURAM Your first name/middle initial: LAXMI NIKIL BABU

Spouse's last name: Spouse's first name/middle initial:



Current mailing address (number and street, apartment, lot, or suite number) or PO Box: 6201 EP TRUE PKWY, 5309

City, State, ZIP: WEST DESMOINES IA 50266

Spouse SSN: Your SSN: 186-90-3815

Step 2 Filing Status: Mark one box only

Form with checkboxes for filing status (Single, Married joint, Married separate, etc.) and fields for Email Address, Residence, and School District.

Step 3 Exemptions

Table with columns for exemption type (Personal Credit, 65+ or blind, Dependents), amount, and total.

Step 4 Reportable Social Security benefits as calculated on line 13 of Iowa Social Security Worksheet

Table with columns for B. Spouse/Status 3 and A. You or Joint.

Main income table with columns for B. Spouse/Status 3, A. You or Joint, and totals for Gross Income.

NOTE: Use only blue or black ink, no pencils or red ink.

Step 6 Adjustments to Income

Table for adjustments to income with columns for B. Spouse/Status 3, A. You or Joint, and totals.

Step 7 Federal Taxes and Qualified Deductions

Table for federal taxes and deductions with columns for B. Spouse/Status 3, A. You or Joint, and totals.



202 IA 1040, page 2

Step 8 Taxable Income table with columns: B. Spouse/Status 3, A. You or Joint, B. Spouse/Status 3, A. You or Joint. Rows 36-38.

Step 9 Tax, Credits, and Check-off Contributions table. Rows 39-58. Includes various tax credits and contributions.

Step 10 Credits table. Rows 59-66. Includes Iowa fuel tax credit, child and dependent care credit, etc.

Step 11 Refund table. Rows 67-69. Includes routing and account numbers for refund.

Step 12 Pay table. Rows 70-73. Includes penalty for underpayment and total amount due.

Step 13 I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE section with signature lines for taxpayer and preparer, including date, check if deceased, and daytime telephone numbers.

This return is due April 30, 2021. Sign, enclose W-2s, and verify SSNs. MAILING ADDRESS: Iowa Income Tax Document Processing, PO BOX 9187, Des Moines IA 50306-9187 Make check payable to Iowa Department of Revenue



If you itemize deductions, include this schedule with your return. Use whole dollar amounts.

Name(s): LAXMI NIKIL BABU KISTAPURAM Social Security Number: 186-90-3815

Medical and Dental Expenses	1. Medical and dental expenses (Exclude health insurance premiums claimed on IA 1040, line 18) 1. _____ 2. Multiply the amount on federal form 1040, line 11, as modified for Iowa purposes, by 7.5% (.075). Enter result here. See IA 1040 expanded instructions. 3. Subtract line 2 from line 1. If less than zero, enter 0. 3 _____																		
Taxes You Paid (Not subject to federal deduction dollar limitations)	4. State and local taxes. Check only one box. a <input checked="" type="checkbox"/> Other state and local income taxes. Do not include any general sales tax or Iowa Income Tax. Include School District Surtax and EMS Surtax from prior years paid in 2020, OR b <input type="checkbox"/> General sales tax from federal form 1040, Schedule A, line 5a 4. <u>4,807</u> 5. Real estate taxes 5. _____ 6. Personal property taxes, including annual vehicle registration 6 _____ 7. Other taxes. List type and amount: 7. <u>0</u> 8. Add lines 4-7. Enter total here 8. <u>4,807</u>																		
Interest You Paid	9. Home mortgage interest and points. a. Interest and points reported on federal form 1098 9a. _____ b. Interest not reported on federal form 1098 b. _____ 10. Points not reported on federal form 1098 10. _____ 11. Mortgage insurance premiums 11. _____ 12. Investment interest. Include federal form 4952 if required 12. _____ 13. Add lines 9a-12. Enter total here 13. _____																		
Gifts to Charity	14. Contributions by cash or check 14. _____ 15. Contributions other than by cash or check. Include federal form 8283 if more than \$500 15. _____ 16. Contributions carryover from prior year. See IA 1040 expanded instructions. 16. _____ 17. Add lines 14-16. Enter total here 17. _____																		
Casualty/Theft Loss	18. Casualty or theft loss(es). Include federal form 4684. See IA 1040 expanded instructions. 18. _____																		
Other Itemized Deductions	19. Other expenses. List type and amount: _____ 19. _____																		
Total Itemized Deductions	20. Other Iowa deductions. See IA 1040 expanded instructions. 20. _____ 21. Total deductions. Add lines 3, 8, 13, 17 through 20. If using filing statuses 1, 2, 5, or 6, enter the amount on Step 8, line 37 of the IA 1040 21. <u>4,807</u>																		
Proration of Deductions Between Spouses	Complete lines 22-26 only if you are using filing status 3 or 4. <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Spouse</td> <td style="text-align: center;">You</td> </tr> <tr> <td>22. Net income of both spouses from IA 1040, line 26</td> <td style="text-align: right;">22b. _____</td> <td style="text-align: right;">22a. _____</td> </tr> <tr> <td>23. Total Iowa net income, add columns 22a and 22b. Enter total here</td> <td colspan="2" style="text-align: right;">23. _____</td> </tr> <tr> <td>24. Divide the amount on line 2 a by the amount on line 23. Enter to the nearest tenth of a percent</td> <td colspan="2" style="text-align: right;">24. _____ %</td> </tr> <tr> <td>25. Multiply line 21 by the percentage on line 24. Enter here and on IA 1040, line 37, column A..... (ou)</td> <td colspan="2" style="text-align: right;">25. _____</td> </tr> <tr> <td>26. Subtract line 25 from line 21. Enter here and on IA 1040, line 37, column B. If you are using filing status 4, enter this amount on line 37, column A of your spouse's return. (Spouse)</td> <td colspan="2" style="text-align: right;">26. _____</td> </tr> </table>		Spouse	You	22. Net income of both spouses from IA 1040, line 26	22b. _____	22a. _____	23. Total Iowa net income, add columns 22a and 22b. Enter total here	23. _____		24. Divide the amount on line 2 a by the amount on line 23. Enter to the nearest tenth of a percent	24. _____ %		25. Multiply line 21 by the percentage on line 24. Enter here and on IA 1040, line 37, column A..... (ou)	25. _____		26. Subtract line 25 from line 21. Enter here and on IA 1040, line 37, column B. If you are using filing status 4, enter this amount on line 37, column A of your spouse's return. (Spouse)	26. _____	
	Spouse	You																	
22. Net income of both spouses from IA 1040, line 26	22b. _____	22a. _____																	
23. Total Iowa net income, add columns 22a and 22b. Enter total here	23. _____																		
24. Divide the amount on line 2 a by the amount on line 23. Enter to the nearest tenth of a percent	24. _____ %																		
25. Multiply line 21 by the percentage on line 24. Enter here and on IA 1040, line 37, column A..... (ou)	25. _____																		
26. Subtract line 25 from line 21. Enter here and on IA 1040, line 37, column B. If you are using filing status 4, enter this amount on line 37, column A of your spouse's return. (Spouse)	26. _____																		



Name(s): LAXMI NIKIL BABU KISTAPURAM

Social Security number: 186-90-3815

Mark the appropriate box for you and your spouse

A nonresident of Iowa for all of 2020

▲

▲

A part-year resident of Iowa during 2020

▲

▲

Date moved into Iowa: _____

Date moved out of Iowa: _____

A full-year resident of Iowa during 2020

Iowa-Source Income

	B. Spouse	A. You or Joint
1. Wages, salaries, tips, etc.	1. _____ .00	_____ 11,778.00
2. Taxable interest income	2. _____ .00	_____ 0.00
3. Ordinary dividend income.....	3. _____ .00	_____ 0.00
4. Taxable alimony received.....	4. _____ .00	_____ .00
5. Business income or (loss)	5. _____ .00	_____ .00
6. Capital gain or (loss)	6. _____ .00	_____ 0.00
7. Other gains or (losses).....	7. _____ .00	_____ .00
8. Taxable IRA distributions	8. _____ .00	_____ .00
9. Taxable pensions and annuities.....	9. _____ .00	_____ .00
10. Rents, royalties, partnerships, estates, etc.....	10. _____ .00	_____ 0.00
11. Farm income or (loss)	11. _____ .00	_____ .00
12. Unemployment compensation.....	12. _____ .00	_____ .00
13. Gambling winnings.....	13. _____ .00	_____ .00
14. Other income, bonus depreciation, and section 179 adjustment.....	14. _____ .00	_____ .00
15. Iowa gross income. Add lines 1-14	15. _____ .00	▲ _____ 11,778.00
16. Payments to an IRA, Keogh, or SEP.....	16. _____ .00	_____ .00
17. Deductible part of self-employment tax	17. _____ .00	_____ .00
18. Health insurance premium	18. _____ .00	_____ .00
19. Penalty on early withdrawal of savings	19. _____ .00	_____ .00
20. Alimony paid	20. _____ .00	_____ .00
21. Pension/retirement income exclusion.....	21. _____ .00	_____ .00
22. Moving expense deduction into Iowa only	22. _____ .00	_____ .00
23. Iowa capital gain deduction	23. _____ .00	_____ .00
24. Other adjustments.....	24. _____ .00	_____ .00
25. Total adjustments. Add lines 16-24	25. _____ .00	▲ _____ .00
26. Iowa net income. Subtract line 25 from line 15	26. _____ .00	_____ 11,778.00
27. All-source net income from IA 1040, line 26.....	27. _____ .00	_____ 92,069.00
28. Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0%	28. _____ %	_____ 12.8 %
29. Nonresident/part-year resident credit percentage: Subtract the percentage on line 28 from 100.0%	29. _____ %	_____ 87.2 %
30. Iowa tax on total income from IA 1040, line 39	30. _____ .00	_____ 4,199.00
31. Total credits from IA 1040, line 46.....	31. _____ .00	_____ 40.00
32. Tax after credits. Subtract line 31 from line 30.....	32. _____ .00	_____ 4,159.00
33. Nonresident/part-year resident credit. Multiply line 32 by the percentage on line 29. Enter this amount on IA 1040, line 48.....	33. _____ .00	_____ 3,627.00



Name(s): LAXMI NIKIL BABU KISTAPURAM Social Security number: 186-90-3815

PART I - Iowa Adjustments and Preferences. See instructions.

If you itemized deductions on Schedule A (IA 1040), start on line 1. If you did not itemize on your IA 1040, start on line 2.

- 1. Taxes from IA 1040 Schedule A, line 8 1. 4,807.
- 2. Refunds of taxes (exclude Iowa income tax) 2. ()
- 3. Investment interest expense (difference between regular tax and AMT) 3.
- 4. Qualified small business stock 4.
- 5. Exercise of incentive stock options (excess of AMT income over regular tax income) . 5.
- 6. Estates and trusts [amount from federal Schedule K-1 (Form 1041)] 6.
- 7. Disposition of property (difference between AMT and regular tax gain or loss) 7.
- 8. Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 8.
- 9. Passive activities (difference between AMT and regular tax income or loss)..... 9.
- 10. Loss limitations (difference between AMT and regular tax income or loss) 10.
- 11. Circulation costs (difference between regular tax and AMT)..... 11.
- 12. Long-term contracts (difference between AMT and regular tax income)..... 12.
- 13. Mining costs (difference between regular tax and AMT)..... 13.
- 14. Research and experimental costs (difference between regular tax and AMT)..... 14.
- 15. Income from certain installment sales before January 1, 1987 15. ()
- 16. Other adjustments, including income-based related adjustments 16.
- 17. Total adjustments and preferences. Add lines 1 through 16 17. 4,807.

PART II - Iowa Alternative Minimum Taxable Income

- 18. Taxable income from IA 1040, line 38..... 18. 72,327.
- 19. Net operating loss deduction. Do not enter as a negative amount..... 19.
- 20. Add lines 17, 18, and 19 20. 77,134.
- 21. Iowa Alternative Minimum Tax net operating loss deduction. See instructions..... 21.
- 22. Iowa Alternative Minimum Taxable Income. Subtract line 21 from line 20 22. 77,134.



PART III - Iowa Exemption Amount and Iowa Alternative Minimum Tax Based on Iowa Filing Status

23. Enter the applicable amount below based on your Iowa filing status:

- If filing status 1, 5, or 6, enter \$26,000. ■
- If filing status 2, enter \$35,000.
- If filing status 3 or 4, enter \$17,500..... 23. 26,000.

24. Enter the applicable amount below based on your Iowa filing status:

- If filing status 1, 5, or 6, enter \$112,500.
- If filing status 2, enter \$150,000.
- If filing status 3 or 4, enter \$75,000..... 24. 112,500.

25. Subtract line 24 from line 22. If zero or less, enter zero..... 25. 0.

26. Multiply line 25 by 25% (.25)..... 26. 0.

27. Subtract line 26 from line 23. If zero or less, enter zero..... 27. 26,000.

28. Subtract line 27 from line 22. If zero or less, enter zero..... 28. 51,134.

29. Tentative Iowa Alternative Minimum Tax. Multiply line 28 by 6.4% (.064) 29. 3,273.

30. Regular tax less exemption credits. IA 1040 line 39, less IA 1040 line 43 30. 4,159.

31. Iowa Alternative Minimum Tax. Subtract line 30 from 29; enter here and on IA 1040, line 41. If zero or less, enter zero. See instructions for Iowa Alternative Minimum Tax Limited to Net Worth..... 31. 0.

PART IV - Nonresidents and Part-Year Residents Only – Complete Lines 32-35.

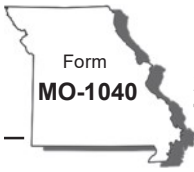
32. Enter Iowa net income plus Iowa adjustments and preferences. If zero or less, enter zero. See instructions. 32. 11,778.

33. Total net income plus total adjustments and preferences. See instructions..... 33. 96,876.

34. Divide line 32 by line 33 and enter the result to three decimal places. If greater than one, enter 1.000..... 34. .122

35. Iowa Alternative Minimum Tax. Multiply line 31 by 34. Enter here and on IA 1040, line 41. See instructions..... 35. 0.

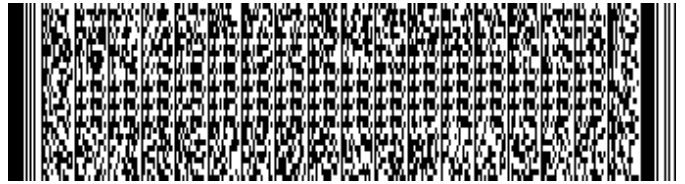




MISSOURI DEPARTMENT OF
REVENUE
2020 Individual Income
Tax Return - Long Form

For Calendar Year January 1 - December 31, 2020

Print in BLACK ink only and DO NOT STAPLE.



Amended Return **Composite Return**
(For use by S corporations or Partnerships)

Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY)

--	--	--	--	--	--

Vendor Code

Department Use Only

1555			
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Filing Status

Single Claimed as a Dependent Married Filing Combined Married Filing Separately Head of Household Qualifying Widow(er)

Age 62 through 64 Age 65 or Older Blind 100% Disabled Non-Obligated Spouse

Yourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse

Name

Social Security Number	Deceased in 2020	Spouse's Social Security Number	Deceased in 2020
186 - 90 - 3815			
First Name	M.I.	Last Name	Suffix
LAXMI NIKIL BABU		KISTAPURAM	
Spouse's First Name	M.I.	Spouse's Last Name	Suffix

In Care Of Name (Attorney, Executor, Personal Representative, etc.)

Address

Present Address (Include Apartment Number or Rural Route)

6201 EP TRUE PKWY APT 5309

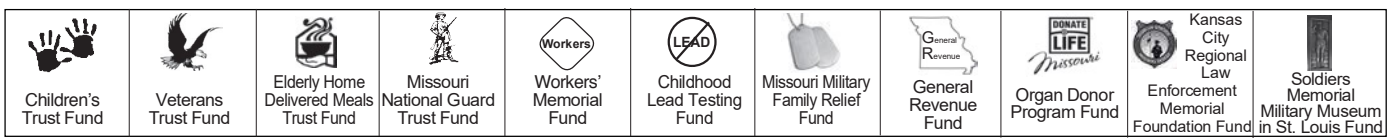
City, Town, or Post Office State ZIP Code

WEST DESMOINES IA 50266 -

County of Residence

JACK

You may contribute to any one or all of the trust funds on Line 47. See pages 11-12 of the instructions for more trust fund information.



Income

	Yourself (Y)		Spouse (S)	
1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	92069 .00	1S	.00
2. Total additions (from Form MO-A , Part 1, Line 7)	2Y	.00	2S	.00
3. Total income - Add Lines 1 and 2	3Y	92069 .00	3S	.00
4. Total subtractions (from Form MO-A, Part 1, Line 18)	4Y	.00	4S	.00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3	5Y	92069 .00	5S	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	92069 .00		
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y	100 %	7S	%

Exemptions and Deductions

8. Pension, Social Security, Social Security Disability, and Military exemption (from Form MO-A, Part 3, Section E)	8	.00
9. Tax from federal return	9	13312 .00
10. Other tax from federal return	10	.00
11. Total tax from federal return. Do not enter federal income tax withheld.	11	13312 .00
12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage	12	15.00 %

Missouri Adjusted Gross Income Range, Line 6: Federal Tax Percentage:

\$25,000 or less	35%
\$25,001 to \$50,000	25%
\$50,001 to \$100,000	15%
\$100,001 to \$125,000	5%
\$125,001 or more	0%

13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers.	13	1997 .00
14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$12,400 • Head of Household-\$18,650 • Married Filing Combined or Qualifying Widow(er)-\$24,800 Note: If age 65 or older, blind, or claimed as a dependent, see page 6.	14	12400 .00
15. Long-term care insurance deduction	15	.00
16. Health care sharing ministry deduction	16	.00
17. Active Duty Military income deduction	17	.00
18. Inactive Duty Military income deduction	18	.00
19. Bring jobs home deduction	19	.00
20. Transportation facilities deduction	20	.00

A. Port Cargo Expansion B. International Trade Facility C. Qualified Trade Activities



Deductions Continued

21. First Time Home Buyers deduction.	A. <input style="width: 80px;" type="text"/>	B. <input style="width: 80px;" type="text"/>	21	<input style="width: 100px;" type="text"/>	.00
22. Total deductions - Add Lines 8 and 13 through 21			22	14397	.00
23. Subtotal - Subtract Line 22 from Line 6			23	77672	.00
24. Multiply Line 23 by appropriate percentages (%) on Lines 7Y and 7S			24Y	77672	.00
			24S	<input style="width: 100px;" type="text"/>	.00
25. Enterprise zone or rural empowerment zone income modification			25Y	<input style="width: 100px;" type="text"/>	.00
			25S	<input style="width: 100px;" type="text"/>	.00

Tax

26. Taxable income - Subtract Line 25 from Line 24			26Y	77672	.00
			26S	<input style="width: 100px;" type="text"/>	.00
27. Tax (see tax chart on page 22 of the instructions)			27Y	4010	.00
			27S	<input style="width: 100px;" type="text"/>	.00
28. Resident credit - Attach Form MO-CR and other states' income tax return(s)			28Y	521	.00
			28S	<input style="width: 100px;" type="text"/>	.00
29. Missouri income percentage - Enter 100% unless you are completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100%			29Y	100	%
			29S	<input style="width: 100px;" type="text"/>	%
30. Balance - Subtract Line 28 from Line 27; OR multiply Line 27 by percentage on Line 29			30Y	3489	.00
			30S	<input style="width: 100px;" type="text"/>	.00
31. Other taxes - Select box and attach federal form indicated.					
<input type="checkbox"/> Lump sum distribution (Form 4972)					
			31Y	<input style="width: 100px;" type="text"/>	.00
			31S	<input style="width: 100px;" type="text"/>	.00
<input type="checkbox"/> Recapture of low income housing credit (Form 8611)					
32. Subtotal - Add Lines 30 and 31			32Y	3489	.00
			32S	<input style="width: 100px;" type="text"/>	.00
33. Total Tax - Add Lines 32Y and 32S			33	3489	.00

Payments and Credits

34. MISSOURI tax withheld - Attach Forms W-2 and 1099			34	3938	.00
35. 2020 Missouri estimated tax payments - Include overpayment from 2019 applied to 2020			35	<input style="width: 100px;" type="text"/>	.00
36. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP			36	<input style="width: 100px;" type="text"/>	.00
37. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT			37	<input style="width: 100px;" type="text"/>	.00
38. Amount paid with Missouri extension of time to file (Form MO-60)			38	<input style="width: 100px;" type="text"/>	.00
39. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC			39	<input style="width: 100px;" type="text"/>	.00
40. Property tax credit - Attach Form MO-PTS			40	<input style="width: 100px;" type="text"/>	.00
41. Total payments and credits - Add Lines 34 through 40			41	3938	.00



Skip Lines 42 through 44 if you are not filing an amended return.

42. Amount paid on original return.

43. Overpayment as shown (or adjusted) on original return

Indicate Reason for Amending

A. Federal audit. Enter date of IRS report (MM/DD/YY)

B. Net Operating Loss carryback Enter year of loss (YY)

C. Investment tax credit carryback Enter year of credit (YY)

D. Correction other than A, B, or C Enter date of federal amended return, if filed. (MM/DD/YY)

44. Amended return total payments and credits - Add Lines 41 and 42; subtract from Line 43. Enter on Line 44.

45. If Line 41, or if amended return, Line 44, is larger than Line 33, enter the difference. Amount of OVERPAYMENT

46. Amount of Line 45 to be applied to your 2021 estimated tax

47. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

47a. Children's Trust Fund . 47b. Veterans Trust Fund . 47c. Elderly Home Delivered Meals Trust Fund . 47d. Missouri National Guard Trust Fund .

47e. Workers' Memorial Fund . 47f. Childhood Lead Testing Fund . 47g. Missouri Military Family Relief Fund . 47h. General Revenue Fund .

47i. Organ Donor Program Fund . 47j. Kansas City Regional Law Enforcement Memorial Foundation Fund . 47k. Soldiers Memorial Military Museum in St. Louis Fund .

47l. Additional Fund Code Additional Fund Amount . 47m. Additional Fund Code Additional Fund Amount .

Total Donation - Add amounts from Boxes 47a through 47m and enter here

48. Amount of Line 45 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from [Form 5632](#).

49. **REFUND** - Subtract Lines 46, 47, and 48 from Line 45 and enter here

a. Routing Number c. Checking Savings

b. Account Number



Amount Due

50. If Line 33 is larger than Line 41 or Line 44, enter the difference.
 Amount of UNDERPAYMENT 50 [] [] . 00

51. Underpayment of estimated tax penalty - Attach [Form MO-2210](#). Enter penalty amount here ... 51 [] [] . 00

Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

52. **AMOUNT DUE** - Add Lines 50 and 51.
 If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically 52 [] [] . 00

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. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under [Section 143.561, RSMo](#). Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in [Chapter 143, RSMo](#), a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

Signature

Signature	Date (MM/DD/YY)		
[]	[]	[]	[]
Spouse's Signature (If filing combined, BOTH must sign)	Date (MM/DD/YY)		
[]	[]	[]	[]
E-mail Address	Daytime Telephone		
SYAM@GTAXFILE.COM	7329396547		
Preparer's Signature	Date (MM/DD/YY)		
SYAM PRIYA RAM SAGAR GUPTA TALLAM	03	21	21
Preparer's FEIN, SSN, or PTIN	Preparer's Telephone		
30-1017196	6789659522		
Preparer's Address	State	ZIP Code	
2530 PEBBLE CREEK LN CUMMING	GA	30041	

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm Yes No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. Yes No

Department Use Only

A FA E10 DE F [] [] . [] []

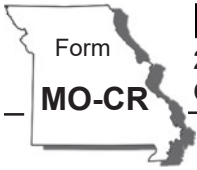
(Revised 12-2020)

Mail To: Balance Due:
 Missouri Department of Revenue
 P.O. Box 329
 Jefferson City, MO 65105-0329

Refund or No Amount Due:
 Missouri Department of Revenue
 P.O. Box 500
 Jefferson City, MO 65105-0500

Phone (Balance Due): (573) 751-7200
Phone (Refund or No Amount Due): (573) 751-3505
Fax: (573) 522-1762
E-mail: income@dor.mo.gov





MISSOURI DEPARTMENT OF
REVENUE
**2020 Credit for Income Taxes Paid To
 Other States or Political Subdivisions**

Complete this form if you or your spouse have income from another state or political subdivision. If you had multiple credits, complete a separate form for each state or political subdivision.

Attach Form MO-CR and **all income tax returns** for each state or political subdivision to Form MO-1040.

Name	Social Security Number
<input type="text" value="LAXMI NIKIL BABU KISTAPURAM"/>	<input type="text" value="186"/> - <input type="text" value="90"/> - <input type="text" value="3815"/>

Spouse's Name	Spouse's Social Security Number
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

	Yourself (Y)		Spouse (S)	
1. Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Line 5S)	1Y	92069 .00	1S	.00
2. Claimant's Missouri income tax (Form MO-1040, Line 27Y and 27S). Use the two letter abbreviation for the state or name of political subdivision. See the table on back for the two letter abbreviation, or enter the name of the political subdivision below. _____	2Y	4010 .00	2S	.00
		State of: <input type="text" value="IA"/>		State of: <input type="text"/>
3. Wages and commissions.	3Y	11778 .00	3S	.00
4. Other income (Describe nature _____)	4Y	0 .00	4S	.00
5. Total - Add Lines 3 and 4.	5Y	11778 .00	5S	.00
6. Less, related adjustments (Federal Form 1040 or 1040-SR, . . . Line 10c)	6Y	.00	6S	.00
7. Net amounts - Subtract Line 6 from Line 5	7Y	11778 .00	7S	0 .00
8. Percentage of your income taxed - Divide Line 7 by Line 1	8Y	13. %	8S	0. %
9. Maximum credit - Multiply Line 2 by percentage on Line 8	9Y	521 .00	9S	.00
10. Income tax you paid to another state or political subdivision. This is not income tax withheld. The income tax is reduced by all credits, except withholding and estimated tax.	10Y	532 .00	10S	0 .00
11. Credit - Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 28Y or Line 28S. If you have multiple credits, add the amounts on Line 11 from each Form MO-CR before entering on Form MO-1040	11Y	521 .00	11S	0 .00