E 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

2020

OMB No. 1545-007

IBS Use Only—Do not write or staple in this space

Filing Status Check only one box.	If yo	Single Married filing jointly [ou checked the MFS box, enter the son is a child but not your depender	name of	ed filing separately your spouse. If you							-	
Your first name	and m	iddle initial	Last na	me					Your	Your social security number		
SPANDAN	A		YEDD	ANAPUDI					774	774-95-6855		
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spous	se's s	ocial sec	curity number
	-	er and street). If you have a P.O. box, se	e instruction	ons.				Apt. no.	1			on Campaign
157 CON					_						e if you, iling ioin	or your tly, want \$3
,, , ,	ost offi	ce. If you have a foreign address, also c	omplete s	paces below.	Sta			code				Checking a
WINDSOR			1.		C			5095	_		will not	change
Foreign country	y name			Foreign province/state	e/coun	ty	Fore	eign postal code	your	_	r refund. You	Spouse
At any time du	ring 20	020, did you receive, sell, send, exc	hange, c	or otherwise acquire	e any	financial intere	st in	any virtual c	urrency	? [Yes	⊠ No
Standard Deduction	_	leone can claim: You as a despouse itemizes on a separate retu	•			a dependent						
Age/Blindness	You:	: Were born before January 2,	1956	Are blind Sr	oouse	: Was bor	n be	efore January	2, 1956	3	ls bli	nd
Dependent				(2) Social securi	tv	(3) Relationsh					ee instru	ctions):
If more	•	irst name Last name		number	-,	to you	-1-	Child tax		1 '		ner dependents
than four												
dependents, see instruction	_											
and check	s —											
here ▶ 🗌												
	1	Wages, salaries, tips, etc. Attach	Form(s) \	W-2						1	8	32,102.
Attach	2a	Tax-exempt interest	2a		b T	axable interest			:	2b		
Sch. B if required.	3a	Qualified dividends	3a		b C	ordinary divider	nds		. [3b		
	4a	IRA distributions	4a		b T	axable amount	t.			4b		
	5a	Pensions and annuities	5a		b T	axable amount	t.			5b		
Standard	6a	Social security benefits	6a		b T	axable amount	t.		(6b		
Deduction for —	7	Capital gain or (loss). Attach Sche	edule D if	frequired. If not red	quired	, check here		🕨		7		
Single or Married filing	8	Other income from Schedule 1, lin	ne 9							8	-	-5 , 700.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total in	come				•	9	7	76,402.
Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22				10a	1	2,00	00.			
widow(er), \$24,800	b	Charitable contributions if you take	e the star	ndard deduction. Se	e inst	ructions 10k)					
Head of	С	Add lines 10a and 10b. These are	your tot	tal adjustments to	inco	me			▶ 1	0с		2,000.
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjusted gross inc	ome				•	11	7	74,402.
If you checked	12	Standard deduction or itemized	deduct	ions (from Schedul	e A)					12	1	12,400.
any box under Standard	13	Qualified business income deduc	tion. Atta	ach Form 8995 or F	orm 8	995-A				13		
Deduction, see instructions.	14	Add lines 12 and 13								14		2,400.
	15	Taxable income. Subtract line 14	from lin	e 11. If zero or less	. ente	r-0			.	15	6	52,002.

Form 1040 (2020))									Pa	age 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16		9,43	6.
	17	Amount from Schedule 2, lin	ne 3					17			
	18	Add lines 16 and 17						18		9,43	6.
	19	Child tax credit or credit for	other dependent	ts				19			
	20	Amount from Schedule 3, lin	ne 7					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22		9,43	6.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 10			23			0.
	24	Add lines 22 and 23. This is	your total tax					24		9,43	6.
	25	Federal income tax withheld	d from:								
	а	Form(s) W-2				25a 12	,070.				
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c						25d		12,07	0.
If you have a	26	2020 estimated tax paymen						26			
qualifying child,	27	Earned income credit (EIC)			No .	27					
attach Sch. EIC. If you have	28	Additional child tax credit. A				28					
nontaxable	29	American opportunity credit	from Form 8863	, line 8		29					
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .			30 1	,800.				
	31	Amount from Schedule 3, lin	ne 13			31					
	32	Add lines 27 through 31. Th	ese are your tota	al other paym	ents and refunda	ble credits .		32		1,80	0.
	33	Add lines 25d, 26, and 32. T						33		13,87	0.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid						34		4,43	
neiuliu	35a						35a		4,43	4.	
Direct deposit?	▶b										
See instructions.	▶d	Account number 1 5 5	6 8 5 1	4 7 0							
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax ►	36					
Amount	37	Subtract line 33 from line 24	1. This is the amo	ount you owe	now		. •	37			
You Owe		Note: Schedule H and Sch		-							
For details on how to pay, see		2020. See Schedule 3, line									
instructions.	38	Estimated tax penalty (see i	nstructions) .		🕨	38					
Third Party	Do	you want to allow another	r person to disc	uss this retu	rn with the IRS?	See					
Designee ²	ins	structions				► Yes. C	omplete	below.	X No)	
		signee's		Phone			onal iden				\Box
		me ►	the state of the same of the state of the st	no. ▶			ber (PIN)				
Sign		der penalties of perjury, I declare lief, they are true, correct, and com									
Here		ur signature	,	Date	Your occupation			ne IRS sei		•	- 5 -
	,	ar signature		Date	Tour occupation			tection P			
Joint return?					SOFTWARE E	NGINEER	(see	e inst.) 🕨			
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupati	on				pouse an	
Keep a copy for your records.	,	,					- 1	ntity Prote e inst.) ▶	ection PI	N, enter it	t here
•		one no		Email address			(500				Ш
		one no. eparer's name	Preparer's signat	Email address		Date	PTIN		Check	if.	
Paid		•			רווסשא שאדדאאי	02/25/2021	P0208	2772		ıı. If-employ	/ad
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		NAPI SAGAK	GUPTA TALLAM	02/23/2021					
Use Only		m's name ► GLOBAL TA		n Cummin	~ C7 200/1					965-95 10171	
-	Fir	m's address ▶ 2530 Pebb	те стеек р	II Cullillitii	9 GA 30041		Firr	n's EIN 🕨	· 3U-	-10171	. タり

REV 02/15/21 PRO

SCHEDULE 1 (Form 1040)

Department of the Treasury

SPANDANA YEDDANAPUDI

Additional Income and Adjustments to Income

OMB No. 1545-0074

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

Attachment Sequence No. 01 Your social security number

774-95-6855

Par	t 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	-5,700.
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	F 700
Par	line 8	9	-5,700.
10		10	
11	Educator expenses	10	
• •	officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	2,000.
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	2,000.

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

2020

Attachment

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

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

Sequence No. 13
Your social security number

	DANA YEDDANAPUL		د ماللات	Mark 1	£		- 1		14-95-68	
Part		s From Rental Real Estate and Roy instructions. If you are an individual, repo	•		•				• .	
	, , , ,	nts in 2020 that would require you to		` '						
B If "		ou file required Form(s) 1099?							🗌	Yes No
1a	,	each property (street, city, state, ZIP								
Α	D.NO:1/69, MAIN	ROAD, ONGOLE ONGOLE ANDR	IRA PRA	ADESE	IIN	5232	11			
В										
С										1
1b	Type of Property	2 For each rental real estate propabove, report the number of fair	erty liste	d nd			Rental	Pei	rsonal Use	QJV
_	(from list below)	personal use days. Check the	QJV box (only _—	_		Days		Days	
A	3	If you meet the requirements to qualified joint venture. See inst	file as a	·	A		365		0	
B C		qualifica joint venture. Oce mat	i dotions.		В					
	of Duran auton				С					
	of Property:	O Manation (Chart Tawa Dantal	Г I a a a d			7 0-14	Dandal			
•	gle Family Residence	3 Vacation/Short-Term Rental		·ioo		7 Self-		`		
Z Mul	ti-Family Residence	4 Commercial Properties:	6 Royalt	iles	Α	8 Otne	r (describe E	•		С
3		•	3			520.				<u> </u>
4			4			JZ U •				
Expen			7							
5			5							
6		nstructions)	6							
7		nance	7		1.	040.				
8			8			010.				
9			9							
10		essional fees	10							
11			11		1.	200.				
12	•	d to banks, etc. (see instructions)	12		-,	200.				
13			13							
14			14		1,	040.				
15	•		15			340.				
16			16							
17			17		1,	600.				
18		e or depletion	18							
19	Other (list) ▶		19							
20	Total expenses. Add	lines 5 through 19	20		6,	220.				
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties). If								
		instructions to find out if you must								
	file Form 6198		21		-5,	700.				
22	Deductible rental real	l estate loss after limitation, if any,								
	on Form 8582 (see in	•	22 (-5 , 7	00.)	()()
23a		eported on line 3 for all rental prope				23a		5	20.	
b		eported on line 4 for all royalty prope	erties .			23b				
С		eported on line 12 for all properties				23c				
d						23d				
е		eported on line 20 for all properties				23e		6,2		
24	•	e amounts shown on line 21. Do no		•					24	
25		sses from line 21 and rental real estate							25 (5,700.)
26		ate and royalty income or (loss).								
		V, and line 40 on page 2 do not a								F 700
	Schedule 1 (Form 104	40), line 5. Otherwise, include this ar	nount in 1	tne tot	al on	line 41	on page 2		26	-5 , 700.

Form **8917** (Rev. January 2020)

Tuition and Fees Deduction

► Attach to Form 1040 or 1040-SR.

► Go to www.irs.gov/Form8917 for the latest information.

OMB No. 1545-0074

Attachment Sequence No. **60**

Internal Revenue Service
Name(s) shown on return

Department of the Treasury

SPANDANA YEDDANAPUDI

Your social security number 774-95-6855



Use this form for qualified tuition and fees paid in 2018, 2019, or 2020, and later years if legislation extends the deduction (see instructions). File a separate Form 8917 for each year after 2017 for which you qualify to take the deduction.

You **can't** take both an education credit from Form 8863 and the tuition and fees deduction from this form for the **same student** for the same tax year.

Before you begin:

- ✓ To see if you qualify for this deduction, see Who Can Take the Deduction in the instructions below.
- ✓ If you file Form 1040 or 1040-SR, figure any write-in adjustments.
 - For 2018: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040), line 36.
 - For 2019: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.
 - For 2020 and later years: Figure any write-in adjustments for Schedule 1 (Form 1040 or 1040-SR); see the Instructions for Forms 1040 and 1040-SR

		ns 1040 and 1040-SR.			
(a) Student's r	name (as shown on page 1 Last name	of your tax return)	(b) Student's social se number (as shown on 1 of your tax retur	page	(c) Adjusted qualified expenses (see instructions)
SPANDANA	YEDDANA PUD:	I	774-95-685	5	3,600.
Add the amounts on line	e 1, column (c), and ente	er the total		2	3,600.
	•		76,402		
(Form 1040), lines 23 th entered on the dotted li • For 2019 and 2020: E Schedule 1 (Form 1040 write-in adjustments yo	rough 33, plus any write ne next to Schedule 1 (F nter the total of the amo or 1040-SR), lines 10 th u entered on the dotted	r-in adjustments you Form 1040), line 36. unts on your 2019 rough 20, plus any			
	•		4	_	
			• • • • • • • • • • • • • • • • • • • •	, 5	76,402.
Effect of the Amount of	Your Income on the An				
Tuition and fees dedufiling jointly)?	action. Is the amount of	n line 5 more than \$65,0	000 (\$130,000 if married	t	
_	ler of line 2, or \$2,000. ler of line 2, or \$4,000.	}		6	2,000.
	Add the amounts on line Enter the amount from 1040-SR	Add the amounts on line 1, column (c), and enter the amount from your "total income" if 1040-SR	Add the amounts on line 1, column (c), and enter the total Enter the amount from your "total income" line of Form 1040 or 1040-SR	Add the amounts on line 1, column (c), and enter the total	Add the amounts on line 1, column (c), and enter the total

Schedule E

Schedule E Worksheet

2020

► Keep for your records Name(s) shown on return Social Security No. SPANDANA YEDDANAPUDI 774-95-6855 General Information: Property description D.NO:1/69, MAIN ROAD, ONGOLE, ANDHRA PRADESH, 523211 Property type. . 3 Vacation/Short-term If type is other, enter a description. . Location (street address) D. NO: 1/69, MAIN ROAD, ONGOLE ZIP code City ONGOLE State If a foreign address: Foreign province or state . . ANDHRA PRADESH Foreign postal code 523211 Foreign country India **Complete For All Properties:** Did you make any payments that would require you to file Form(s) 1099? Yes No If **yes**, did you or will you file all required Form(s) 1099?..... Yes **Complete For All Rental Properties:** 0 **Check All That Apply:** Owned by spouse В С Active participation. X D Qualified joint venture _ F Some investment is not at risk Ε Other passive exceptions Н Complete taxable disposition — See Help . . ī Treat all MACRS assets for this activity as qualified Indian reservation property? . . Yes Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular Extension Nο Κ Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? Yes No Was this activity located in a Qualified Disaster Area? Yes L М Ownership Percentage: Check to allocate income and expenses using ownership percentage **Owner-Occupied Rentals:** Q

Vacation Home or Property with Personal Use Days:

S

Property Location Page 2

D.NO:1/69, MAIN ROAD, ONGOLE, ONGOLE, ANDHRA PRADESH, 523211, India

Inco	ome		% if Different	Total
3	Enter rental income (not reported elsewhere)	520.		
	Rental income from Form 1099-MISC			
	Rental income from Form 1099-K			
	Rental Income from Cancellation of Debt Wks			
	Total rents received	520.	100.000000	520
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			1,040.		
Commissions					
a Mort insur qualified		-			
From Form 1098 import					
Total mort insur qual .					
b Other Insurance					
Legal & other prof fees	1 000		1 000		
Management fees	1,200.		1,200.		
2 a Mortgage int qualified .		-			
From Form 1098 import					
Total mort int qualified					
b Mort int other		-			
From Form 1098 import					
Total mort int other					
Other interest			1 0 1 0		
Repairs			1,040.		
Supplies			1,340.		
Real estate taxes		-			
From Form 1098 import	_				
Total real estate taxes					
b Other taxes			1 600		
Utilities			1,600.		
a Depreciation					
b Depletion					
c Depreciation carryover					
Other expenses					
a		 			
b		 			
C					
d					
e Indirect operating exp .					
f Operating exp carryove		-			
g Vehicle rental		-			
h Amortization					
Add lines 5 through 19	6,220.	-	6,220.		
Income or (loss)			-5 , 700.		
2 Deductible rental real es	state loss		-5 , 700.		

Form CT-1040 Required Fields

The following fields are required to be automatically populated or completed for taxpayers to continue filing, or must be completed in response to the selection of other fields.

Required to be Automatically-Populated Fields

Each page of each form submitted to DRS must include the following automatically populated fields:

- 1. **Document Identification Numbers -** Three occurrences of the Document Identification Number (DIN) must be on each page. The QR Code and two DINs must be on each scannable page. (See Document Identification Number and Quick Reference (QR) Code, on Page 4.)
- 2. **Social Security Number -** The Social Security Number must appear at the top of Form CT-1040, Pages 2, 3, and 4.
- 3. In addition, the following **Checklist for filing your Connecticut income tax return** must be included when hard copies of the form are printed. Taxpayers should not send the checklist to DRS with the return.

Do not send this sheet with your return.

Checklist for filing your Connecticut income tax return:

- 1. Be sure that Page 1 of your return is not printed on the back of this sheet.
- 2. Verify that the address lines on the return are correct and proper abbreviations are used.
- 3. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
- 4. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
- 5. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
- 6. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
- 7. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at www.ct.gov/TSC using the Taxpayer Service Center.)
- 8. Do not attach or send copies of forms W-2 or 1099.
- 9. Send **all** completed pages of CT-1040, Schedule CT-EITC, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, and Form CT-6251. Send **all** four pages of your completed return, both pages of your completed CT-EITC schedule, and any other supporting schedules.
- 10. Make check payable to: Commissioner of Revenue Services
- 11. To ensure proper posting, write your SSN(s) (optional) and "2020 Form CT-1040" on your check.
- 12. To mail your return, use the following addresses:

For all tax returns with payment:

Department of Revenue Services

PO Box 2977

Hartford CT 06104-2977

For refunds and tax returns without payment:

Department of Revenue Services

PO Box 2976

Hartford CT 06104-2976

- 13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
- 14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited.
- 15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040.

Do not send this sheet with your return.



10401220V011555



Form CT-1040 - 2020

Connecticut Resident Income Tax Return (Rev. 12/20)

Page 1 of 4

Other tax year, beginning: and ending:

Y S N FJ N MFS N HOH N QW

774 - 95 - 6855 - -

SPANDANA YEDDANAPUDI N Dec.

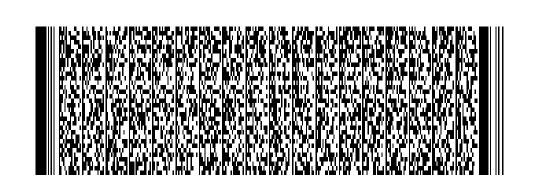
N Dec.

157 CONESTOGA ST N CT-8379 N CT-2210

N CT-1040 CRC N Federal Form 1310

WINDSOR CT 06095 -

1.	74402
2.	0
3.	74402
4.	0
	74402
6.	3723
	0
8.	3723
9.	0
10.	3723
11.	0
12.	3723
13.	0
14.	3723
15	0
16.	3723
	2. 3. 4. 6. 8. 9. 10. 11. 12. 13. 14. 15





0

0.00

Form CT-1040, Page 2 of 4

17.



10401220V021555

17. Amount from Line 16

774956855

3723

Forms W-2, W-2G, and 1099 Information

Col. A - Employer or Payer's Fed. ID #	Col. B - CT Wages, Tips, etc.	Col. C - CT Income Tax Withi	neld
18a. 81 - 3682101	• 82102	4179	
18b. -	• 0	0	
18c. -	• 0	0	
18d. -	• 0	0	
18e. -	• 0	0	
18f. Additional Connecticut withholding (from Su	upplemental Schedule CT-104 WH, Line 3) 18f. O	
18. Total Connecticut income tax withheld: A	mounts in Column C.	18.	4179
19. All 2020 estimated tax payments and any ov	verpayments applied from a prior year	19.	0
20. Payments made with Form CT-104 EXT		20.	0
20a. Earned income tax credit (from Schedule C	CT-EITC, Line 16).	20a.	0
20b. Claim of right credit (from Form CT-1040 C	RC, Line 6).	20b.	0
20c. Pass-through entity tax credit: (from Sched	ule CT-PE, Line 1). Schedule must be atta	ached. 20c.	0
21. Total payments and refundable credits: A	dd Lines 18, 19, 20, 20a, 20b and 20c.	21	4179
22. Overpayment: If Line 21 is more than Line 1	7, Line 17 subtracted from Line 21.	22.	456
23. Amount of Line 22 you want applied to you	r 2021 estimated tax	23.	0
24. Reserved for future use		24.	
24a. Total contributions of refund to designated	charities (from Schedule 5, Line 70)	24a.	0
25. Refund: Lines 23, 24, and 24a subtracted fr If you have not elected to direct deposit, a re		25. ng may be delayed.	456
25a. Acct. type Y Ck. N Sv. 25b. F	Rout. # 221172610 25c. Acc	t.# 1556851470	
25d. Refund going to a bank account outside the U	J.S. 2 d. N		

26. Tax due: If Line 17 is more than Line 21, Line 21 subtracted from Line 17. 26. 27. If late: Penalty entered. Line 26 multiplied by 10% (.10). 0 28. If late: Interest entered. 28. 0

Line 26 multiplied by number of months or fraction of a month late, then by 1% (.01). 29. Interest on underpayment of estimated tax (from Form CT-2210)

29. 30. Total amount due: Add Lines 26 through 29 30.

Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Your signature	age.	Date	Home/cell telephone number
•		•	4175992308
Spouse's signature (if joint return)		ate	Daytime telephone number
•		•	•
Paid preparer's signature	Date	Telephone number	Paid Preparer's PTIN
•SYAM PRIYA RAM SAGAR GUPT	•022521	• 6789659522	P02082703
Paid preparer's name	•		FEIN
SYAM PRIYA RAM SAGAR GUP'	TA TALL		301017196
Firm's name, address and ZIP code GLOBAL TAXES	S LLC		Self-employed
• 2530 PEBBLE CREEK LN CUI	MMING G	A 30041 -	N

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name	,	Telephone number	.	Personal identification number (PIN)
•		•		•

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Schedule 1 - Modifications to Federal Adjusted Gross Income			
31. Interest on state and local government obligations other than Connect		31	. 0
 Mutual fund exempt-interest dividends from non-Connecticut state or r obligations 	nunicipal (government 32	0
33. Taxable amount of lump-sum distributions from qualified plans not incl	uded in fe		O
gross income		33	. 0
34. Beneficiary's share of Connecticut fiduciary adjustment: Entered only i	f greater t		ŭ
35. Loss on sale of Connecticut state and local government bonds		35	ŭ
36. Section 168(k) federal bonus depreciation deduction allowed for property 36a. 80% of Section 179 federal deduction.	placed in s	service during this year. 36 3 a	_
37. Other - pecify •		3 a	_
or. Gala. postly c		0.1	
38. Total additions: Add Lines 31 through 37.		38	. 0
39. Interest on U.S. government obligations		39	ŭ
40. Exempt dividends from certain qualifying mutual funds derived from U.	-	=	·
41. Social Security benefit adjustment (from Social Security Benefit Adjust	ment Wor	•	·
42. Refunds of state and local income taxes43. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuiti	00	42 43	•
44. Military retirement pay	55	43	_
45. 25% of income received from Connecticut Teachers' Retirement Syste	m	45	_
46. Beneficiary's share of Connecticut fiduciary adjustment: Entered only i			_
47. Gain on sale of Connecticut state and local government bonds		4	0
48. C ET contributions made in 2020 or			
an excess carried forward from a prior year Acct. #:		48	. 0
48a. 25% of Section 168(k) federal bonus depreciation deduction added ba	ack in nrec	eding three vears. 48a	. 0
48b. 28% of pension or annuity income.	ack iii piec	48b	
49. Other - specify ●		49	_
50. Total subtractions: Add Lines 39 through 49.		50	
Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions	5	51	. 0
51. Modified Connecticut adjusted gross income		51	. 0
		Col. A	Col. B
52. Qualifying jurisdiction's name and two-letter code 5			
, 0,			
53. Non-Connecticut income included on Line 51 and reported on a			
qualifying jurisdiction's income tax return (from Schedule 2 worksheet)	53.	0	0
54. Line 53 divided by Line 51	54.	0.0000	0.0000
	•	0.0000	0.0000
55. Income tax liability: Line 11 subtracted from Line 6.	5	0	0
50.11. 54. 11. 11. 55	50	0	0
56. Line 54 multiplied by Line 55	56.	0	0
57. Income tax paid to a qualifying jurisdiction	57.	0	0
58. Lesser of Line 56 or Line 57	58.	0	0
59. Total credit: Add Line 58, all columns.		59.	0
55. Total Gealt. Add Line 50, all Columns.		59.	U

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Schedule 3 - Property Tax Credit

	N	65 years or older	N	One or more depender	lents on federal return			
Qualifying Property Name of Connecticut Tax Town or District Description of Property Date(s) Paid	t •	Primary Residence	•	Auto 1	•		Auto 2	
Amount Paid	60.	0	61.	0	62.		0	
63. Total property tax paid: Add Lines 60), 61, a	and 62.					0	
64. Maximum property tax credit allowed					64.	•	200	
65. Lesser of Line 63 or Line 64.					65.	•	0	
66. Property tax credit limitation decimal a	mount	: If zero, the amount from I	_ine 65	is entered on Line 68.	66.	•	0.00	
67. Line 65 multiplied by Line 66.					67.	•	0	
68. Line 67 subtracted from Line 65.					68.		0	
Schedule 4 - Individual Use Tax 69a. Use tax at 1% (from Connecticut Inc	dividu	al Use Tax Worksheet, Se	ction A	, Column 7)	69a.		0	
69b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)					69b.		0	
69c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)					69c.		0	
69d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7)					69d.		0	
69. Individual use tax: Add Lines 69a, 69b, 69c, and 69d. Schedule 5 - Contributions to Designated Charities					69 •		0	
70a. AR	ileu C	nannes			70a.		0	
70b. OT					70b.		0	
70c. ES/W					70c.		0	
70d. BCR					7 d.		0	
70e. SNS					70e.		0	
70f. MR					70f.		0	
70g. CBS					70g.		0	
70h. MHCIA					70h.		0	
70. Total Contributions: Add Lines 70. Taxpayer email	a thro	ugh 70h.			70.		0	