

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: HARISH KUMAR
Last name: CHUNDURI
Your social security number: 359-25-0859
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.
2000 CASABLANCA TERRACE DANVILLE
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
DANVILLE
State: CA
ZIP code: 94506
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[ ] You [ ] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [ ] Yes [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 columns for line numbers and amounts. Includes sections for Attach Sch. B if required, Standard Deduction for, and final taxable income calculation.

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

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	4,390.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	4,390.
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	4,390.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	4,390.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	6,054.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	6,054.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) <b>NO</b>	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,200.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	1,200.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	7,254.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	2,864.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,864.
b	Routing number 1 0 2 0 0 0 0 7 6		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 3 2 0 9 4 2 2 2 2 3		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	
<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

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

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

Sign Here

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

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 09/15/2021	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](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **01**

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

Your social security number  
359-25-0859

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-4,800.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-4,800.

**Part II Adjustments to Income**

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

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

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2020**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

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

Name(s) shown on return

Your social security number

HARISH KUMAR CHUNDURI

359-25-0859

**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

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	LB NAGAR HYDERABAD TELANGANA IN 500045				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>
<b>A</b>	3		<b>A</b> 365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>		<input type="checkbox"/>
<b>C</b>			<b>C</b>		<input type="checkbox"/>

**Type of Property:**

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

<b>Income:</b>		<b>Properties:</b>		<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b>	Rents received . . . . .	<b>3</b>		600.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>				
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		1,200.		
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>				
<b>14</b>	Repairs. . . . .	<b>14</b>		1,000.		
<b>15</b>	Supplies . . . . .	<b>15</b>		1,000.		
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>		2,200.		
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		5,400.		
<b>21</b>	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 <b>Form 6198</b> . . . . .	<b>21</b>		-4,800.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	(	-4,800.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		600.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		5,400.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	(	4,800.)		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> 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 . . . . .	<b>26</b>		-4,800.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Your first name, middle initial, and last name HARISH KUMAR CHUNDURI Spouse's first name, middle initial, and last name \_\_\_\_\_  
 Your Social Security number 359-25-0859 Spouse's Social Security number \_\_\_\_\_  
 Home address, City, State, ZIP 2000 CASABLANCA TERRACE DANVILLE DANVILLE CA 94506

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>50,631</u> .00
2. Total Tax (IA 1040, line 42 A & B) .....	2B _____ .00	2A <u>2,068</u> .00
3. Iowa Income Tax Withheld (IA 1040, line 63 A & B) .....	3B _____ .00	3A <u>1,796</u> .00
4. Amount to be Refunded (IA 1040, line 68) .....	4. _____	<u>80</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 idref@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: WELLS FARGO BANK

Routing Number 

1	0	2	0	0	0	0	7	6
---	---	---	---	---	---	---	---	---

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

Account Number 

3	2	0	9	4	2	2	2	3						
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

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>09/15/2021</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: CHUNDURI Your first name/middle initial: HARISH KUMAR

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



Current mailing address (number and street, apartment, lot, or suite number) or PO Box: 2000 CASABLANCA TERRACE DANVILLE

City, State, ZIP: DANVILLE CA 94506

Spouse SSN: Your SSN: 359-25-0859

Step 2 Filing Status: Mark one box only

Form with checkboxes for filing status: Single, Married filing a joint return, Married filing separately, Married filing separate returns, Head of household, Qualifying widow(er).

Step 3 Exemptions

Table for exemptions: Personal Credit, 65+ or blind, Dependents, Total exemptions.

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

Form for Social Security benefits: B. Spouse/Status 3, A. You or Joint

Table for Gross Income: Wages, salaries, tips, Taxable interest income, Ordinary dividend income, Taxable alimony received, Business income, Capital gain, Other gains, Taxable IRA distributions, Taxable pensions and annuities, Rents, royalties, partnerships, estates, etc., Farm income, Unemployment compensation, Gambling winnings, Other income, Gross Income.

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

Step 6 Adjustments to Income

Table for Adjustments to Income: Payments to an IRA, Keogh, or SEP, Deductible part of self-employment tax, Health insurance premium, Penalty on early withdrawal of savings, Alimony paid, Pension/retirement income exclusion, Moving expense deduction, Iowa capital gain deduction, Other adjustments, Total adjustments, Net Income.

Step 7 Federal Taxes and Qualified Deductions

Table for Federal Taxes and Qualified Deductions: Federal income tax refund/overpayment received, Self-employment/household employment/other federal taxes, Addition for federal taxes, Total, Federal tax withheld, Qualified business income deduction, DPAD 199A(g) deduction, Total federal tax and other qualified deductions, Balance.



**2020 IA 1040, page 2**

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
<b>Step 8 Taxable Income</b>				
36. BALANCE. From side 1, line 35		36.	.00	44,577.00
37. Deduction. Check one box <input checked="" type="checkbox"/> Itemized.(Include IA Schedule A) <input type="checkbox"/> Standard		37.	.00	2,110.00
38. TAXABLE INCOME. SUBTRACT line 37 from line 36		38.	.00	42,467.00
<b>Step 9 Tax, Credits, and Check-off Contributions</b>				
39. Tax from tables or alternate tax	.00	▲	2,068.00	
40. Iowa lump-sum tax. See instructions	.00	▲	.00	
41. Iowa alternative minimum tax. Include IA 6251	.00	▲	.00	
42. Total tax. ADD lines 39, 40, and 41		42.	.00	2,068.00
43. Total exemption credit amount(s) from Step 3, side 1	.00		40.00	
44. Tuition and textbook credit for dependents K-12	.00	▲	.00	
45. Volunteer firefighter/EMS/reserve peace officer credit	.00	▲	.00	
46. Total credits. ADD lines 43, 44, and 45		46.	.00	40.00
47. BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter zero		47.	.00	2,028.00
48. Credit for nonresident or part-year resident. Must include IA 126 and federal return		48.	.00	312.00
49. BALANCE. SUBTRACT line 48 from line 47. If less than zero, enter zero		49.	.00	1,716.00
50. Out-of-state tax credit. Must include IA 130		50.	.00	.00
51. BALANCE. SUBTRACT line 50 from line 49. If less than zero, enter zero		51.	.00	1,716.00
52. Other nonrefundable Iowa credits. Must include IA 148 Tax Credits Schedule		52.	.00	.00
53. BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter zero		53.	.00	1,716.00
54. School district surtax or EMS surtax. Take percentage from table; multiply by line 53		54.	.00	0.00
55. Total state and local tax. ADD lines 53 and 54		55.	.00	1,716.00
56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here		56.		1,716.00
57. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars.				
Fish/Wildlife 57a: <input checked="" type="checkbox"/> State Fair 57b: <input type="checkbox"/> Firefighters/Veterans 57c: <input type="checkbox"/> Child Abuse Prevention 57d: <input type="checkbox"/> Enter here		57.		.00
58. TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 56 and line 57 and enter here		58.	▲	1,716.00
<b>Step 10 Credits</b>				
59. Iowa fuel tax credit. Include IA 4136	.00	▲	.00	
60. Check One: Child and dependent care credit <input type="checkbox"/> OR <input checked="" type="checkbox"/> Early childhood development credit		60.	.00	.00
61. Iowa earned income tax credit. 15.0% (.15) of federal credit	.00	▲	0.00	
62. Other refundable credits. Include IA 148 Tax Credits Schedule	.00	▲	.00	
63. Iowa income tax withheld	.00	▲	1,796.00	
64. Estimated and voucher payments made for tax year 2020	.00	▲	.00	
65. TOTAL. ADD lines 59 through 64 and enter here		65.	.00	1,796.00
66. TOTAL CREDITS. ADD columns A and B on line 65 and enter here		66.		1,796.00
<b>Step 11 Refund</b>				
67. If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid		67.	▲	80.00
68. Amount of line 67 to be REFUNDED		68.	▲	80.00
68a. Routing number: 1 0 2 0 0 0 0 7 6	68b. Type	Checking <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>	
68c. Account number: 3 2 0 9 4 2 2 2 2 3				
69. Amount of line 67 to be applied to your 2021 estimated tax	.00	▲	.00	
<b>Step 12 Pay</b>				
70. If line 66 is less than line 58, subtract line 66 from line 58. This is the AMOUNT OF TAX YOU OWE		70.	▲	.00
71. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. Check if annualized income method is used		71.	▲	.00
72. Penalty and interest <input checked="" type="checkbox"/> 72a. Penalty <input type="checkbox"/> 72b. Interest	.00	72.		.00
73. TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here		73.	▲	.00

**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.

<b>SIGN HERE</b>	<input type="checkbox"/>				
Your signature	Date	Check if deceased	Date of death	SYAM PRIYA RAM SAGAR GUPTA TALLAM 09/15/2021	Preparer's signature Date
<b>SIGN HERE</b>	<input type="checkbox"/>				
Spouse's signature	Date	Check if deceased	Date of death	P02082703 30-1017196	Preparer's PTIN Firm's FEIN
		(719) 330-4349		(678) 965-9522	Daytime telephone number Daytime telephone number

**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**



Name(s): HARISH KUMAR CHUNDURI Social Security number: 359-25-0859

**Mark the appropriate box for you and your spouse**

A nonresident of Iowa for all of 2020

B. Spouse A. You or Joint

▲  ▲

A part-year resident of Iowa during 2020

▲  ▲

Date moved into Iowa: \_\_\_\_\_

Date moved out of Iowa: \_\_\_\_\_ 06/01/20

A full-year resident of Iowa during 2020

**Iowa-Source Income**

B. Spouse A. You or Joint

1. Wages, salaries, tips, etc. ....	1. _____	.00	<u>42,852.00</u>
2. Taxable interest income .....	2. _____	.00	_____
3. Ordinary dividend income.....	3. _____	.00	_____
4. Taxable alimony received.....	4. _____	.00	_____
5. Business income or (loss) .....	5. _____	.00	_____
6. Capital gain or (loss) .....	6. _____	.00	_____
7. Other gains or (losses) .....	7. _____	.00	_____
8. Taxable IRA distributions .....	8. _____	.00	_____
9. Taxable pensions and annuities.....	9. _____	.00	_____
10. Rents, royalties, partnerships, estates, etc.....	10. _____	.00	<u>0.00</u>
11. Farm income or (loss) .....	11. _____	.00	_____
12. Unemployment compensation.....	12. _____	.00	_____
13. Gambling winnings.....	13. _____	.00	_____
14. Other income, bonus depreciation, and section 179 adjustment.....	14. _____	.00	_____
15. Iowa gross income. Add lines 1-14 .....	15. _____	.00	▲ <u>42,852.00</u>
16. Payments to an IRA, Keogh, or SEP.....	16. _____	.00	_____
17. Deductible part of self-employment tax .....	17. _____	.00	_____
18. Health insurance premium .....	18. _____	.00	_____
19. Penalty on early withdrawal of savings .....	19. _____	.00	_____
20. Alimony paid .....	20. _____	.00	_____
21. Pension/retirement income exclusion.....	21. _____	.00	_____
22. Moving expense deduction <b>into</b> Iowa only .....	22. _____	.00	_____
23. Iowa capital gain deduction .....	23. _____	.00	_____
24. Other adjustments.....	24. _____	.00	_____
25. Total adjustments. Add lines 16-24 .....	25. _____	.00	▲ _____
26. Iowa net income. Subtract line 25 from line 15 .....	26. _____	.00	<u>42,852.00</u>
27. All-source net income from IA 1040, line 26.....	27. _____	.00	<u>50,631.00</u>

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. \_\_\_\_\_ % 84.6 %

29. Nonresident/part-year resident credit percentage: Subtract the percentage on line 28 from 100.0% ..... 29. \_\_\_\_\_ % 15.4 %

30. Iowa tax on total income from IA 1040, line 39 ..... 30. \_\_\_\_\_ .00 2,068.00

31. Total credits from IA 1040, line 46..... 31. \_\_\_\_\_ .00 40.00

32. Tax after credits. Subtract line 31 from line 30..... 32. \_\_\_\_\_ .00 2,028.00

33. Nonresident/part-year resident credit. Multiply line 32 by the percentage on line 29. Enter this amount on IA 1040, line 48..... 33. \_\_\_\_\_ .00 312.00

