Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

Taxpay	er's name	Social securi	ty numb	er
BAL	AJI PALISETTY	169-83	-093	5
Spouse	's name	Spouse's so	cial secu	irity number
Par	Tax Return Information – Tax Year Ending December 31, (Ente	r year you a	are aut	horizing.)
Enter	whole dollars only on lines 1 through 5.			
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	147,742.
2	Total tax		2	26,562.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	32,059.
4	Amount you want refunded to you		4	5,497.
5	Amount you owe		5	
Dow	Townsway Declayation and Connetwork Authorization (Decume you get and			(

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

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

Taxpayer's PIN: check one box only

X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	L
				ERO firm name		

3	0	9	3	5	00 mV
Ent don	er fiv n't er	ve di Iter a	gits, all ze	but ros	as my

signature on the income tax return (original or amended) I am now authorizing.

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

Your signature

Date 🕨

Spouse's PIN: check one box only

I authorize

to	enter	or	generate	my	PIN

Enter five digits, but don't enter all zeros

as mv

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

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

Spouse's signature >	Date					 		
Practitioner PIN Method Returns Only—contin	ie be	low						
Part III Certification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7		6 all ze	9	89)

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

ERO's signature >	s signature ► Date ►								
	/lust Retain This Form — See Instruction This Form to the IRS Unless Requeste								
For Denominarily Deduction Act Nation and vous to		Earm 8870 (Boy, 01 2021)							

Deduction for- 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 • Single or Married filing separately, \$12,400 8 Other income from Schedule 1, line 9 8 -5,980 • Married filing jointly or Qualifying widow(er), \$24,800 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 147,992 • Married filing jointly or Qualifying widow(er), \$24,800 10 Adjustments to income: 10a 10b 250 • Head of household, \$18,650 • Add lines 10a and 10b. These are your total adjustments to income 10c 250	E 1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 20	20	OMB No. 1545	-0074	IRS Use Only	y—Do not v	vrite or staple	in this space.
BALAJI PALISETTY 169-83-0935 If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address fumber and streeft, If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign City, town, or post office. If you have a foreign address, also complete spaces below. State ZP code Doe work in the first of your, or your a pouse of filing jointly, want S3 Foreign country name Foreign province/state/country Foreign postal code you tax or refund. Standard Someone can claim: You as a dependent You spouse a dependent you presidential Election Campaign Age/Blindness You: Was born before January 2.1966 Are blind Spouse: No Dependents (see instructions): (f) First name Last name Immedring 1 153,972. And check	Check only	lf yc	ou checked the MFS box, enter the n	ame of					. ,		, 0	. , . ,
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. Apt. no. Residential Election Campaign 6 ROYAL CREST DRIVE 8 Check here if you, or your Spouse's social security want S3 cpouse if filing jointy, want S3 NORTH ANDOVER MA 018 45 cpouse if filing jointy, want S3 cpouse if filing jointy, want S3 Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Voru I Spouse is more can claim: You as a dependent You spouse as a dependent Quor tax or refund. Dependents Secouse itemizes on a separate return or you were a dual-status allen Age/Blindness Qi Y and Mitos or (see instructions); (2) Social security (3) Relationship (4) V if qualifies or (see instructions); (all pendents, see instructions); (all pendents, see instructions); (all pendents, see instructions); (all pendents, see instructions); (block is carbit developed pendents, see instructions); (all pendents, see instructions); (block is carbit developed pendents, see instructions); (all pendents, see instructions); (block is carbit developed pendents, see instructions); (all pendents, see instructions); (block is carbit developed pendents, see instr	Your first name	and m	iddle initial	Last na	me					Your se	cial securi	ty number
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign G ROYAL CREST DRIVE B Check here if you, or your Gity, town, or post office. If you have a foreign address, also complete spaces below. MA 018.45 NORTH ANDOVER Foreign country name Foreign province/state/country Foreign gostul code your tax or refund. Foreign country name Foreign province/state/country Foreign gostul code your tax or refund. Standard Someone can claim: You as a dependent Your spouse as a dependent your tax or refund. Deduction Spouse itemizes on a separate return or you were a dual-status allen Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents, see instructions): (1) First name Last name number 1 153,972. Attach 3a b D raxable interest 2b 2b 6b Standard Gas Coalified dividends 3a b Tax-exempt interest 2b 1 Wages, salaries, tips, etc. Attach Form(s) W-2 tas tas b Tax-exempt interest 2	BALAJI			PALI	SETTY					169-	83-093	5
6 ROYAL CREST DRIVE 8 Check here if you, or your City, tow, or post office, if you have a foreign address, also complete spaces below. Ma 01845 Other space State 2/P code Stop to this fund. Checking a box below will not change you were a dual-status alien Age/Blindness You: You as a dependent if you as a dependent if you good were a dual-status alien You if qualifies for gee instructions; If more than four dependents, see instructions; (1) First name Last name interest if all of the other dependents in any challed dividends if a qualified divid	If joint return, s	pouse's	s first name and middle initial	Last na	me					Spouse	's social se	curity number
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NORTH ANDOVER MA 01845 to go to this fund, Checking a box below within change your tax or refund. Foreign province/state/county Foreign province/state/county Foreign postal code You Spouse At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent You repose as a dependent You Spouse Age/Blindness Someone can claim: You as a dependent You repose as a dependent You Spouse Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Last name (1) Area cand Credit or other dependents; see instructions, and check Image: answer the dependents; see instructions and check Image: answer the dependents; see instructions and check Image: answer the dependents; see instructions and check to the dependents; sea dual-status amount and check to the dependents; sea dual-statuse amount and check to the dependents; sea dua		_		molata s	naces below	Ste	ato		-			
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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2020)

Form 1040 (2020))										Pag	je 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 🗌	4972	3			16	26,562	
	17	Amount from Schedule 2, lir	ie3							17		
	18	Add lines 16 and 17								18	26,562	
	19	Child tax credit or credit for	other dependen	ts						19		
	20	Amount from Schedule 3, lir	ie7							20		_
	21	Add lines 19 and 20								21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	26,562	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10)				23	0).
	24	Add lines 22 and 23. This is	your total tax						. 🕨	24	26,562	
	25	Federal income tax withheld	from:									
	а	Form(s) W-2					25a	32	,059			
	b	Form(s) 1099					25b					
	с	Other forms (see instructions	s)				25c					
	d	Add lines 25a through 25c								25d	32,059	۰.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 return					26		
qualifying child,	27	Earned income credit (EIC)			^N	<u>.</u>	27					
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule 8	8812			28					
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8			29					
see instructions.	30	Recovery rebate credit. See	instructions .				30					
	31	Amount from Schedule 3, lir	ie 13				31					
	32	Add lines 27 through 31. The	ese are your tota	al other paym	ents and	refunda	ble cr	edits	. Þ	32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 🕨	33	32,059	
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is th	e amour	nt you	overpaid		34	5,497	•
noruna	35a	Amount of line 34 you want			3 is attach	ed, chec	ck here	e		35a	5,497	· .
Direct deposit?	►b	Routing number 2 3 1			► c Typ	be: 🗙	Checl	king 🗌	Saving	s		
See instructions.	►d	Account number 5 5 7	1 0 8 6	3 5 1								
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax .	. 🕨	36					
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now .				. 🕨	37		
You Owe		Note: Schedule H and Sch	edule SE filers,	line 37 may r	not repres	ent all c	of the	taxes you	owe fo	r		
For details on how to pay, see		2020. See Schedule 3, line 1	2e, and its instru	uctions for det	ails.							
instructions.	38	Estimated tax penalty (see in	nstructions) .			. 🕨	38					
Third Party		you want to allow another	person to disc	cuss this retu	rn with th	ne IRS?	See	_			_	
Designee	ins	structions						Yes. C	omplet	e below.	× No	
		signee's		Phone						ntification		
<u></u>		ne 🕨		no. ►					ber (PIN			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com										
Here	Yo	ur signature		Date	Your occu	upation			lift	he IRS se	nt you an Identity	-
				Dato		apation					IN, enter it here	
Joint return?					SURVE	Y ENG	GINE	ER	(se	ee inst.) 🕨		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's	occupati	on				nt your spouse an	
your records.	,									e inst.) 🕨	ection PIN, enter it I	
	Dh	one no.		Email address					(-			
		eparer's name	Preparer's signat				Date		PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM			מווסייא יי	אר ד.ד אי		30/2021		82703	Self-employe	Ь
Preparer				NAM SAGAR	GUPIA I	А⊔⊔АМ	UI/.	50/2021				
Use Only		m's name ► GLOBAL TA		n Cummin		00/1					678)965-952	
		m's address ► 2530 Pebb			-					m's EIN 🖡		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BA	Α	REV	01/25/21 PRC)		Form 1040 (2	:020)

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.

OMB No. 1545-0074
2020
Attachment Sequence No. 01

► Go to *www.irs.gov/Form1040* for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
BALAJI PALISETTY	169-83-0935
Part 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	-5,980.
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	-5,980.
Par	line 8 <th>J</th> <th>-5,900.</th>	J	-5,900.
10		10	
11	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 01/25/21 PRO		e 1 (Form 1040) 2020

SCHEDULE E	
(Form 1040)	

23a b С d е 24 25 26

Supplemental Income and Loss

OMB No. 1545-0074 2020

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

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

Department of the Treasury	
Internal Revenue Service (99)	

				,		0,			
So to www	/ ire	aov/Sc	hodul	E for	inetr	uctions	and the	latast in	fr

	ent of the Treasury Revenue Service (99)	► Go to www.irs.g	ov/ScheduleE f	or inst	ructions	and th	ne latest	informatior) .	Attac	hment ence No. 1 :	3
	shown on return										v number	
BALA	JI PALISETTY								169-8	3-093	5	
Part		From Rental Real	Estate and Ro	valties	s Note	: If vou	are in th	e business (-	e
		instructions. If you are a		-		•			• •			
A Dic	l you make any payme											
	Yes," did you or will yo				. ,							
 1a	Physical address of e	each property (street	city state ZIF	code						· ⊔		
A	MIYAPUR HYDERA			0000	<i>'</i>]							
B			111 30013									
 1b	Type of Property	2 For each rental	real estate pror	oorty li	stad		Fair	Rental	Persona	lUse		
115	(from list below)	above, report t	he number of fa	ir renta	al and			Days	Day		QJV	
Α	3	personal use da if you meet the	avs.Check the	QJV b	ox onlv⊦	Α		365		0		
B	5	qualified joint v	enture. See inst	truction	ns.	B		505				
					ŀ	C						
	of Property:					<u> </u>						
	le Family Residence	3 Vacation/Shor	t-Term Rental	5 Jar	hd		7 Self-	Rontal				
-	i-Family Residence	4 Commercial	renninentai		yalties			r (describe				
Incom			Properties:		yanies	Α	o Otrie		; <u>)</u> B	[С	
3	Rents received		•	3		~	500.		5		<u> </u>	
4	Royalties received .			4			500.					
Expen												
5	Advertising			5			80.					
6	Auto and travel (see in			6			250.					
7	Cleaning and mainter			7			$\frac{250.}{150.}$					
8	Commissions			8			150.					
9				9								
9 10	Insurance Legal and other profe			9 10								
11	Management fees .			11								
12	Mortgage interest pai			12								
12	Other interest.	-		12		6	000					
14	Repairs			14		0	,000.					
15	Supplies			14								
16	Taxes			16								
17	Utilities			17								
18	Depreciation expense			18								
19	Other (list)			19								
20	Total expenses. Add	lings 5 through 10		20		6	,480.					
	-	-		20		U	,100.					
21	Subtract line 20 from result is a (loss), see											
	(),	instructions to find o	2	21		_5	,980.					
00	Deductible rental real			21		J	, , , 0 0 .			 		
22				22	(_ ⊑	۵۵۰ ۱	(`	(١
220	on Form 8582 (see in Total of all amounts re	-	 all rental prope		N N		980.)	(500.	()
23a	Total of all amounts re					• •	23a 23b		500.			
b	Total of all amounts re	•					230 23c					
c d	Total of all amounts re						23c					
d	Total of all amounts re				· · · ·		230 23e		6,480.			
е 24	Income. Add positive								24			
24 25	Losses. Add royalty lo				-					(5,98	<u> </u>
20	LUSSES. AUU IUyally 10	SSES HUITIME ZI ANU I	entar rear estate	103365		10 ZZ. I		103363116	IG. 20	Δ	05, 2	<u>v.</u>)

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

-5,980.

-5,980.



Form M-8453 Individual Income Tax Declaration for Electronic Filing

Department of

Revenue

Your first name and initial	Last name		Your Social S	ecurity number			
BALAJI PALISETTY			1698309	169830935			
If a joint return, spouse's first name and initial	Last name		Spouse's So	cial Security number			
Present street address (and apartment number)							
6 ROYAL CREST DRIVE APT NO 8							
City/Town/Post Office	State	Zip	Filing status:	X Single	Married filing jointly		
NORTH ANDOVER	MA	01845		□ Married filing separately	Head of household		

Part 1. Tax Return Information for Electronic Filing

1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12).	1	147992
2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36).	. 2	7080
3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38)	3	0
4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42).	4	7545
5 Refund amount (from Form 1, line 50, or Form 1-NR/PY, line 54).	5	465
6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55).	6	

Part 2. Declaration and Signature of Taxpaver

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2020 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR 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 DOR 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.

Your signature Date Spouse's signature (if joint return, both must sign) Date

Part 3. Declaration and Signature of Electronic Return Originator (ERO)

I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN		Date	EIN	Check if
	0130202		301017196	self-employed
Firm name (or yours, if self-employed) a	nd address	City/Town	State Zip	Check if also
GLOBAL TAXES LLC	2530 PEBBLE	CREEK LN CUMMING	GA 30041	paid preparer

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and 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. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN		Date		EIN	EIN		
	P02082703		013	02021	301017196		self-employed
Firm name (or yours, if self-employed) and ad	dress			City/Town	State	Zip	
SYAM PRIYA RAM SAGAR GUPTA TALLAM 25	30 PEBBLE	CREEK	LN	CUMMING	GA	30041	





2020 Form 1

MA20001011555 Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1–December 31, 2020 or other taxable

Year beginning Ending

BALAJI	PALISETTY	169830935	5	
6 ROYAL CREST DR	IVE NORTH	ANDOVER	MA 01845	
Fill in if: X Original return State Election Campaign Fund: Fill in if veteran of U.S. armed forces who or Sinai Peninsula Taxpayer deceased Fill in if under age 18 a. Total federal income b. Federal adjusted gross income 1. Filing status (select one only):	o served in Operations Endurin 14799 14774 X Single Married filing jointly Married filing separa	2 ate return	Fill in if filing S	istodial parent Schedule TDS
2. Exemptions a. Personal exemptions	Head of household	You are a custodial parent who	o has released claim to 2a	exemption for child(ren) 4400
 b. Number of dependents. (Do c. Age 65 or over before 2021 d. Blindness e. Medical/dental f. Adoption 	not include yourself or your spo You + Spouse = You + Spouse =	ouse.) Enter number	× \$1,000 = 2b × \$700 = 2c × \$2,200 = 2d 2e 2f	
g. Total exemptions. Add items	•	on line 18 t of my knowledge and belief this retur Spouse's signature	2g	4400 true, correct and complete.
-	PRIVACY ACT	NOTICE AVAILABLE UPON REQUEST	978-3	90-5957



2020 Form 1, pg. 2 MA20001021555

Massachusetts Resident Income Tax Return

169830935

3.	Wages, salaries, tips		3	153972
3. 4.	Taxable pensions and annuities		4	100912
	•	h avamption	= 5	
5.		- b. exemption	-	
6a.	Business/profession income/loss		6a	
6b.	Farming income/loss		6b	5000
7.	Rental, royalty and REMIC, partnership, S corp., trust incom	me/loss	7	-5980
8a.	Unemployment		8a	
8b.	Mass. lottery winnings		8b	
9.	Other income from Schedule X, line 5		9	
10.	TOTAL 5.0% INCOME		10	147992
11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. R	etirement	11a	2000
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.	S. or Mass. Retirement	11b	
12.	Child under age 13, or disabled dependent/spouse care ex	penses	12	
13.	Number of dependent member(s) of household under age	12, or dependents age 65 or over (not you or y	our spouse) as of	
	12/31/20, or disabled dependent(s)			
	Not more than two. a.		× \$3,600 = 13	
14.	Rental deduction. a.		÷ 2 = 14	
15.	Other deductions from Schedule Y, line 19		15	
16.	Total deductions. Add lines 11 through 15		16	2000
17.	5.0% INCOME AFTER DEDUCTIONS. Subtract line 16 from	om line 10. Not less than "0"	17	145992
18.	Exemption amount		18	4400
19.	5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 fro	om line 17. Not less than "0"	19	141592
20.	INTEREST AND DIVIDEND INCOME		20	
21.	TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20		21	141592

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1



2020 Form 1, pg. 3 MA20001031555

Massachusetts Resident Income Tax Return

169830935

22.	TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the		
	amount in Schedule D, line 21 by .0585	22	7080
23.	12% INCOME. Not less than "0." a.	× .12 = 23	
24.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS	24	
	Fill in if any excess exemptions were used in calculating lines 20, 23 or 24		
25.	Credit recapture amount (from Credit Recapture Schedule)	25	
26.	Additional tax on installment sale	26	
27.	If you qualify for No Tax Status, fill in and enter "0" on line 28		
28.	TOTAL INCOME TAX. Add lines 22 through 26	28	7080
29.	Limited Income Credit	29	
30.	Income tax due to another state or jurisdiction	30	
31.	Other credits from Credit Manager Schedule	31	
32.	INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. Not less than "0"	32	7080
33.	Voluntary Contributions		
	a. Endangered Wildlife Conservation	33a	
	b. Organ Transplant Fund	33b	
	c. Massachusetts Public Health HIV and Hepatitis Fund	33c	
	d. Massachusetts U.S. Olympic Fund	33d	
	e. Massachusetts Military Family Relief Fund	33e	
	f. Homeless Animal Prevention and Care	33f	
	Total. Add lines 33a through 33f	33	
34.	Use tax due on Internet, mail order and other out-of-state purchases	34	
35.	Health care penalty a. You + b. Spouse	35	
36.	Amended return only. Overpayment from original return	36	
37.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 32 through 36	37	7080



2020 Form 1, pg. 4 MA20001041555

Massachusetts Resident Income Tax Return 169830935

38.	Massachusetts income tax withheld	38	7545
39.	2019 overpayment applied to your 2020 estimated tax	39	
40.	2020 Massachusetts estimated tax payments	40	
41.	Payments made with extension	41	
42.	Amended return only. Payments made with original return. Not less than "0"	42	
43.	Earned Income Credit. a. Number of qualifying children b. Amount from U.S. r	return × .30 = 43	
	Note: You cannot claim the Earned Income Credit if your filing status is married filin	g separately unless you qualify	
	for an exception (see instructions). Fill in if you qualify for this exception		
44.	Senior Circuit Breaker Credit	44	
45.	Other Refundable Credits	45	
46.	Excess Paid Family Leave Withholding	46	
47.	TOTAL. Add lines 38 through 46	47	7545
48.	Overpayment. Subtract line 37 from line 47	48	465
49.	Amount of overpayment you want applied to your 2021 estimated tax	49	
50.	Refund. Subtract line 49 from line 48. Mail to: Massachusetts DOR, PO Box 7000, I	Boston, MA 02204 50	465
	Direct deposit of refund. Type of account X checking savings RTN # 231372691 account # 5571086351		
51.	Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Mass. DOR, PO B	ox 7003, Boston, MA 02204 51	
	Interest Penalty M-2210 amt.		EX enclose Form M-2210
May t	he Department of Revenue discuss this return with the preparer shown here?		
	ot want preparer to file my return electronically	(this may delay your refund)	Paid preparer's
	paid preparer's name	Date Check if self-employed	
	AM PRIYA RAM SAGAR GUPTA TALLAM	01302021	P02082703
Paid _I	preparer's signature	Paid preparer's phone 678–965–9522	Paid preparer's EIN 30–1017196
SYA	AM PRIYA RAM SAGAR GUPTA TALLAM		
	BE SURE TO INCLUDE THIS PAGE WI	TH FORM 1, PAGE 1	





2020 Schedule INC MA20INC011555

MAZUINCUII555

BALAJIPALISETTY169830935Form W-2 and 1099 Information169830935

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
043224604	7545	153972	3795		W2

TOTALS	7545	153972	3795





2020 Schedule HC

MA20029011555

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions). **Note:** Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return. BALAJI PALISETTY

169830935

1a.	Date of birth	03061994	1b. Spouse's date of birth	1c. Family size	1

- 2. Federal adjusted gross income
 2
 147742
- 3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. Note: MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2020, you turned 18, you	3a You:	X Full-year MCC	Part-year MCC	No MCC/None
were a part-year resident or a taxpayer was deceased.	3a Spouse:	Full-year MCC	Part-year MCC	No MCC/None
If you filled in the full-year or part-year MCC oval, go to line 4. If you	ou filled in No MC	C/None, go to line 6.		

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2020, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

4a. Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below)		You	Spouse
4b. MassHealth. Fill in and go to line 5	Х	You	Spouse
4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5		You	Spouse
4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5		You	Spouse
4e. Other program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net		You	Spouse
is not considered insurance or minimum creditable coverage.			

4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

Fill in if you were not issued Form MA 1099-HC.

4g. Spouse Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

Fill in if you were not issued Form MA 1099-HC.

5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Other wise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2020, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

01/30/2021 04:10 PM

REV 01/26/21 PRO





2020 Schedule HC, pg. 2

169830935 MA20029021555

Your Health Insurance

6. Was your income in 2020 at or below 150% of the federal poverty level? 6 Yes No If you answer Yes, you are not subject to a penalty in 2020. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2020, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7. Complete this section only if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2020. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least 15 days or more. If, during 2020, you turned 18, you were a part-year resident or a taxpayer was deceased, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

Months Covered By Health Insurance

You:	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Spouse:	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row), go to line 8a. Otherwise, a penalty does not apply to you in 2020. Skip the remainder of this schedule and complete your tax return.

Religious Exemption and Certificate of Exemption

8a.	Religious exemption: Are you claiming an exemption from the requirement to purchase health insurance based	8a You	Yes	No
	on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by			
	health insurance?	Spouse	Yes	No
lf you a	nswer Yes, go to line 8b. If you answer No, go to line 9.			
8b.	If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2020 tax year?	8b You	Yes	No
		Spouse	Yes	No
lf you a	nswer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to li	ne 8b, go to line	Э.	
9.	Certificate of exemption: Have you obtained a Certificate of Exemption issued by the Massachusetts Health	9 You	Yes	No
	Connector for the 2020 tax year?	Spouse	Yes	No
lf vou a	nswer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax			

return. If you answer No to line 9, go to line 10.





2020 Schedule HC, pg. 3

MA20029031555

BALAJI PALISETTY

Affordability as Determined By State Guidelines

Note: This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2020 tax year.

10. Did your employer offer affordable health insurance that met minimum creditable coverage requirements	10 You	Yes	No		
as determined by completing the Schedule HC Worksheet for Line 10 in the instructions?	Spouse	Yes	No		
Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligible for health insurance offered to					
your employer, you were self-employed or you were unemployed.					
11. Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC	11 You	Yes	No		
Worksheet for Line 11 in the instructions?	Spouse	Yes	No		
If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate you	r penalty amount				
12. Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements	12 You	Yes	No		
as determined by completing the Schedule HC Worksheet for Line 12 in the instructions?	Spouse	Yes	No		
If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care Penalty Worksheet in the					

instructions to calculate your penalty amount.

Complete Only If You Are Filing An Appeal

You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.

You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2020 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal. **You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty.** Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

Note: If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do not assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

Spouse: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.





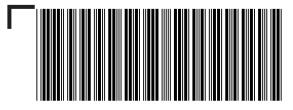
2020 Schedule E

MA20013041555

BALAJI PALISETTY 169830935

Income or Loss from Real Estate and Royalties

Inco	ome		
1.	Rents received	1	500
2.	Royalties received	2	
Exp	enses		
3.	Advertising	3	80
4.	Auto and travel	4	250
5.	Cleaning and maintenance	5	150
6.	Commissions	6	
7.	Insurance	7	
8.	Legal and other professional fees	8	
9.	Management fees	9	
10.	Mortgage interest paid to banks, etc.	10	
11.	Other interest	11	6000
12.	Repairs	12	
13.	Supplies	13	
14.	Taxes	14	
15.	Utilities	15	
16.	Other expenses	16	
17.	Add lines 3 through 16	17	6480
18.	Depreciation expense or depletion	18	<i></i>
19.	Total expenses. Add lines 17 and 18	19	6480
20.	Income or loss from rental real estate or royalty properties	20	-5980
21.	Deductible rental real estate loss	21	-5980
22.	Income. Enter positive amounts shown on line 20	22	
23.	Losses. Add royalty losses from line 20 and real estate losses from line 21	23	-5980
24.	Rental real estate and royalty income or loss	24	-5980



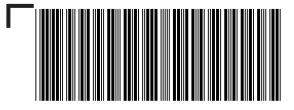
2020 Schedule E, pg. 2

MA20013051555

169830935

Income or Loss from Partnerships and S Corporations 25. Passive loss allowed

25.	Passive loss allowed	25
26.	Passive income	26
27.	Non-passive loss	27
28.	Section 179 expense deduction	28
29.	Non-passive income	29
30.	Combine lines 26 and 29	30
31.	Combine lines 25, 27 and 28	31
32.	Partnership and S corporation income or loss. Combine lines 30 and 31	32
33.	Interest (other than MA banks) and dividends if included in line 32	33
34.	Interest from Massachusetts banks if included in line 32	34
35.	Total income or loss from partnerships and S corporations	35
36.	Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year	
_	disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses	
Inco	ome or Loss from Estates and Trusts	
37.	Passive deduction or loss allowed	37
38.	Passive income	38
39.	Non-passive deduction or loss	39
40.	Non-passive other income	40
41.	Add lines 38 and 40	41
42.	Add lines 37 and 39	42
43.	Estate and trust income or loss. Combine lines 41 and 42	43
44.	Estate or non-grantor-type trust income	44
45.	Grantor-type trust and non-Massachusetts estate and trust income	45
46.	Interest and dividends if included in line 45	46
47.	Adjustments to 5.0% income	47
48.	Subtotal. Combine lines 46 and 47	48
	Income or loss from grantor type and non-Mass estates and trusts	49
Inco	ome or Loss from REMICs	
50.	Excess inclusion	50
51.	Taxable income or loss	51
52.	Income	52
53.	Combine lines 51 and 52	53



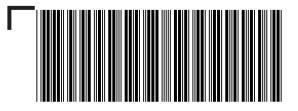


2020 Schedule E, pg. 3 MA20013061555

169830935

Farm Income

	Net farm rental income or loss	54	
	Income or loss. Combine lines 24, 35, 49, 53 and 54	55	-5980
56.	Massachusetts differences Enclose statements	56	
57.	Abandoned building renovation deduction	57	
58.	Total income or loss. Combine lines 55 through 57	58	-5980





2020 Schedule E-1

MA20013011555

 BALAJI
 PALISETTY
 169830935

 PLOT NO 28
 MIYAPUR
 HYDERABAD

 Check one:
 X Real estate
 Royalty
 X Rental property used for short-term rentals

Income or Loss from Real Estate and Royalties

Inco	ome		
1.	Rents received	1	500
2.	Royalties received	2	
Exp	enses		
-	Advertising	3	80
4.	Auto and travel	4	250
5.	Cleaning and maintenance	5	150
6.	Commissions	6	
7.	Insurance	7	
8.	Legal and other professional fees	8	
9.	Management fees	9	
10.	Mortgage interest paid to banks, etc	10	
11.	Other interest	11	6000
12.	Repairs	12	
13.	Supplies	13	
14.	Taxes	14	
15.	Utilities	15	
16.	Other expenses	16	
17.	Add lines 3 through 16	17	6480
18.	Depreciation expense or depletion	18	
19.	Total expenses. Add lines 17 and 18	19	6480
20.	Income or loss from rental real estate or royalty properties	20	-5980
21.	Deductible rental real estate loss	21	-5980
22.	Income. Enter positive amounts shown on line 20	22	
23.	Losses. Enter royalty losses from line 20 or rental real estate losses from line 21	23	-5980
24.	Rental real estate and royalty income or loss	24	-5980
25.	Check if this rental property was used by you or your family for more than 14 days or more than		

10 percent of the total number of days that the property was rented at fair market value

SCHEDULE I	
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

Attachment Sequence No. 13

20

20

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

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

Internal Revenue Service (99	Departin		ie rreast	лу
	Internal	Revenue	Service	(99

Go to www.irs.gov/Schedulel	E for inst	tructions a	nd the la	atest informa	tion.

Name(s)	shown on return								Yo	ur social securit	y number
BALA	JI PALISETTY								1	69-83-093	5
Part		s From Rental Rea instructions. If you a		-		•				• ·	
A Dic	l you make any payme	nts in 2020 that wo	ould require you to	o file Fo	orm(s) 1	099? 5	See inst	ructions .		🗆	Yes 🔀 No
	Yes," did you or will yo										Yes 🗌 No
1a	Physical address of										
Α	MIYAPUR HYDERA			,	,						
В											
С											
1b	Type of Property	2 For each ren	tal real estate pro	perty lis	sted		Fair	Rental	Pe	rsonal Use	0.11/
	(from list below)	above, repor	t the number of fa	air renta	l and		(C	Days		Days	QJV
Α	3	personal use if you meet t	e days. Check the he requirements to	QJV bo	ox only	Α		365		0	
В		qualified join	t venture. See inst	truction	is.	В				-	
С		-				С					
	of Property:					-					
	le Family Residence	3 Vacation/Sh	ort-Term Rental	5 Lan	d		7 Self-	Rental			
-	i-Family Residence	4 Commercial		6 Roy	/alties			er (describe))		
Incom			Properties:			Α	0 0 110	E			С
3	Rents received			3			500.				
4	Royalties received .			4							
Expen											
5	Advertising			5			80.				
6	Auto and travel (see in			6			250.				
7	Cleaning and mainter	,		7			150.				
8	Commissions			8							
9	Insurance			9							
10	Legal and other profe			10							
11	Management fees .			11							
12	Mortgage interest pai			12							
13	Other interest			13		б,	000.				
14	Repairs			14							
15	Supplies			15							
16	Taxes			16							
17	Utilities			17							
18	Depreciation expense			18							
19	Othor (list)	·		19							
20	Total expenses. Add	lines 5 through 19		20		6,	480.				
21	Subtract line 20 from					-					
	result is a (loss), see										
	file Form 6198			21		-5,	980.				
22	Deductible rental real	l estate loss after	limitation, if any,								
	on Form 8582 (see in			22	(-5,9	980.)	()()
23a	Total of all amounts r		or all rental prope	erties			23a		5	00.	· · · ·
b	Total of all amounts re	eported on line 4 f	or all royalty prop	oerties			23b				
с	Total of all amounts re	eported on line 12	for all properties				23c				
d	Total of all amounts re	-					23d				
е	Total of all amounts re						23e		6,4	80.	
24	Income. Add positive				de any	losses				24	
25	Losses. Add royalty lo	sses from line 21 ar	nd rental real estate	e losses	from lir	ne 22. E	Enter tota	al losses her	e.	25 (5,980.)
26	Total rental real esta	ate and rovaltv in	come or (loss).	Combi	ne lines	s 24 ar	nd 25. E	Enter the re	sult		
_*	here. If Parts II, III, I										
	Schedule 1 (Form 104									26	-5,980.

-5,980.