

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: RAKESH
Last name: PEDABALLE
Your social security number: 096-49-1758
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.
130 CONESTOGA RD
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
DEVON
State: PA
ZIP code: 19333
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) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for (with instructions for single, married, HOH), and final taxable income calculation. Total income: 84,917. Adjusted gross income: 78,667. Standard deduction: 12,400. Taxable income: 66,267.

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  | 10,371. |
| 17 | Amount from Schedule 2, line 3  | 17  |         |
| 18 | Add lines 16 and 17   | 18  | 10,371. |
| 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  | 10,371. |
| 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  | 10,371. |
| 25 | Federal income tax withheld from:   |     |         |
| a  | Form(s) W-2   | 25a | 10,088. |
| b  | Form(s) 1099  | 25b |         |
| c  | Other forms (see instructions)  | 25c |         |
| d  | Add lines 25a through 25c   | 25d | 10,088. |
| 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  |         |
| 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  |         |
| 33 | Add lines 25d, 26, and 32. These are your <b>total payments</b>   | 33  | 10,088. |

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

Refund

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

Amount You Owe

For details on how to pay, see instructions.

|  |  |    |      |
|--|--|----|------|
| 37   | Subtract line 33 from line 24. This is the <b>amount you owe now</b> | 37 | 283. |
| <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<br>SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶ <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>         |  |  |  |  |  |  |  |  |
|   |               |                                      |   |  |  |  |  |  |  |  |  |
| 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.) ▶ <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |  |  |  |
|   |               |                                      |   |  |  |  |  |  |  |  |  |
| Phone no.   | Email address |                                      |   |  |  |  |  |  |  |  |  |

Paid Preparer Use Only

|  |   |                    |                   |   |
|--|---|--------------------|-------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM   | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>03/12/2021 | PTIN<br>P02082703 | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name ▶ GLOBAL TAXES LLC                         | Phone no. (678) 965-9522                                  |                    |                   |   |
| Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 | 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  
RAKESH PEDABALLE

Your social security number  
096-49-1758

**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>  | -6,250. |
| <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 ▶ _____<br>_____  | <b>8</b>  |         |
| <b>9</b>  | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,<br>line 8 . . . . . | <b>9</b>  | -6,250. |

**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<br>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<br>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

RAKESH PEDABALLE

096-49-1758

**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>  | 6/87, REDDY STREET CHENNUR KADAPA, ANDHRA PRADESH IN 516162       |  |                  |                   |                          |
| <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. | Fair Rental Days | Personal Use Days | QJV                      |
| <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      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

| Income:          |   | Properties: |  | A           | B   | C       |
|------------------|---|-------------|--|-------------|-----|---------|
| <b>3</b>         | Rents received . . . . .  | <b>3</b>    |  | 350.        |     |         |
| <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>    |  | 100.        |     |         |
| <b>7</b>         | Cleaning and maintenance . . . . .  | <b>7</b>    |  | 250.        |     |         |
| <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>   |  | 6,000.      |     |         |
| <b>14</b>        | Repairs. . . . .  | <b>14</b>   |  | 250.        |     |         |
| <b>15</b>        | Supplies . . . . .  | <b>15</b>   |  |             |     |         |
| <b>16</b>        | Taxes . . . . .   | <b>16</b>   |  |             |     |         |
| <b>17</b>        | Utilities . . . . .   | <b>17</b>   |  |             |     |         |
| <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>   |  | 6,600.      |     |         |
| <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>   |  | -6,250.     |     |         |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b>   |  | ( -6,250. ) | ( ) | ( )     |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .   | <b>23a</b>  |  | 350.        |     |         |
| <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>  |  | 6,600.      |     |         |
| <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>   |  | ( 6,250. )  |     |         |
| <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>   |  |             |     | -6,250. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

PA-40 - 2020
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (06-20)

096491758

PEDABALLE

RAKESH

Occupation SOFTWARE E

Occupation

130 CONESTOGA RD

DEVON

PA 19333

732-668-7736

15780

N Extension. N Amended Return.

R Residency Status.
PA Resident/Nonresident/Part-Year Resident
from to

S Single, Married/Filing Jointly,
Married/Filing Separately, Final Return

N Deceased

N Taxpayer Date of Death

N Spouse Date of Death

N Farmers.

School District Name TREDYFFERIN EA

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and
qualifying retirement benefits. See the instructions.
1b Unreimbursed Employee Business Expenses.
1c Net Compensation. Subtract Line 1b from Line 1a.
2 Interest Income. Complete PA Schedule A if required.
3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
4 Net Income or Loss from the Operation of a Business, Profession or Farm.
5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
7 Estate or Trust Income. Complete and submit PA Schedule J.
8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c,
2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
10 Other Deductions. Enter the appropriate code for the type of deduction.
See the instructions for additional information.
11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

1a 84917

1b 0

1c 84917

2 0

3 0

4 0

5 0

6 0

7 0

8 0

9 84917

10 0

11 84917



EC OFFICIAL USE ONLY FC
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

PA-40 - 2020

Social Security Number

096491758 Name(s) RAKESH PEDABALLE

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).

13 Total PA Tax Withheld. See the instructions.

14 Credit from your 2019 PA Income Tax return.

15 2020 Estimated Installment Payments. REV-459B included.

16 2020 Extension Payment.

17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)

18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

Tax Forgiveness Credit. Submit PA Schedule SP.

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased

19b Dependents, Section II, Line 2, PA Schedule SP

20 Total Eligibility Income from Section III, Line 11, PA Schedule SP.

21 Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.

22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.

23 Total Other Credits. Submit your PA Schedule OC.

24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.

25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.

26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.

27 Penalties and Interest. See the instructions. Enter Code:

If including form REV-1630/REV-1630A, mark the box.

28 TOTAL PAYMENT DUE. See the instructions.

29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.

The total of Lines 30 through 36 must equal Line 29.

30 Refund - Amount of Line 29 you want as a check mailed to you.

31 Credit - Amount of Line 29 you want as a credit to your 2021 estimated account.

32 Refund donation line. Enter the organization code and donation amount. See instructions.

33 Refund donation line. Enter the organization code and donation amount. See instructions.

34 Refund donation line. Enter the organization code and donation amount. See instructions.

35 Refund donation line. Enter the organization code and donation amount. See instructions.

36 Refund donation line. Enter the organization code and donation amount. See instructions.

|     |    |      |
|-----|----|------|
| 12  |    | 2607 |
| 13  |    | 0    |
| 14  |    | 0    |
| 15  |    | 0    |
| 16  |    | 0    |
| 17  |    | 0    |
| 18  |    | 0    |
| 19a | 00 |      |
| 19b | 00 |      |
| 20  |    | 0    |
| 21  |    | 0    |
| 22  |    | 2607 |
| 23  |    | 0    |
| 24  |    | 2607 |
| 25  |    | 0    |
| 26  |    | 0    |
| 27  |    | 0    |
| 28  |    | 0    |
| 29  |    | 0    |
| 30  |    | 0    |
| 31  |    | 0    |
| 32  |    |      |
| 33  |    |      |
| 34  |    |      |
| 35  |    |      |
| 36  |    |      |

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

|   |                                       |
|---|---------------------------------------|
| Your Signature  | Spouse's Signature, if filing jointly |
| Preparer's Name and Telephone Number<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM<br>6789659522 | Date<br>031221                        |

E-File Opt Out

N

Firm FEIN

301017196

Preparer's PTIN

P02082703



**PA SCHEDULE E**  
Rents and Royalty Income (Loss)

2001410022

PA-40 E (EX) 06-20 (I)  
PA Department of Revenue

**2020**

OFFICIAL USE ONLY

Name of the taxpayer filing this schedule  
**RAKESH PEDABALLE**

Social Security Number (shown first) or EIN  
**096-49-1758**

Sales Tax License Number (if applicable). See the instructions. \_\_\_\_\_ Are rental payments made by lessees through a third party broker?  Yes  No

**See the instructions.** Report the income and expenses for the use of your personal property by others. Also, report the income you received for the extraction of oil, gas and other minerals from your property, and the use of your patents and copyrights. **Note:** If you are in the business of renting your property, extracting minerals from your property or producing products from your patents and copyrights – use PA Schedule C.

**SECTION I PROPERTY DESCRIPTION**

Enter the type and complete address of each rental real estate property, and/or each source of royalty income. See the instructions.

| Type | Description of Property       | For Profit Property  | Complete Address (street, city, state and ZIP code)                  |
|------|-------------------------------|--|--|
| A    | 3 6/87, REDDY STREET, CHENNUR | YES <input type="checkbox"/><br>NO <input checked="" type="checkbox"/> | 6/87, REDDY STREET<br>CHENNUR, KADAPA, ANDHRA PRADESH, 516162, India |
| B    |                               | YES <input type="checkbox"/><br>NO <input type="checkbox"/>            |  |
| C    |                               | YES <input type="checkbox"/><br>NO <input type="checkbox"/>            |  |

**Property type:** 1. Single family residence 3. Vacation/short-term rental 5. Land 7. Self-rental  
2. Multi-family residence 4. Commercial 6. Royalties 8. Other, describe: \_\_\_\_\_

**SECTION II INCOME & EXPENSES**

|  | Property A  | Property B   | Property C   |
|--|---|--|--|
| <b>Line a:</b> Identify the property from Section I and indicate ownership (T/S/J)   | <input checked="" type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J | <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J | <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J |
| <b>Line b:</b> Is the property rental location in PA?  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                         | <input type="checkbox"/> YES <input type="checkbox"/> NO                         | <input type="checkbox"/> YES <input type="checkbox"/> NO                         |
| <b>Line c:</b> Is the property rented for any period less than 30 days?  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                         | <input type="checkbox"/> YES <input type="checkbox"/> NO                         | <input type="checkbox"/> YES <input type="checkbox"/> NO                         |
| <b>Income:</b> 1. Rent received  | 350   |  |  |
| 2. Royalties received  |   |  |  |
| <b>Expenses:</b> 3. Advertising  |   |  |  |
| 4. Automobile and travel   | 100   |  |  |
| 5. Cleaning and maintenance  | 250   |  |  |
| 6. Commissions   |   |  |  |
| 7. Insurance   |   |  |  |
| 8. Legal and professional fees   |   |  |  |
| 9. Management fees   |   |  |  |
| 10. Mortgage interest  |   |  |  |
| 11. Other interest   | 6,000   |  |  |
| 12. Repairs  | 250   |  |  |
| 13. Supplies   |   |  |  |
| 14. Taxes - not based on net income  |   |  |  |
| 15. Utilities  |   |  |  |
| 16. Depreciation expense - See the instructions  |   |  |  |
| 17. Other expenses (itemize):  |   |  |  |
| 18. Total Expenses - Add Lines 3 through 17  | 6,600   |  |  |
| <b>Income or Loss:</b> 19. Income – Subtract Line 18 from Line 1 or 2.   |   |  |  |
| 20. Loss – Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss)  | <input type="checkbox"/> 0 <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 21. Net Income or Loss - Total Lines 19 and 20 for short-term rentals. See the instructions. (fill in the oval, if a net loss)   |   |  |  |
| 22. Net Income or Loss - Total Lines 19 and 20 for non short-term rentals. See the instructions. (fill in the oval, if a net loss)   |   |  | 0  |
| 23. Rent or royalty income (loss) from PA S corporation(s) and partnerships from your PA Schedule(s) RK-1 or NRK-1. (fill in the oval, if a net loss)  |   |  |  |
| 24. Net Rent and Royalty Income (Loss). Add Lines 22 and 23. If submitting more than one schedule, total all Line 22 and 23 amounts and include on Line 6 of your PA-40. (fill in the oval, if a net loss) |   |  | 0  |

REV 03/02/21 PRO

1555



2001410022

2001410022

PA SCHEDULE G-L  
PA-40/PA-41 G-L  
(10-20)  
PA Department of Revenue

SECTION I - CALCULATION OF THE CREDIT

RAKESH PEDABALLE

096491758

| 1. Name of other state  | KENTUCKY | Credit from a Pass-Through Entity (see the instructions)       |   |                                 |
|---|----------|--|---|---------------------------------|
|   |          | A<br>Amount of income<br>subject to tax in<br>PA per PA return | B<br>Amount of income<br>subject to tax in<br>the other state | C<br>Lesser of<br>Column A or B |
| 2. Class of income subject to tax in the other state  |          |  |   |                                 |
| a. Compensation   |          | 84917  | 16250   |                                 |
| b. Unreimbursed business expenses   |          | 0  |   |                                 |
| c. Net compensation   |          | 84917  | 16250   | 16250                           |
| d. Interest   |          | 0  | 0   | 0                               |
| e. Dividends  |          | 0  | 0   | 0                               |
| f. Net income or loss from business, profession or farm   |          | 0  | 0   | 0                               |
| g. Gain or loss from sale, exchange or disposition of property  |          | 0  | 0   | 0                               |
| h. Income or Loss from rents, royalties, patents and copyrights   |          | 0  | 0   | 0                               |
| i. Estate or trust income   |          | 0  | 0   | 0                               |
| j. Gambling and lottery winnings  |          | 0  | 0   | 0                               |
| 3. Income subject to tax in the other state - Add Lines 2c thru 2j for Column C. Enter the result here.           |          |  |   | 16250                           |
| 4. a. Tax due or assessed in the other state  |          |  |   | 680                             |
| b. Tax paid in the other state  |          |  |   | 680                             |
| c. Enter the lesser of Line 4a or Line 4b   |          |  |   | 680                             |
| d. Less: adjustments - Enter the amount from Section III, Line 5.   |          |  |   | 0                               |
| e. Adjusted tax paid in the other state - Subtract Line 4d from Line 4c. Enter the result here.                   |          |  |   | 680                             |
| 5. Line 3 x 3.07 percent (0.0307)   |          |  |   | 499                             |
| 6. PA Resident Credit. Enter the lesser of Line 4e or Line 5 here and on the appropriate form (see instructions). |          |  |   | 499                             |

SECTION II - SOURCES AND AMOUNTS OF INCOME SUBJECT TO TAX

|   | A | B | C | D | E<br>TOTALS |
|---|---|---|---|---|-------------|
| 1. Source entity name   |   |   |   |   |             |
| 2. Income by class  |   |   |   |   |             |
| Compensation  |   |   |   |   | 16250       |
| Interest  |   |   |   |   | 0           |
| Dividends   |   |   |   |   | 0           |
| Net income or loss from<br>business, profession or farm         |   |   |   |   | 0           |
| Gain or loss from sale, exchange<br>or disposition of property  |   |   |   |   | 0           |
| Income or loss from rents,<br>royalties, patents and copyrights |   |   |   |   | 0           |
| Estate or trust income  |   |   |   |   | 0           |
| Gambling and lottery winnings                                   |   |   |   |   | 0           |

SECTION III - ADJUSTED TAX PAID

|  |          |
|--|----------|
| 1. Enter the amount from Section I, Column C, Line 3 here.   | 16250    |
| 2. Add the amounts from Section I, Column B, Lines 2c through 2j. Enter the result here.   | 16250    |
| 3. Divide the amount from Section III, Line 1 by Section III, Line 2. Enter the result here (calculate to six decimal places).<br>If the amount on Section III, Line 3 equals 1.000000, you may stop here and enter "0" on Section I, Line 4d. | 1.000000 |
| 4. If the amount on Section III, Line 3 is less than 1.000000, subtract the decimal from 1.000000. Enter the result here (calculate to six decimal places).  | 0.000000 |
| 5. Multiply the decimal on Section III, Line 4 by the amount on Section I, Line 4c. Enter the result here and on Section I, Line 4d.   | 0        |





**PA SCHEDULE G-L**  
**PA-40/PA-41 G-L**  
**(10-20)**  
**PA Department of Revenue**

**SECTION I – CALCULATION OF THE CREDIT**

**RAKESH PEDABALLE**

**096491758**

1. Name of other state **MASSACHUSETTS**

Credit from a Pass-Through Entity (see the instructions)

|   | A<br>Amount of income<br>subject to tax in<br>PA per PA return | B<br>Amount of income<br>subject to tax in<br>the other state | C<br>Lesser of<br>Column A or B |
|---|--|---|---------------------------------|
| 2. Class of income subject to tax in the other state  |  |   |                                 |
| a. Compensation   | 84917  | 68667   |                                 |
| b. Unreimbursed business expenses   | 0  |   |                                 |
| c. Net compensation   | 84917  | 68667   | 68667                           |
| d. Interest   | 0  | 0   | 0                               |
| e. Dividends  | 0  | 0   | 0                               |
| f. Net income or loss from business, profession or farm   | 0  | 0   | 0                               |
| g. Gain or loss from sale, exchange or disposition of property  | 0  | 0   | 0                               |
| h. Income or Loss from rents, royalties, patents and copyrights   | 0  | -6250   | 0                               |
| i. Estate or trust income   | 0  | 0   | 0                               |
| j. Gambling and lottery winnings  | 0  | 0   | 0                               |
| 3. Income subject to tax in the other state - Add Lines 2c thru 2j for Column C. Enter the result here.           |  |   | 68667                           |
| 4. a. Tax due or assessed in the other state  |  |   | 2846                            |
| b. Tax paid in the other state  |  |   | 2846                            |
| c. Enter the lesser of Line 4a or Line 4b   |  |   | 2846                            |
| d. Less: adjustments - Enter the amount from Section III, Line 5.   |  |   | 0                               |
| e. Adjusted tax paid in the other state - Subtract Line 4d from Line 4c. Enter the result here.                   |  |   | 2846                            |
| 5. Line 3 x 3.07 percent (0.0307)   |  |   | 2108                            |
| 6. PA Resident Credit. Enter the lesser of Line 4e or Line 5 here and on the appropriate form (see instructions). |  |   | 2108                            |

**SECTION II – SOURCES AND AMOUNTS OF INCOME SUBJECT TO TAX**

|   | A | B | C | D | E<br>TOTALS |
|---|---|---|---|---|-------------|
| 1. Source entity name   |   |   |   |   |             |
| 2. Income by class  |   |   |   |   |             |
| Compensation  |   |   |   |   | 68667       |
| Interest  |   |   |   |   | 0           |
| Dividends   |   |   |   |   | 0           |
| Net income or loss from<br>business, profession or farm         |   |   |   |   | 0           |
| Gain or loss from sale, exchange<br>or disposition of property  |   |   |   |   | 0           |
| Income or loss from rents,<br>royalties, patents and copyrights |   |   |   |   | -6250       |
| Estate or trust income  |   |   |   |   | 0           |
| Gambling and lottery winnings                                   |   |   |   |   | 0           |

**SECTION III – ADJUSTED TAX PAID**

|  |          |
|--|----------|
| 1. Enter the amount from Section I, Column C, Line 3 here.   | 68667    |
| 2. Add the amounts from Section I, Column B, Lines 2c through 2j. Enter the result here.   | 62417    |
| 3. Divide the amount from Section III, Line 1 by Section III, Line 2. Enter the result here (calculate to six decimal places).<br>If the amount on Section III, Line 3 equals 1.000000, you may stop here and enter "0" on Section I, Line 4d. | 1.000000 |
| 4. If the amount on Section III, Line 3 is less than 1.000000, subtract the decimal from 1.000000. Enter the result here (calculate to six decimal places).  | 0.000000 |
| 5. Multiply the decimal on Section III, Line 4 by the amount on Section I, Line 4c. Enter the result here and on Section I, Line 4d.   | 0        |



Declaration Control Number/Submission ID

|   |                                       |
|---|---------------------------------------|
| Primary Taxpayer's Name<br>RAKESH PEDABALLE | Social Security Number<br>096-49-1758 |
| Secondary Taxpayer's Name                   | Social Security Number                |

**SECTION I TAX RETURN INFORMATION – TAX YEAR ENDING DEC. 31, 2020 (whole dollars only)**

|   |    |        |
|---|----|--------|
| 1. Adjusted PA Taxable Income (Form PA-40, Line 11) | 1. | 84,917 |
| 2. PA Tax Liability (Form PA-40, Line 12)           | 2. | 2,607  |
| 3. Total PA Tax Withheld (Form PA-40, Line 13)      | 3. |        |
| 4. Refund (Form PA-40, Line 30)                     | 4. |        |
| 5. Total Payment (Tax Due) (Form PA-40, Line 28)    | 5. | 0      |

**SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2020 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Section I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

**Primary Taxpayer's Personal Identification Number (PIN): (mark one oval only)**

- I authorize GLOBAL TAXES LLC to enter my PIN 91758 as my signature on my tax year 2020 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Secondary Taxpayer's PIN: (mark one oval only)**

- I authorize \_\_\_\_\_ to enter my PIN \_\_\_\_\_ as my signature on my tax year 2020 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Practitioner PIN Program Participants Only – Continue Below**

**SECTION III CERTIFICATION AND AUTHENTICATION**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 587278 / 61989

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2020 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's signature \_\_\_\_\_ Date \_\_\_\_\_

**ERO must retain this form and the supporting documents for three years.**

**DO NOT SUBMIT THIS FORM TO THE PENNSYLVANIA DEPARTMENT OF REVENUE**

Name  
RAKESH PEDABALLE

Social Security Number  
096-49-1758

**Federal Forms W-2**

| # of W2 | * N T / T X B L | TS | N R H | Employer Name<br><br>Employer identification number from box B | Federal wages from box 1<br><br>Medicare wages from box 5 | Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax withheld from box 17 | ST ID |
|---------|-----------------|----|-------|--|---|---|-------|
| 1       |                 | T  |       | SKILLTUNE TECHNOLOGIES INC<br>45-5601289                       | 84,917.<br>84,917.  | 68,667.<br>0.   | MA    |
| 1       |                 | T  |       | SKILLTUNE TECHNOLOGIES INC<br>45-5601289                       |   | 16,250.<br>0.   | KY    |
|         |                 |    |       |  |   |   |       |
|         |                 |    |       |  |   |   |       |
|         |                 |    |       |  |   |   |       |
|         |                 |    |       |  |   |   |       |
|         |                 |    |       |  |   |   |       |
|         |                 |    |       |  |   |   |       |
|         |                 |    |       |  |   |   |       |
|         |                 |    |       |  |   |   |       |

|   | Taxpayer | Spouse |
|---|----------|--------|
| Pennsylvania W-2 . . . . .                            | 84,917.  | 0.     |
| Pennsylvania W-2 to Schedule NRH, line 9 . . . . .    |          |        |
| Federal Form 4137, Unreported Tips, line 6 . . . . .  |          |        |
| Non-Pennsylvania W-2 to Schedule SP, line 6 . . . . . |          |        |
| Withholding . . . . .                                 | 0.       |        |

**Federal Forms W-2: Local Tax**

| # of W2 | * N T / T X B L | TS | Employer identification number from box B | Locality name | Local wages, tips, etc. (local) from box 18 | Local income tax (local) from box 19 | ST ID |
|---------|-----------------|----|---|---------------|---|--------------------------------------|-------|
|         |                 |    |   |               |   |                                      |       |
|         |                 |    |   |               |   |                                      |       |
|         |                 |    |   |               |   |                                      |       |
|         |                 |    |   |               |   |                                      |       |
|         |                 |    |   |               |   |                                      |       |
|         |                 |    |   |               |   |                                      |       |
|         |                 |    |   |               |   |                                      |       |
|         |                 |    |   |               |   |                                      |       |
|         |                 |    |   |               |   |                                      |       |
|         |                 |    |   |               |   |                                      |       |

|  | Taxpayer | Spouse |
|--|----------|--------|
| Pennsylvania Local W-2 . . . . .                     |          |        |
| Federal Form 4137, Unreported Tips, line 6 . . . . . |          |        |
| Withholding . . . . .                                |          |        |

**Excess Reimbursements**

| * | Description | Employer's EIN | T/S | Amount |
|---|-------------|----------------|-----|--------|
|   |             |                |     |        |
|   |             |                |     |        |
|   |             |                |     |        |
|   |             |                |     |        |

|                                 | Taxpayer | Spouse |
|---------------------------------|----------|--------|
| Excess Reimbursements . . . . . |          |        |

**Miscellaneous Compensation from Federal Forms 1099MISC, 1099K, 1099NEC, and other statements**

| *                        | Payer Name | Payer EIN | T/S | Code | PA Taxable Comp. | PA Tax Withheld | Fed. Income |
|--------------------------|------------|-----------|-----|------|------------------|-----------------|-------------|
| <input type="checkbox"/> |            |           |     |      |                  |                 |             |
| <input type="checkbox"/> |            |           |     |      |                  |                 |             |
| <input type="checkbox"/> |            |           |     |      |                  |                 |             |

**Pennsylvania Payment type:**

- |   |  |
|---|--|
| <b>A</b> Executor fee   | <b>H</b> Other nonemployee compensation.<br>Describe: _____                  |
| <b>B</b> Jury duty pay  | <b>I</b> Employer sponsored retirement/pension/deferred compensation plan    |
| <b>C</b> Director's fee   | <b>J</b> Distribution from IRA (Traditional or Roth)                         |
| <b>D</b> Expert witness fee   | <b>K</b> Distribution from Life Insurance, Annuity or Endowment Contracts    |
| <b>E</b> Honorarium   | <b>L</b> Distribution from Charitable Gift Annuities                         |
| <b>F</b> Covenant not to compete  | <b>M</b> Distribution from Employee Stock Ownership Plan.<br>Describe: _____ |
| <b>G</b> Damages or settlement for lost wages, other than personal injury | <b>N</b> Fiduciary fees from a trust   |
|   | <b>O</b> Other income not listed above<br>Describe: _____                    |

|  | Taxpayer | Spouse |
|--|----------|--------|
| Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC. Withholding . . . . . | _____    | _____  |

**Compensation from Federal Forms 1099R**

| *                        | Payer's EIN<br>Payer's Name | T<br>S | Fed<br># | PA<br>Type | Gross<br>Distribution | Basis | PA Taxable | PA Tax<br>Withheld |
|--------------------------|-----------------------------|--------|----------|------------|-----------------------|-------|------------|--------------------|
| <input type="checkbox"/> |                             |        |          |            |                       |       |            |                    |
| <input type="checkbox"/> |                             |        |          |            |                       |       |            |                    |
| <input type="checkbox"/> |                             |        |          |            |                       |       |            |                    |
| <input type="checkbox"/> |                             |        |          |            |                       |       |            |                    |

\* Enter an 'X' if this income is **Not** subject to Pennsylvania tax - PA Part-Year and Nonresidents Only.

**Pennsylvania Distribution type:**

- |   |   |
|---|---|
| <b>N</b> No entry   | <b>I22</b> I'm not eligible yet; plan is eligible in PA |
| <b>I31</b> PA school, state, or municipal employee plan                                       | <b>J1</b> Traditional or Roth IRA; I'm over 59.5        |
| <b>I11</b> United Mine Workers pension  | <b>J2</b> Traditional or Roth IRA; I'm under 59.5       |
| <b>I32</b> Military pension   | <b>K2</b> Non-qualified deferred compensation plan      |
| <b>I33</b> U.S. Civil service retirement/disability/annuity                                   | <b>K3</b> Life insurance or endowment                   |
| <b>K1</b> Annuity or Non-civil service disability (including Qual Joint Survivorship Annuity) | <b>L</b> Distribution from Charitable Gift Annuities    |
| <b>I21</b> Early distribution from a retirement plan  | <b>M1</b> ESOP: Allocated ESOP Stock Dividend           |
| <b>I12</b> Rollover   | <b>M2</b> ESOP: Non-Allocated ESOP Stock Dividend       |
| <b>I13</b> I'm eligible; plan is eligible (no PA tax)   | <b>M3</b> KSOP: Taxable ESOP within a 401(k)            |
|   | <b>M4</b> KSOP: Nontaxable ESOP within a 401(k)         |

|  | Taxpayer | Spouse |
|--|----------|--------|
| Distribution from Life Insurance, Annuity, Endowment Contracts or . . . . . ineligible retirement plans (see Tax Help FAQ's for more info) . . . . . | _____    | _____  |
| Distribution from Charitable Gift Annuities . . . . .  | _____    | _____  |
| Compensation from Form 1099R (eligible retirement plans) . . . . .   | _____    | _____  |
| Withholding . . . . .  | _____    | _____  |

**Total Gross Compensation**

|   | Taxpayer | Spouse |
|---|----------|--------|
| Total gross compensation to Form PA-40 line 1a . . . . .          | 84,917.  | 0.     |
| Total Schedule NRH gross compensation to PA-40, line 12 . . . . . | _____    | _____  |
| Withholding to Form PA-40 line 13 . . . . .                       | 0.       | _____  |

Total gross compensation to Form PA-40 line 1a . . . . . 84,917.

\* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.



# Form M-8453 Individual Income Tax Declaration for Electronic Filing

2020

**Massachusetts  
Department of  
Revenue**

**Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2020.**

|                             |           |                             |
|-----------------------------|-----------|-----------------------------|
| Your first name and initial | Last name | Your Social Security number |
| RAKESH PEDABALLE            |           | 096491758                   |

|  |           |                                 |
|--|-----------|---------------------------------|
| If a joint return, spouse's first name and initial | Last name | Spouse's Social Security number |
|  |           |                                 |

Present street address (and apartment number)  
130 CONESTOGA RD

|                       |       |       |   |   |
|-----------------------|-------|-------|---|---|
| City/Town/Post Office | State | Zip   | Filing status: <input checked="" type="checkbox"/> Single | <input type="checkbox"/> Married filing jointly |
| DEVON                 | PA    | 19333 | <input type="checkbox"/> Married filing separately        | <input type="checkbox"/> 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 | 62417 |
| 2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36) . . . . .          | 2 | 2846  |
| 3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38) . . . . .             | 3 |       |
| 4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42) . . . . . | 4 | 3333  |
| 5 Refund amount (from Form 1, line 50, or Form 1-NR/PY, line 54) . . . . .                     | 5 | 487   |
| 6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55) . . . . .                           | 6 |       |

### Part 2. Declaration and Signature of Taxpayer

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, <b>both</b> must sign) | Date |
|                |      |   |      |

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

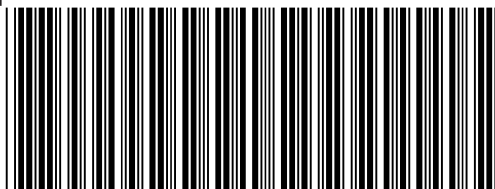
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) 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       | <input type="checkbox"/> Check if self-employed      |
|  | 03122021  | 301017196 |  |
| Firm name (or yours, if self-employed) and address | City/Town | State     | Zip  |
| GLOBAL TAXES LLC 2530 PEBBLE CREEK LN              | CUMMING   | GA        | 30041  |
|  |           |           | <input type="checkbox"/> Check if also 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       | <input type="checkbox"/> Check if self-employed |
|  | 03122021  | 301017196 |   |
| Firm name (or yours, if self-employed) and address     | City/Town | State     | Zip   |
| SIAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN | CUMMING   | GA        | 30041   |



**2020 Form 1-NR/PY**

MA20006011555

**Massachusetts Nonresident/Part-Year Resident  
Income Tax Return**

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

Year beginning

Ending

RAKESH

PEDABALLE

096491758

130 CONESTOGA RD

DEVON

PA 19333

Fill in if:  Original return     Amended return     Amended return due to federal change

Apt. no.

**State Election Campaign Fund:**

\$1 You    \$1 Spouse    TOTAL

Fill in if veteran of U.S. armed forces who served in Operations Enduring Freedom, Iraqi Freedom, Noble Eagle  
or Sinai Peninsula

You    Spouse

Taxpayer deceased

You    Spouse

Fill in if under age 18

You    Spouse

Check one:  Nonresident

Filing as both nonresident and part-year resident

Name changed since 2019

Part-year resident

Nonresident composite

Fill in if noncustodial parent

a. Total federal income    78667

b. Federal adjusted gross income    78667

1. Filing status (select one only):  Single

Fill in if filing Schedule TDS

Married filing jointly

Married filing separate return

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From    To

3. Total days as Massachusetts resident    ÷ 365 =    3

**SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.**

Your signature

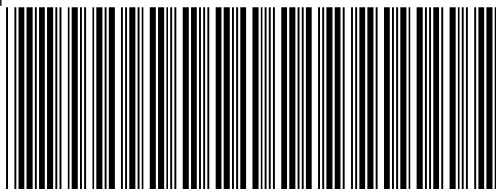
Date

Spouse's signature

Date

732-668-7736

**PRIVACY ACT NOTICE AVAILABLE UPON REQUEST**



# 2020 Form 1-NR/PY, pg. 2

MA20006021555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

096491758

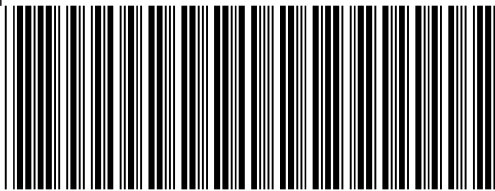
## 4. Exemptions:

|  |                          |                |       |
|--|--------------------------|----------------|-------|
| a. Personal exemptions   |                          | 4a             | 4400  |
| b. Number of dependents. (Do not include yourself or your spouse.) Enter number  |                          | x \$1,000 = 4b |       |
| c. Age 65 or over before 2021  | You + Spouse =           | x \$700 = 4c   |       |
| d. Blindness   | You + Spouse =           | x \$2,200 = 4d |       |
| e. Medical/dental  |                          | 4e             |       |
| f. Adoption  |                          | 4f             |       |
| g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a   |                          | 4g             | 4400  |
| 5. Wages, salaries, tips   |                          | 5              | 68667 |
| 6. Taxable pensions and annuities  |                          | 6              |       |
| 7. Mass. bank interest: a.   | - b. exemption           | = 7            |       |
| 8. Business/profession income/loss a.  | + b. Farming income/loss | = 8            |       |
| 9. Rental, royalty and REMIC, partnership, S corp., trust income/loss  |                          | 9              | -6250 |
| 10a. Unemployment  |                          | 10a            |       |
| 10b. Mass. lottery winnings  |                          | 10b            |       |
| 11. Other income   |                          | 11             |       |
| 12. <b>TOTAL 5.0% INCOME</b>   |                          | 12             | 62417 |
| <b>13. NONRESIDENT APPORTIONMENT WORKSHEET.</b> You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis: |                          |                |       |
|  | working days             | miles          | sales |
|  | other:                   |                |       |
| Working days (or other basis) outside Massachusetts  |                          |                | 13a   |
| Working days (or other basis) inside Massachusetts   |                          |                | 13b   |
| Total working days   |                          |                | 13c   |
| Nonworking days (holidays, weekends, etc.)   |                          |                | 13d   |
| Massachusetts ratio  |                          |                | 13e   |
| Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2  |                          |                | 13f   |
| Massachusetts income   |                          |                | 13g   |

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1







**2020 Form 1-NR/PY, pg. 4**

MA20006041555

Massachusetts Nonresident/

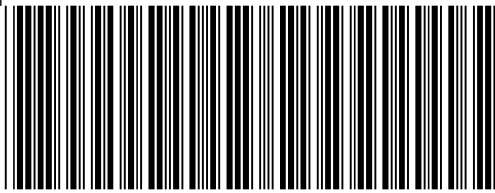
Part-Year Resident Income Tax Return

096491758

|     |  |            |      |
|-----|--|------------|------|
| 27. | 12% INCOME. Not less than "0." a.  | x .12 = 27 |      |
| 28. | TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS<br>Fill in if any excess exemptions were used in calculating lines 24, 27 or 28 | 28         |      |
| 29. | Credit recapture amount (from Credit Recapture Schedule)   | 29         |      |
| 30. | Additional tax on installment sale   | 30         |      |
| 31. | If you qualify for No Tax Status, fill in and enter "0" on line 32   |            |      |
| 32. | TOTAL INCOME TAX. Add lines 26 through 30.   | 32         | 2846 |
| 33. | Limited Income Credit  | 33         |      |
| 34. | Income tax due to another state or jurisdiction  | 34         |      |
| 35. | Other credits (from Credit Manager Schedule)   | 35         |      |
| 36. | INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 from line 32. Not less than "0"  | 36         | 2846 |
| 37. | <b>Voluntary Contributions</b>   |            |      |
|     | a. Endangered Wildlife Conservation  | 37a        |      |
|     | b. Organ Transplant Fund   | 37b        |      |
|     | c. Massachusetts Public Health HIV and Hepatitis Fund  | 37c        |      |
|     | d. Massachusetts U.S. Olympic Fund   | 37d        |      |
|     | e. Massachusetts Military Family Relief Fund   | 37e        |      |
|     | f. Homeless Animal Prevention and Care   | 37f        |      |
|     | Total. Add lines 37a through 37f   | 37         |      |
| 38. | Use tax due on Internet, mail order and other out-of-state purchases   | 38         |      |
| 39. | Health care penalty a. You + b. Spouse   | 39         |      |
| 40. | Amended return only. Overpayment from original return  | 40         |      |
| 41. | INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 36 through 40   | 41         | 2846 |

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1





**2020 Schedule INC**

MA20INC011555

RAKESH

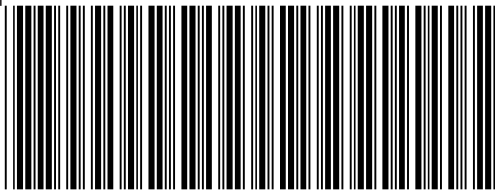
PEDABALLE

096491758

**Form W-2 and 1099 Information**

| A. FEDERAL ID NUMBER | B. STATE TAX WITHHELD | C. STATE WAGES/INCOME | D. TAXPAYER SS WITHHELD | E. SPOUSE SS WITHHELD | F. SOURCE OF WITHHOLDING |
|----------------------|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| 455601289            | 3333                  | 68667                 | 5253                    |                       | W2                       |

|        |      |       |      |  |  |
|--------|------|-------|------|--|--|
| TOTALS | 3333 | 68667 | 5253 |  |  |
|--------|------|-------|------|--|--|



# 2020 Schedule NTS-L-NRPY

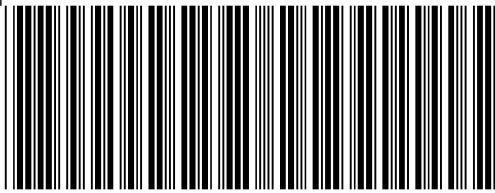
MA20021011555

No Tax Status and Limited Income Credit

096491758

## Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

|   |    |       |
|---|----|-------|
| 1. Total 5.0% income  | 1  | 62417 |
| 2. Adjustments to income  | 2  |       |
| 3. Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0"   | 3  | 62417 |
| 4. Interest exemption used  | 4  |       |
| 5. Adjusted gross interest, dividends and certain capital gains   | 5  |       |
| 6. Long-term capital gain   | 6  |       |
| 7. Additional income/loss while a nonresident/part-year resident  | 7  | 16250 |
| 8. Total income. Combine lines 3 through 7  | 8  | 78667 |
| 9. Additional adjustments to income while a nonresident/part-year resident  | 9  |       |
| 10. Massachusetts Adjusted Gross Income (AGI)   | 10 | 78667 |
| If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status  |    |       |
| 11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount  | 11 |       |
| 12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount | 12 |       |
| 13. No Tax Status threshold   | 13 |       |
| 14. Income for Limited Income Credit  | 14 |       |
| 15. Tax before adjustments  | 15 |       |
| 16. Tax for Limited Income Credit   | 16 |       |
| 17. Limited Income Credit   | 17 |       |



# 2020 Schedule E

MA20013041555

RAKESH

PEDABALLE

096491758

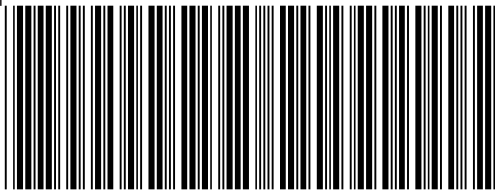
## Income or Loss from Real Estate and Royalties

### Income

|                       |   |     |
|-----------------------|---|-----|
| 1. Rents received     | 1 | 350 |
| 2. Royalties received | 2 |     |

### Expenses

|   |    |       |
|---|----|-------|
| 3. Advertising  | 3  |       |
| 4. Auto and travel  | 4  | 100   |
| 5. Cleaning and maintenance   | 5  | 250   |
| 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 | 250   |
| 13. Supplies  | 13 |       |
| 14. Taxes   | 14 |       |
| 15. Utilities   | 15 |       |
| 16. Other expenses  | 16 |       |
| 17. Add lines 3 through 16  | 17 | 6600  |
| 18. Depreciation expense or depletion   | 18 |       |
| 19. Total expenses. Add lines 17 and 18   | 19 | 6600  |
| 20. Income or loss from rental real estate or royalty properties                | 20 | -6250 |
| 21. Deductible rental real estate loss  | 21 | -6250 |
| 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 | -6250 |
| 24. Rental real estate and royalty income or loss                               | 24 | -6250 |



## 2020 Schedule E, pg. 2

MA20013051555

096491758

### Income or Loss from Partnerships and S Corporations

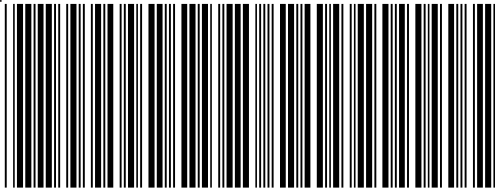
|   |    |
|---|----|
| 25. Passive loss allowed  | 25 |
| 26. Passive income  | 26 |
| 27. Non-passive loss  | 27 |
| 28. Section 179 expense deduction   | 28 |
| 29. Non-passive income  | 29 |
| 30. Combine lines 26 and 29   | 30 |
| 31. Combine lines 25, 27 and 28   | 31 |
| 32. Partnership and S 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 |    |

### Income 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 |
| 49. Income or loss from grantor type and non-Mass estates and trusts | 49 |

### Income 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

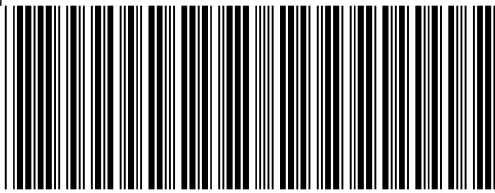
096491758

**Farm Income**

54. Net farm rental income or loss 54

**Summary**

|   |    |       |
|---|----|-------|
| 55. Income or loss. Combine lines 24, 35, 49, 53 and 54 | 55 | -6250 |
| 56. Massachusetts differences Enclose statements        | 56 |       |
| 57. Abandoned building renovation deduction             | 57 |       |
| 58. Total income or loss. Combine lines 55 through 57   | 58 | -6250 |



**2020 Schedule E-1**

MA20013011555

RAKESH PEDABALLE 096491758  
6/87, REDDY STREET, CHENNUR  
6/87, REDDY STREET CHENNUR

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

**Income or Loss from Real Estate and Royalties**

**Income**

|                       |   |     |
|-----------------------|---|-----|
| 1. Rents received     | 1 | 350 |
| 2. Royalties received | 2 |     |

**Expenses**

|  |    |       |
|--|----|-------|
| 3. Advertising   | 3  |       |
| 4. Auto and travel   | 4  | 100   |
| 5. Cleaning and maintenance  | 5  | 250   |
| 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 | 250   |
| 13. Supplies   | 13 |       |
| 14. Taxes  | 14 |       |
| 15. Utilities  | 15 |       |
| 16. Other expenses   | 16 |       |
| 17. Add lines 3 through 16   | 17 | 6600  |
| 18. Depreciation expense or depletion  | 18 |       |
| 19. Total expenses. Add lines 17 and 18  | 19 | 6600  |
| 20. Income or loss from rental real estate or royalty properties   | 20 | -6250 |
| 21. Deductible rental real estate loss   | 21 | -6250 |
| 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 | -6250 |
| 24. Rental real estate and royalty income or loss  | 24 | -6250 |
| 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 |    |       |





2 0 0 0 0 4 1 5 5 5

**KENTUCKY INDIVIDUAL  
INCOME TAX RETURN**  
Nonresident or Part-Year Resident

**2020**

Check if deceased:  Spouse  Taxpayer For calendar year or other taxable year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

|  |  |
|--|--|
| <b>A.</b> Spouse's Social Security Number  | <b>B.</b> Your Social Security Number<br><br>096-49-1758 |
| Name—Last, First, Middle Initial (Joint return, give both names and initials.)<br><br>PEDABALLE RAKESH |  |
| Mailing Address (Number and Street including Apartment Number or P.O. Box)<br><br>130 CONESTOGA RD     |  |
| City, Town or Post Office<br><br>DEVON PA 19333  | State ZIP Code   |



**FILING STATUS** (see instructions)

1  Single

2  Married, filing joint return.

3  Married, filing separate returns. Enter spouse's Social Security number above and full name here. \_\_\_\_\_

Check if applicable:

**Amended**  
(Enclose copy of 1040X, if applicable.)

**Military Spouse**

**POLITICAL PARTY FUND**  
Designating \$2 will not change your refund or tax due.

|                       | A. Spouse                    | B. Yourself                             |
|-----------------------|------------------------------|---|
| <b>Democratic</b>     | (1) <input type="checkbox"/> | (4) <input type="checkbox"/>            |
| <b>Republican</b>     | (2) <input type="checkbox"/> | (5) <input type="checkbox"/>            |
| <b>No Designation</b> | (3) <input type="checkbox"/> | (6) <input checked="" type="checkbox"/> |

**RESIDENCY STATUS** (check one box)

4  Full-year nonresident. I did not live in Kentucky during the year. Enter state of residence as of December 31, 2020 PA.

5  Part-year resident. Complete appropriate line(s) below.  
 Moved into Kentucky \_\_\_\_\_ State moved from \_\_\_\_\_  
 Moved out of Kentucky \_\_\_\_\_ State moved to \_\_\_\_\_

6 You must file a 740-NP-R if you are a full-year resident of a reciprocal state (IL, IN, MI, OH, VA, WV or WI) with Kentucky income of wages and salaries only.

**COMPLETE SECTION B ON PAGE 4 BEFORE COMPLETING SECTION A.**

| SECTION A |  |    |         |    |
|-----------|--|----|---------|----|
| 7         | Enter percentage from Section B, line 33.....  | 7  | 20.7 %  |    |
| 8         | Enter amount from Section B, line 32, Column A. This is your <b>Federal Adjusted Gross Income</b> .....  | 8  | 78,667. | 00 |
| 9         | Enter amount from Section B, line 32, Column B. This is your <b>Kentucky Adjusted Gross Income</b> ..... | 9  | 16,250. | 00 |
| 10        | <b>Nonitemizers:</b> Enter \$2,650 (do not prorate). Skip lines 11 and 12 .....                          | 10 | 2,650.  | 00 |
| 11        | <b>Itemizers:</b> Enter itemized deductions from Kentucky Schedule A, Form 740-NP. ....                  | 11 | 00      |    |
| 12        | Multiply line 11 by the percentage on line 7.....  | 12 | 00      |    |
| 13        | Subtract line 10 or 12 from line 9. This is your <b>Taxable Income</b> .....                             | 13 | 13,600. | 00 |
| 14        | <b>Tax Computation:</b> Multiply line 13 by 5% (.05) enter tax .....                                     | 14 | 680.    | 00 |
| 15        | Enter amount from Schedule ITC, Section A, line 25.....  | 15 |         | 00 |
| 16        | Subtract line 15 from line 14.....   | 16 | 680.    | 00 |
| 17        | Enter personal tax credit amounts from Schedule ITC, Section B .....                                     | 17 | 00      |    |
| 18        | Multiply line 17 by the percentage on line 7 .....   | 18 | 00      |    |
| 19        | Subtract line 18 from line 16 and enter here, continue to page 2 .....                                   | 19 | 680.    | 00 |



2 0 0 0 0 5 1 5 5 5

|   |     |      |  |    |
|---|-----|------|--|----|
| 20 Check the box that represents your total family size (see instructions for lines 20 and 21).....   |     | 20   | 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |    |
| 21 Multiply line 19 by <b>Family Size Tax Credit</b> decimal amount <u>0.00</u> ( <u>0</u> %) from Schedule ITC.....  |     | 21   | 0.   | 00 |
| 22 Subtract line 21 from line 19 .....  |     | 22   | 680.   | 00 |
| 23 Enter the <b>Education Tuition Tax Credit</b> from Form 8863-K.....  |     | 23   |  | 00 |
| 24 Enter <b>Child and Dependent Care Credit</b> from worksheet (see instructions).....  |     | 24   |  | 00 |
| 25 Enter <b>Income Gap Tax Credit</b> from Schedule ITC .....   |     | 25   |  | 00 |
| 26 <b>Income Tax Liability.</b> Subtract lines 23 through 25 from line 22. If zero or less, enter zero .....  |     | 26   | 680.   | 00 |
| 27 Enter <b>KENTUCKY USETAX due on Internet, mail order, or other out-of-state purchases (see instructions)</b> ....  |     | 27   |  | 00 |
| 28 Add lines 26 and 27. This is your <b>TOTAL TAX LIABILITY</b> .....   |     | 28   | 680.   | 00 |
| 29 <b>For amended return;</b> overpayment, if any, shown on original return .....   |     | 29   |  | 00 |
| 30 Add lines 28 and 29, enter here .....  |     | 30   | 680.   | 00 |
| 31 a Enter <b>Kentucky income tax withheld</b> as shown on enclosed<br>Schedule KW-2 .....  | 31a | 779. |  | 00 |
| b Enter 2020 Kentucky estimated tax/extension payments .....  | 31b |      |  | 00 |
| c Enter 2020 refundable certified rehabilitation credit .....   | 31c |      |  | 00 |
| d Enter <b>Nonresident Withholding</b> from Form PTE-WH, line 9.....  | 31d |      |  | 00 |
| e <b>For amended return;</b> enter amount paid with original return plus<br>additional payment(s) made after it was filed .....   | 31e |      |  | 00 |
| 32 Add lines 31(a) through 31(e) .....  |     | 32   | 779.   | 00 |
| 33 If line 30 is larger than line 32, subtract line 32 from line 30, enter <b>ADDITIONAL TAX DUE</b> .....  |     | 33   |  | 00 |
| 34 a Estimated tax penalty <input type="checkbox"/> <b>Check if Form 2210-K attached</b> .....  | 34a |      |  | 00 |
| b Interest .....  | 34b |      |  | 00 |
| c Late payment penalty .....  | 34c |      |  | 00 |
| d Late filing penalty.....  | 34d |      |  | 00 |
| 35 Add lines 34(a) through 34(d). Enter here.....   |     | 35   |  | 00 |
| 36 If the total of lines 30 and 35 is more than line 32, subtract line 32 from the total of lines 30 and 35.<br>This is the <b>AMOUNT YOU OWE</b> , continue to page 3..... |     | 36   |  | 00 |
| 37 If line 32 is more than line 30, subtract lines 30 and 35 from line 32. This is the <b>AMOUNT YOU OVERPAID</b> ,<br>continue to page 3 .....                             |     | 37   | 99.  | 00 |



38 FUND CONTRIBUTIONS; see instructions.

|  |     |    |
|--|-----|----|
| a Nature and Wildlife Fund.....                    | 38a | 00 |
| b Child Victims' Trust Fund.....                   | 38b | 00 |
| c Veterans' Program Trust Fund.....                | 38c | 00 |
| d Breast Cancer Research/Education Trust Fund..... | 38d | 00 |
| e Farms to Food Banks Trust Fund.....              | 38e | 00 |
| f Local History Trust Fund.....                    | 38f | 00 |
| g Special Olympics Kentucky.....                   | 38g | 00 |
| h Pediatric Cancer Research Trust Fund.....        | 38h | 00 |
| i Rape Crisis Center Trust Fund.....               | 38i | 00 |
| j Court Appointed Special Advocate Trust Fund..... | 38j | 00 |
| k YMCA Youth Association Fund.....                 | 38k | 00 |

|   |    |       |
|---|----|-------|
| 39 Add lines 38(a) through 38(k).....   | 39 | 00    |
| 40 Amount of line 37 to be <b>CREDITED TO YOUR 2021 ESTIMATED TAX</b> ..... <b>CREDIT FORWARD</b> | 40 | 00    |
| <b>(Credit forwards not available for amended returns)</b>  |    |       |
| 41 Subtract lines 39 and 40 from line 37. Amount to be <b>REFUNDED TO YOU</b> ..... <b>REFUND</b> | 41 | 99.00 |

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

|                          |   |  |  |   |
|--------------------------|---|--|--|---|
| <b>Sign Here</b>         | Signature of Taxpayer   | Driver's License/State Issued ID No.<br>33592650 | Date   | Telephone Number (daytime)<br>(732) 668-7736                      |
|                          | Signature of Spouse   | Driver's License/State Issued ID No.             | Date   |   |
| <b>Paid Preparer Use</b> | Signature of Preparer<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM  |  | Date<br>03/12/2021   |   |
|                          | Name of Preparer or Firm<br>GLOBAL TAXES LLC  |  | ID Number<br>P02082703   |   |
|                          | Email   | Telephone No.                                    | May the DOR discuss this return with this preparer?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| <b>Enclose</b>           | Include a complete copy of federal Form 1040, if you received farm, business, or rental income or loss. If not required, check here. <input type="checkbox"/> |  | <b>Refund or No Payment</b>  | <b>Kentucky Department of Revenue</b><br>Frankfort, KY 40618-0006 |
| <b>Payment</b>           | Check Payable: <b>Kentucky State Treasurer</b><br>E-Pay Options: <b>www.revenue.ky.gov</b><br>Include: Your Social Security number and "KY Income Tax—2020"   |  | <b>With Payment</b>  | <b>Kentucky Department of Revenue</b><br>Frankfort, KY 40619-0008 |



**SECTION B  
INCOME**

|  | A. Total from Enclosed Federal Return |           | B. Kentucky |    |
|--|---------------------------------------|-----------|-------------|----|
| 1 Enter all wages, salaries, tips, etc. ( <i>enclose Kentucky Schedule KW-2</i> ) Do not include moving expense reimbursements .....   | 1                                     | 84,917.00 | 16,250.00   | 00 |
| 2 Moving expense reimbursement .....   | 2                                     | 00        |             | 00 |
| 3 Interest .....   | 3                                     | 00        |             | 00 |
| 4 Dividends.....   | 4                                     | 00        |             | 00 |
| 5 Taxable refunds, credits or offsets of state and local income taxes.....   | 5                                     | 00        |             | 00 |
| 6 Alimony received.....  | 6                                     | 00        |             | 00 |
| 7 Business income or loss ( <i>enclose federal Schedule C or C-EZ</i> ).....   | 7                                     | 00        |             | 00 |
| 8 Capital gain or loss ( <i>enclose federal Schedule D</i> ).....  | 8                                     | 00        |             | 00 |
| 9 Other gains or losses ( <i>enclose federal Form 4797</i> ).....  | 9                                     | 00        |             | 00 |
| 10 a Federally taxable IRA distributions, pensions and annuities .....   | 10a                                   | 00        |             | 00 |
| b Pension income exclusion ( <i>enclose Schedule P if more than \$31,110 per taxpayer</i> )  | 10b                                   |           | (           | 00 |
| 11 Rents, royalties, partnerships, estates, trusts, etc. ( <i>enclose federal Schedule E</i> ).....  | 11                                    | -6,250.00 | 0.          | 00 |
| 12 Farm income or loss ( <i>enclose federal Schedule F</i> ).....  | 12                                    | 00        |             | 00 |
| 13 Unemployment compensation (see instructions).....   | 13                                    | 00        |             | 00 |
| 14 Taxable Social Security benefits.....   | 14                                    | 00        |             |    |
| 15 Gambling winnings .....   | 15                                    | 00        |             | 00 |
| 16 Other income (list type and amount) _____   | 16                                    | 00        |             | 00 |
| 17 Combine lines 1 through 16. This is your <b>Total Income</b>  | 17                                    | 78,667.00 | 16,250.00   | 00 |
| <b>ADJUSTMENTS TO INCOME</b>   |                                       |           |             |    |
| 18 Educator expenses.....  | 18                                    | 00        |             | 00 |
| 19 Certain business expenses of reservists, performing artists and fee-basis government officials ( <i>enclose federal Form 2106 or 2106-EZ</i> ).....   | 19                                    | 00        |             | 00 |
| 20 Health savings account deduction ( <i>enclose federal Form 8889</i> ) .....   | 20                                    | 00        |             | 00 |
| 21 Moving expenses for members of the armed forces.....  | 21                                    | 00        |             |    |
| 22 Deductible part of self-employment tax.....   | 22                                    | 00        |             | 00 |
| 23 Self-employed SEP, SIMPLE, and qualified plans deduction .....  | 23                                    | 00        |             | 00 |
| 24 Self-employed health insurance deduction .....  | 24                                    | 00        |             | 00 |
| 25 Penalty on early withdrawal of savings .....  | 25                                    | 00        |             | 00 |
| 26 Alimony paid (enter recipient's name and Social Security number) _____  | 26                                    | 00        |             | 00 |
| 27 IRA deduction.....  | 27                                    | 00        |             | 00 |
| 28 Student loan interest deduction .....   | 28                                    | 00        |             | 00 |
| 29 Tuition and fees deduction .....  | 29                                    | 00        |             | 00 |
| 30 Other deductions (list type and amount) _____   | 30                                    | 00        |             | 00 |
| 31 Add lines 18 through 30. <b>Total Adjustments to Income</b> .....   | 31                                    | 00        |             | 00 |
| 32 Subtract line 31 from line 17. This is your <b>Adjusted Gross Income</b> .....  | 32                                    | 78,667.00 | 16,250.00   | 00 |
| 33 Divide line 32, Column B, by line 32, Column A. If amount is equal to or greater than 100%, enter 100%. This is your <b>Percentage of Kentucky Adjusted Gross Income to Federal Adjusted Gross Income</b> ..... | 33                                    | 2 0 . 7 % |             |    |



2 0 0 3 4 9 1 5 5 5

➤ **Enclose with Form 740 or 740-NP**

Enter name(s) as shown on tax return.

Your Social Security Number

PEDABALLE, RAKESH

096-49-1758

**SECTION A—BUSINESS INCENTIVES AND OTHER TAX CREDITS**

| A  | B<br>Preapproval<br>Required   | C<br>Credit<br>Name                    | D<br>Required<br>Attachment   | E      |    | F        |    |
|----|--|--|---|--------|----|----------|----|
|    |  |  |   | Spouse |    | Yourself |    |
| 1  | No   | Nonrefundable Limited Liability Entity | Kentucky Limited Liability Entity Tax Credit Worksheet/Schedule K-1 |        | 00 |          | 00 |
| 2  | Yes  | Kentucky Small Business                | Schedule K-1  |        | 00 |          | 00 |
| 3  | Yes  | Kentucky Selling Farmers               | Schedule K-1  |        | 00 |          | 00 |
| 4  | Yes  | Skills Training Investment             | Schedule K-1  |        | 00 |          | 00 |
| 5  | Yes  | Certified Rehabilitation               | Certification Copies  |        | 00 |          | 00 |
| 6  | No   | Tax Paid to Another State              | Copy(ies) of Other State(s) return or Worksheet A                   |        | 00 |          | 00 |
| 7  | No   | Unemployment                           | Schedule UTC  |        | 00 |          | 00 |
| 8  | Yes  | Recycling/Composting Equipment         | Schedule RC   |        | 00 |          | 00 |
| 9  | Yes  | Kentucky Investment Fund               | KEDFA notification  |        | 00 |          | 00 |
| 10 | No   | Qualified Research Facility            | Schedule QR   |        | 00 |          | 00 |
| 11 | No   | GED Incentive                          | Form DAEL-31  |        | 00 |          | 00 |
| 12 | Yes  | Voluntary Environmental Remediation    | Schedule VERB   |        | 00 |          | 00 |
| 13 | Yes  | Biodiesel                              | Schedule BIO  |        | 00 |          | 00 |
| 14 | Yes  | Clean Coal Incentive                   | Schedule CCI  |        | 00 |          | 00 |
| 15 | Yes  | Ethanol                                | Schedule ETH  |        | 00 |          | 00 |
| 16 | Yes  | Cellulosic Ethanol                     | Schedule CELL   |        | 00 |          | 00 |
| 17 | No   | Railroad Maintenance & Improvement     | Schedule RR-I   |        | 00 |          | 00 |
| 18 | Yes  | Endow Kentucky                         | Schedule ENDOW  |        | 00 |          | 00 |
| 19 | Yes  | New Markets Development Program        | Form 8874(K)-A  |        | 00 |          | 00 |
| 20 | No   | Food Donation (Carryover only)         | Schedule FD   |        | 00 |          | 00 |
| 21 | No   | Distilled Spirits                      | Schedule DS   |        | 00 |          | 00 |
| 22 | Yes  | Angel Investor                         | Certification Letter  |        | 00 |          | 00 |
| 23 | Yes  | Film Industry                          | Film Office Certification   |        | 00 |          | 00 |
| 24 | No   | Inventory                              | Schedule INV  |        | 00 |          | 00 |
| 25 | Total of Other Tax Credits (add lines 1 through 24). Enter here and on Form 740, page 1, line 15, Columns A and B, or enter combined totals of Columns E and F on Form 740-NP, page 1, line 15 ..... |  |   |        | 00 |          | 00 |



**SECTION B—PERSONAL TAX CREDITS**

**Taxpayer**

**Spouse**

Complete only if filing joint or married,  
filing separately on a combined return

|  |            |  |  |   |  |
|--|------------|--|--|---|--|
| Enter your date of birth (MM/DD/YYYY)  | 03/28/1988 |  | Enter your date of birth (MM/DD/YYYY)  |   |  |
| 1 If you were 65 on or before 12/31/2020, enter 40.....                            | 1          |  | 5 If you were 65 on or before 12/31/2020, enter 40...                              | 5 |  |
| 2 If you were legally blind on 12/31/2020, enter 40.....                           | 2          |  | 6 If you were legally blind on 12/31/2020, enter 40...                             | 6 |  |
| 3 If you were a member of the Kentucky National Guard on 12/31/2020, enter 20..... | 3          |  | 7 If you were a member of the Kentucky National Guard on 12/31/2020, enter 20..... | 7 |  |
| 4 Allowable Taxpayer Credit—Add lines 1 through 3...                               | 4          |  | 8 Allowable Spouse Credit—Add lines 5 through 7..                                  | 8 |  |

**Assignment of Personal Tax Credits**

|   |    |  |
|---|----|--|
| 9 For filing status <b>Single or Married, filing separate returns</b> , enter the amount from line 4 here and in Column B of Form 740, line 17 or Form 740-NP, line 17 (Not to exceed 100)..... | 9  |  |
| 10 For filing status <b>Married, filing separately on this combined return</b> , enter the amount from line 4 here and in column B of Form 740, line 17 (Not to exceed 100).....                | 10 |  |
| 11 For filing status <b>Married, filing separately on this combined return</b> , enter the amount from line 8 here and in column A of Form 740, line 17. (Not to exceed 100).....               | 11 |  |
| 12 For filing status <b>Married, filing jointly</b> , add line 4 and line 8 and enter here and in Column B of Form 740, line 17 or Form 740-NP, line 17. (Not to exceed 200).....               | 12 |  |

**SECTION C—FAMILY SIZE TAX CREDIT AND INCOME GAP CREDIT**

Enter dependents qualifying for family size credit and income gap credit. See instructions to determine family size and your qualifying dependents. Your family size will be used to determine your family size tax credit percentage and the amount of your income gap credit.

| First and Last Name | Dependent's Social Security number | Dependent's relationship to you | Check if qualifying child for family size tax credit |
|---------------------|------------------------------------|---------------------------------|--|
|                     |                                    |                                 | <input type="checkbox"/>                             |
|                     |                                    |                                 | <input type="checkbox"/>                             |
|                     |                                    |                                 | <input type="checkbox"/>                             |

Use this **Family Size Table** to determine the percentage of family size credit and the amount of income gap credit. You will need to know your family size and your modified gross income (a worksheet is located within the instructions). You will enter the percentage for the family size tax credit on Form 740 or 740-NP, line 21 and you will enter the income gap credit on Form 740 or 740-NP, line 25.

| Family Size:         | One                |             | Two     |             | Three   |             | Four or More |             | Credit Percentage is | Income Gap Credit |      |       |
|----------------------|--------------------|-------------|---------|-------------|---------|-------------|--------------|-------------|----------------------|-------------------|------|-------|
|                      | If MGI ... is over | is not over | is over | is not over | is over | is not over | is over      | is not over |                      | One               | Two  | Three |
| <b>Tax Year 2020</b> | \$ ---             | \$12,760    | \$ ---  | \$17,240    | \$ ---  | \$21,720    | \$ ---       | \$26,200    | 100%                 |                   |      |       |
|                      | 12,760             | 13,270      | 17,240  | 17,930      | 21,720  | 22,589      | 26,200       | 27,248      | 90%                  | \$11              | \$ 7 | \$ 3  |
|                      | 13,270             | 13,781      | 17,930  | 18,619      | 22,589  | 23,458      | 27,248       | 28,296      | 80%                  | \$20              | \$13 | \$ 6  |
|                      | 13,781             | 14,291      | 18,619  | 19,309      | 23,458  | 24,326      | 28,296       | 29,344      | 70%                  | \$29              | \$18 | \$ 6  |
|                      | 14,291             | 14,802      | 19,309  | 19,998      | 24,326  | 25,195      | 29,344       | 30,392      | 60%                  | \$37              | \$22 | \$ 6  |
|                      | 14,802             | 15,312      | 19,998  | 20,688      | 25,195  | 26,064      | 30,392       | 31,440      | 50%                  | \$45              | \$24 | \$ 4  |
|                      | 15,312             | 15,822      | 20,688  | 21,378      | 26,064  | 26,933      | 31,440       | 32,488      | 40%                  | \$51              | \$26 |       |
|                      | 15,822             | 16,205      | 21,378  | 21,895      | 26,933  | 27,584      | 32,488       | 33,274      | 30%                  | \$58              | \$27 |       |
|                      | 16,205             | 16,588      | 21,895  | 22,412      | 27,584  | 28,236      | 33,274       | 34,060      | 20%                  | \$64              | \$28 |       |
|                      | 16,588             | 16,971      | 22,412  | 22,929      | 28,236  | 28,888      | 34,060       | 34,846      | 10%                  | \$69              | \$28 |       |
| 16,971               | ---                | 22,929      | ---     | 28,888      | ---     | 34,846      | ---          | 0%          |                      |                   |      |       |

Multiply tax from Form 740 or 740-NP, line 19, by the applicable family size tax credit percentage and enter on Form 740 or 740-NP line 21. This is your **Family Size Tax Credit**.



Complete this Schedule KW-2 to determine the total Kentucky income tax withholding to be entered on Kentucky Form 740, 740-NP, or 740-NP-R. This schedule must be fully completed in order to receive proper credit for Kentucky income tax withheld. Include multiple Schedule KW-2(s) as needed to report all Kentucky income tax withholdings. Do not send in your W-2, 1099, or W2-G forms; keep them with your tax records.

NAME(S) AS SHOWN ON THE TAX RETURN

SPOUSE'S SOCIAL SECURITY NUMBER

YOUR SOCIAL SECURITY NUMBER

PEDABALLE, RAKESH

096-49-1758

**Part I-Form W-2** Enter all W-2s with Kentucky income tax withheld (round to the nearest whole dollar). Do not include other state withholding or local income tax.

| A                                 | B                                      | C     | D   | E                                   | F   |
|-----------------------------------|--|-------|---|-------------------------------------|---|
| Employee's Social Security Number | Employer's Identification Number (EIN) | State | Employer's State I.D. Number (Box 15 of Form W-2) | KY State Wages (Box 16 of Form W-2) | KY Income Tax Withheld (Box 17 of Form W-2) |
| 096-49-1758                       | 45-5601289                             | KY    | 299872  | 16,250.00                           | 779.00                                      |
|                                   |  |       |   |                                     |   |
|                                   |  |       |   |                                     |   |
|                                   |  |       |   |                                     |   |
|                                   |  |       |   |                                     |   |
|                                   |  |       |   |                                     |   |
|                                   |  |       |   |                                     |   |
|                                   |  |       |   |                                     |   |
|                                   |  |       |   |                                     |   |
|                                   |  |       |   |                                     |   |
|                                   |  |       |   |                                     |   |
| <b>TOTAL FROM ALL W-2s</b>        |  |       |   | 16,250.00                           | 779.00                                      |

**Part II-Form 1099 and W-2G** Enter all 1099s and W-2Gs with Kentucky income tax withheld (round to the nearest whole dollar).

| A                                      | B                                   | C     | D                         | E                | F                      |
|--|-------------------------------------|-------|---------------------------|------------------|------------------------|
| Recipient's Social Security Number     | Payer's Identification Number (EIN) | State | Payer's State I.D. Number | KY Income Amount | KY Income Tax Withheld |
|  |                                     |       |                           |                  |                        |
|  |                                     |       |                           |                  |                        |
|  |                                     |       |                           |                  |                        |
|  |                                     |       |                           |                  |                        |
|  |                                     |       |                           |                  |                        |
|  |                                     |       |                           |                  |                        |
| <b>TOTAL FROM ALL 1099s AND W-2-Gs</b> |                                     |       |                           |                  |                        |

**Part III-Totals** Enter total Kentucky income tax withheld (round to the nearest whole dollar) from line 18, Column F on your Kentucky income tax return (Form 740 and 740-NP, line 31(a) or 740-NP-R, line 1).

|  |  |  |  | F<br>Total Kentucky Income Tax Withheld |        |
|--|--|--|--|---|--------|
| 18 Enter combined totals from Column F, lines 11 and 17. |  |  |  |   | 779.00 |