

IRS e-file Signature Authorization

2019

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

Submission Identification Number (SID) ▶

Taxpayer's name HARISH PAMIDI	Social security number 744-16-3717
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2019 (Whole dollars only)

1 Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)	1	87,332.
2 Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	2	12,386.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	3	12,465.
4 Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	4	79.
5 Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	5	

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

6	3	7	1	7
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 as my signature on my tax year 2019 electronically filed income tax return.
ERO firm name Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

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 as my signature on my tax year 2019 electronically filed income tax return.
ERO firm name Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

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

5	8	7	2	7	8	1	2	3	4	5
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form — See Instructions
 Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial HARISH	Last name PAMIDI	Your social security number 744-16-3717
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. 4200 N MERIDIAN AVE	Apt. no. 318	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). OKLAHOMA CITY OK 73112		
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>		

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, 1955 Are blind **Spouse:** Was born before January 2, 1955 Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Standard Deduction for—
 • Single or Married filing separately, \$12,200
 • Married filing jointly or Qualifying widow(er), \$24,400
 • Head of household, \$18,350
 • If you checked any box under **Standard Deduction**, see instructions.

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	92,332.
2a Tax-exempt interest	2a	2b Taxable interest. Attach Sch. B if required	2b
3a Qualified dividends	3a	3b Ordinary dividends. Attach Sch. B if required	3b
4a IRA distributions	4a	4b Taxable amount	4b
c Pensions and annuities	4c	4d Taxable amount	4d
5a Social security benefits	5a	5b Taxable amount	5b
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		6	6
7a Other income from Schedule 1, line 9		7a	-5,000.
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶		7b	87,332.
8a Adjustments to income from Schedule 1, line 22		8a	
b Subtract line 8a from line 7b. This is your adjusted gross income ▶		8b	87,332.
9 Standard deduction or itemized deductions (from Schedule A)	9 12,200.		
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10		
11a Add lines 9 and 10		11a	12,200.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-		11b	75,132.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	12,386.
b	Add Schedule 2, line 3, and line 12a and enter the total ▶	12b	12,386.
13a	Child tax credit or credit for other dependents ▶	13a	
b	Add Schedule 3, line 7, and line 13a and enter the total ▶	13b	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	12,386.
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0.
16	Add lines 14 and 15. This is your total tax ▶	16	12,386.
17	Federal income tax withheld from Forms W-2 and 1099	17	12,465.
18	Other payments and refundable credits:		
a	Earned income credit (EIC) No	18a	
b	Additional child tax credit, Attach Schedule 8812	18b	
c	American opportunity credit from Form 8863, line 8	18c	
d	Schedule 3, line 14	18d	
e	Add lines 18a through 18d. These are your total other payments and refundable credits ▶	18e	
19	Add lines 17 and 18e. These are your total payments ▶	19	12,465.

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

Refund

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	79.
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	79.
b	Routing number 0 4 4 0 0 0 0 3 7 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 5 5 5 8 2 5 5 6 6		
22	Amount of line 20 you want applied to your 2020 estimated tax ▶	22	

Direct deposit?
See instructions.

Amount You Owe

23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions ▶	23	
24	Estimated tax penalty (see instructions) ▶	24	

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. No

(Other than paid preparer) 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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	01/03/2021	P02082703	<input type="checkbox"/> 3rd Party Designee
Firm's name ▶ GLOBAL TAXES LLC	Phone no. (646) 727-7157	<input type="checkbox"/> Self-employed		
Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041	Firm's EIN ▶ 30-1017196			

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2019
Attachment
Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR
HARISH PAMIDI

Your social security number
744-16-3717

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-5,000.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	-5,000.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	

SCHEDULE E
(Form 1040 or 1040-SR)

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

OMB No. 1545-0074

2019

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, 1040-NR, or 1041.**
▶ **Go to www.irs.gov/ScheduleE for instructions and the latest information.**

Name(s) shown on return
HARISH PAMIDI

Your social security number
744-16-3717

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 2019 that would require you to file Form(s) 1099? (see instructions) Yes No
B If "Yes," did you or will you file required Forms 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)				
A	VIVEKANANDA NAGAR HYDERABAD TELANGANA IN 500072				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

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

Income:	Properties:	A	B	C
3 Rents received	3	650.		
4 Royalties received	4			
Expenses:				
5 Advertising	5	100.		
6 Auto and travel (see instructions)	6	250.		
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13	5,000.		
14 Repairs	14	150.		
15 Supplies	15	150.		
16 Taxes	16			
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	5,650.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-5,000.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-5,000.)	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a		650.	
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e		5,650.	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(5,000.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			-5,000.



OKLAHOMA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

NOTE: DO NOT MAIL OKLAHOMA TAX RETURN - FORM 511 OR FORM 511NR.

2019
Form 511EF

See instructions on Page 2 to determine if you are required to send Form 511EF to the OTC.

Your first name and middle initial HARISH	Last name PAMIDI	Your social security number 7 4 4 1 6 3 7 1 7
If a joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Mailing address (number and street, including apartment number, rural route or PO Box) 4200 N MERIDIAN AVE 318		Filing status <input type="checkbox"/> 1
City, State, ZIP OKLAHOMA CITY OK 73112		Total number of exemptions <input type="checkbox"/> 1

PART ONE - TAX RETURN INFORMATION (WHOLE DOLLARS ONLY)

1	Oklahoma Adjusted Gross Income (511, Line 7) or Adjusted Gross Income: All Sources (511NR, Line 7)	1	87332	00
2	Oklahoma Income Tax and Use Tax (511, Line 22 or 511NR, Line 26)	2	3492	00
3	Oklahoma Income Tax Payments and Credits (511, Line 33 or 511NR, Line 34)	3	3920	00
4	Refund (511, Line 38 or 511NR, Line 39)	4	428	00
5	Balance Due (511, Line 43 or 511NR, Line 44)	5	0	00

For a balance due return with an electronic payment complete line 6b below. The due date for an electronic payment is April 20th. For a balance due return with a non-electronic payment enclose a payment with the 511-V and submit on or before the due date of April 15th. If the Internal Revenue Code (IRC) of the IRS provides for a later due date, your payment may be made by the later due date and will be considered timely. If the due date falls on a weekend or legal holiday when OTC offices are closed, your payment is due the next business day.

PART TWO - DECLARATION OF TAXPAYER

6a I consent that my refund be directly deposited as designated in the electronic portion of my 2019 Oklahoma income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

6b I authorize the Oklahoma State Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Oklahoma taxes owed on this return and/or a payment of estimated tax. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the Oklahoma Tax Commission (OTC) does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare I have compared the information contained on my return, with information I have provided to my Electronic Return Originator (ERO), and the amounts described in Part One above, agree with the amounts shown on the corresponding lines of my 2019 Oklahoma income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including this declaration and accompanying schedules and statements, be sent to the OTC by my ERO.

In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the Oklahoma Tax Commission of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here: _____
Your Signature Date Spouse's Signature (If joint return, both must sign) Date

PART THREE - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

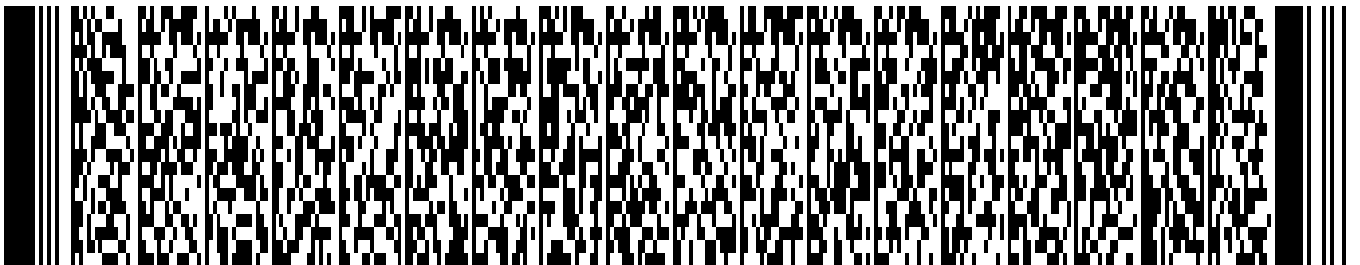
I declare I have reviewed the above taxpayer's return and the entries on Form 511EF are complete and correct to the best of my knowledge. (EROs who are collectors are not responsible for reviewing the taxpayer's return; however, they must ensure Form 511EF accurately reflects the data on the return.) I have obtained the taxpayer's signature on Form 511EF and I have provided the taxpayer with a copy of all forms and information to be filed with the OTC, and have followed all other requirements described in Pub. 1345, Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2019). If I am also a Paid Preparer, under penalties of perjury I declare 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. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO Use Only
ERO or Paid Preparer's Signature 01/03/2021 PTIN

Paid Preparer Use Only
Paid Preparer Signature 01/03/2021 P02082703 PTIN

Firm name (or yours if self-employed), SYAM PRIYA RAM SAGAR GUPTA TALLAM
address and ZIP 2530 PEBBLE CREEK LN CUMMING GA 30041
Phone number (646) 727-7157

**FAILURE TO SUBMIT THIS PAGE
WILL DELAY PROCESSING OF YOUR RETURN**





Oklahoma Resident Income Tax Return

Your Social Security Number

744-16-3717

Place an 'X' in this box if this taxpayer is deceased →

AMENDED RETURN!

Place an 'X' in this box if this is an amended 511. See Schedule 511-L →

Spouse's Social Security Number

(joint return only)

Place an 'X' in this box if this taxpayer is deceased →

Name and Address Please Print or Type	Your first name	Middle initial	Last name
	HARISH		PAMIDI
	If a joint return, spouse's first name	Middle initial	Last name
Mailing address (number and street, including apartment number, rural route or PO Box)			
4200 N MERIDIAN AVE, APT. 318			
City		State	ZIP
OKLAHOMA CITY		OK	73112

Filing Status	1 <input checked="" type="checkbox"/> Single	Name: SSN:
	2 <input type="checkbox"/> Married filing joint return (even if only one had income)	
	3 <input type="checkbox"/> Married filing separate • If spouse is also filing, list name and SSN in the boxes	
	4 <input type="checkbox"/> Head of household with qualifying person	
	5 <input type="checkbox"/> Qualifying widow(er) with dependent child • Please list the year spouse died in box at right: <input type="text"/>	

*** NOTE:** If claiming **Special Exemption**, see instructions on page 6 of 511 Packet.

Exemptions		Regular	* Special	Blind	=	1	(a)	
	Yourself	1	+					+
	Spouse	0	+		+	=	0	(b)
	Number of dependents				=		(c)	
Add the Totals from boxes (a), (b) and (c). Enter the TOTAL here:						=	1	

Note: If you may be claimed as a dependent on another return, enter "0" in the Total box for your regular exemption.

Age 65 or Over? (Please see instructions) Yourself Spouse

PART ONE: TO ARRIVE AT OKLAHOMA ADJUSTED GROSS INCOME

Round to Nearest Whole Dollar

1	Federal adjusted gross income (from Federal 1040 or 1040-SR).....	1	87332 .00
2	Oklahoma Subtractions (provide Schedule 511-A).....	2	.00
3	Line 1 minus line 2	3	87332 .00
4	Out-of-state income, except wages. Describe (4a) (Provide Federal schedule with detailed description; see instructions)	4b	.00
5	Line 3 minus line 4b	5	87332 .00
6	Oklahoma Additions (provide Schedule 511-B).....	6	.00
7	Oklahoma adjusted gross income (line 5 plus line 6)..... (If line 7 is different than line 1, provide a copy of your Federal return.)	7	87332 .00

PART TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDITS

8	Oklahoma Adjustments (provide Schedule 511-C).....	8	.00
9	Oklahoma income after adjustments (line 7 minus line 8)	9	87332 .00
STOP AND READ: If line 4b is zero, complete lines 10-11. If line 4b is more than zero, see Schedule 511-E and do not complete lines 10-11.			
10	Oklahoma itemized deductions (from Schedule 511-D, line 11) or Oklahoma standard deduction (Single or Married Filing Separate: \$6,350 • Married Filing Joint or Qualifying Widow(er): \$12,700 • Head of Household: \$9,350).....	10	6350 .00
11	Exemptions: Enter the total number of exemptions claimed above..... <input type="text" value="1"/> X \$1,000	11	1000 .00
12	Total deductions and exemptions (add lines 10 and 11 or amount from Sch. 511-E, line 5).....	12	7350 .00
13	Oklahoma Taxable Income (line 9 minus line 12).....	13	79982 .00
14	(a) Oklahoma Income Tax from Tax Table (see pages 21-32 of instructions) or if using Farm Income Averaging, enter tax from Form 573, line 22 and enter a "1" in box on line 14	14a	3810 .00
	(b) If paying the Health Savings Account additional 10% tax, add additional tax here and enter a "2" in box on line 14. If recapturing the Oklahoma Affordable Housing Tax Credit, add recaptured credit here and enter a "3" in box on line 14. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 O.S. Sec. 2368(K), add the installment payment here and enter a "4" in the box on line 14.....	14b	.00
	Oklahoma Income Tax (line 14a plus line 14b).....	14	3810 .00

STOP AND READ: If line 7 is equal to or larger than line 1, complete lines 15 and 16. If line 7 is smaller than line 1, complete Schedules 511-F and 511-G.

15	Oklahoma child care/child tax credit (see instructions)	15	.00
16	Oklahoma earned income credit (see instructions)	16	.00
17	Credit for taxes paid to another state (provide Form 511TX)	17	318 .00
18	Form 511CR - Other Credits Form. List 511CR line number claimed here:..... <input type="text"/>	18	.00
19	Income Tax (line 14 minus lines 15-18) Do not enter less than zero.....	19	3492 .00

DO NOT PAY THIS AMOUNT. PAYMENT IS FIGURED ON LINE 43.



2019 Form 511 - Resident Income Tax Return - Page 2

The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.

Name(s) shown on Form 511: HARISH PAMIDI

Your Social Security Number: 744-16-3717

PART THREE: TAX, CREDITS AND PAYMENTS

Table with 3 columns: Line number, Description, and Amount. Includes lines 20-33 for tax, credits, and payments.

PART FOUR: REFUND

Table with 3 columns: Line number, Description, and Amount. Includes lines 34-35 for refund calculation.

Schedule 511-H provides you with the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Please place the line number of the organization from Schedule 511-H in the box below.

Table with 3 columns: Line number, Description, and Amount. Includes lines 36-38 for refund deductions and amount.

Direct Deposit Note: Verify your account and routing numbers are correct. Is this refund going to or through an account that is located outside of the United States? Deposit my refund in my: checking account, savings account.

PART FIVE: AMOUNT YOU OWE

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-43 for tax due, donations, and total amount.

Under penalty of perjury, I declare the information contained in this document, and all attachments and schedules, is true and correct to the best of my knowledge and belief.

Signature and occupation fields for Taxpayer, Spouse, and Paid Preparer. Includes dates and addresses.

Do not staple documentation to this form. To attach items, please use a paper clip. Mailing Address for this form: P.O. Box 269045, Oklahoma City, OK 73126-9045



State of Oklahoma
CREDIT FOR TAX PAID TO ANOTHER STATE

FORM **511TX** 2019

Name(s) - as shown on Form 511 or Form 511NR HARISH PAMIDI	Social Security Number(s) 744-16-3717
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If taxes were paid to more than one state, a separate 511TX must be provided for each state and a complete copy of the other state's return, including W-2s, must be provided.

WHO QUALIFIES?

A resident taxpayer who receives income for personal services performed in another state must report the full amount of such income on the Oklahoma return (Form 511). If another state taxes this income, the resident may qualify for this credit.

A part-year resident who receives income from personal services performed in another state while an Oklahoma resident must report the full amount of such income in the "Oklahoma Amount" column of Form 511NR. If another state taxes this income, the part-year resident may qualify for this credit.

WHO DOES NOT QUALIFY?

A nonresident taxpayer does not qualify for this credit.

A taxpayer who has claimed credit for taxes paid to another state on the other state's income tax return does not qualify to claim this credit based on the same income.

1	Income for personal services taxed by both the other state and also Oklahoma (See instructions on Page 2)	1	7295		
2	Oklahoma Adjusted Gross Income (Form 511, line 7 or Form 511NR, line 6)	2	87332		
3	Percentage Limitation (divide line 1 by line 2) (cannot exceed 100%).....	3	8.35	%	
4	Oklahoma Income Tax (Form 511, line 14 or Form 511NR, line 20) (not amount withheld).....	4	3810		
5	Limitation Amount (multiply line 4 by line 3)	5	318		
6	Income Tax paid to <u>MN</u> (Include only the amount of the tax paid to another state which is attributable to the income from personal services reported on line 1. See example on Page 2. Do not use the withholding shown on your W-2 forms)	6	395		
7	Other state tax credit: enter the lesser of line 5 or line 6 here and on Form 511, line 17 or Form 511NR, line 22.....	7	318		

Provide a complete copy of:

- the other state's return, including W-2s, or
- Form W-2G if the taxing state (e.g. Mississippi) does not allow a return to be filed for gambling winnings.



2019 Form M1, Individual Income Tax

Leave unused boxes blank. Do not use staples on anything you submit.

Your First Name and Initial HARISH	Last Name PAMIDI	Your Social Security Number (SSN) 744163717	Your Date of Birth 09051991
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number	Spouse's Date of Birth

Current Home Address 4200 N MERIDIAN AVE APT #318	Check if: <input type="checkbox"/> New Address	<input type="checkbox"/> Foreign Address
City OKLAHOMA CITY	State OK	ZIP Code 73112

2019 Federal Filing Status (place an X in one box):

(1) Single
 (2) Married filing jointly
 (3) Married filing separately
 (4) Head of household
 (5) Qualifying widow(er)

Spouse name and SSN _____

State Elections Campaign Fund

If you want \$5 to go to help candidates for state offices pay campaign expenses, enter the code number for the party of your choice. This will not increase your tax or reduce your refund.

Your Code	Spouse's Code	Political Party Code Numbers:			
_____	_____	Republican—11	Independence—13	Green—15	Legal Marijuana Now—17
		Democratic/Farmer-Labor—12	Grassroots/Legalize Cannabis—14	Libertarian—16	General Campaign Fund—99

From Your Federal Return (see instructions)

A. Wages, salaries, tips, etc.	B. IRA, pensions, and annuities	C. Unemployment	D. Federal taxable income
92332	0	0	<input type="checkbox"/> 75132

▲ Place an X in box if a negative number

1 Federal adjusted gross income (from line 8b of federal Form 1040 and 1040-SR) (if a negative number, place an X in the box)	1 <input type="checkbox"/>	87332
2 Additions to Minnesota income from line 17 of Schedule M1M (see instructions; enclose Schedule M1M)	2 <input type="checkbox"/>	_____
3 Add lines 1 and 2 (if a negative number, place an X in the box)	3 <input type="checkbox"/>	87332
4 Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions)	4 <input type="checkbox"/>	12200
5 Exemptions (determine from instructions)	5 <input type="checkbox"/>	_____
6 State income tax refund from line 1 of federal Schedule 1	6 <input type="checkbox"/>	_____
7 Other subtractions from Minnesota income from line 46 of Schedule M1M (see instructions; enclose Schedule M1M)	7 <input type="checkbox"/>	_____
8 Total subtractions. Add lines 4 through 7	8 <input type="checkbox"/>	12200
9 Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank.	9 <input type="checkbox"/>	75132
10 Tax from the table in the M1 instructions	10 <input type="checkbox"/>	4726
11 Alternative minimum tax (enclose Schedule M1MT)	11 <input type="checkbox"/>	_____
12 Add lines 10 and 11	12 <input type="checkbox"/>	4726
13 Full-year residents: Enter the amount from line 12 on line 13. Skip lines 13a and 13b. Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 26 on line 13, from line 22 on line 13a, and from line 23 on line 13b (enclose Schedule M1NR)	13 <input type="checkbox"/>	395
a <input type="checkbox"/> 7295 b <input type="checkbox"/> 87332 (Place an X in box if a negative number)		
14 Other taxes such as the tax on lump sum distributions and recapture amounts from (check appropriate box): <input type="checkbox"/> Schedule M1HOME <input type="checkbox"/> Schedule M1529 <input type="checkbox"/> Schedule M1LS	14 <input type="checkbox"/>	_____



15 Tax before credits. Add lines 13 and 14 15 395

16 Marriage Credit for joint return when both spouses have taxable earned income or taxable retirement income (enclose Schedule M1MA) 16 ■ _____


17 Credit for long-term care insurance premiums paid (enclose Schedule M1LTI) 17 ■ _____

18 Credit for taxes paid to another state (enclose Schedule(s) M1CR and M1RCR) 18 ■ _____

19 Other nonrefundable credits (enclose Schedule M1C) 19 ■ _____

20 Total nonrefundable credits. Add lines 16 through 19 20 _____

21 Subtract line 20 from line 15 (if result is zero or less, leave blank) 21 395

22 Nongame Wildlife Fund contribution (see instructions)
This will reduce your refund or increase the amount you owe  22 ■ _____

23 Add lines 21 and 22 23 395

24 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report Minnesota withholding from Forms W-2, 1099, and W-2G (do not send) 24 ■ 90

25 Minnesota estimated tax and extension payments made for 2019 25 ■ _____

26 Refundable credits from line 9 of Schedule M1REF (see instructions; enclose Schedule M1REF) 26 ■ _____

27 Total payments. Add lines 24 through 26 27 90

28 **REFUND.** If line 27 is more than line 23, subtract line 23 from line 27 (see instructions). For direct deposit, complete line 29 28 ■ _____

29 Direct deposit of your refund (you must use an account not associated with a foreign bank):
Account Type **Routing Number** **Account Number**
 Checking Savings _____

30 **AMOUNT YOU OWE.** If line 23 is more than line 27, subtract line 27 from line 23 (see instructions) 30 ■ 305

31 Penalty amount from Schedule M15 (see instructions). Also subtract this amount from line 28 or add it to line 30 (enclose Schedule M15) 31 ■ _____

IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 32 and 33.

32 Amount from line 28 you want sent to you 32 ■ _____

33 Amount from line 28 you want applied to your 2020 estimated tax 33 ■ _____

I declare that this return is correct and complete to the best of my knowledge and belief. Paid preparer: You must sign below.

Your Signature	Date	Paid Preparer's Signature	Date
_____	_____	SYAM PRIYA RAM SA	01/03/2021
Spouse's Signature (If Filing Jointly)	Taxpayer's Daytime Phone	Preparer's Daytime Phone	PTIN or VITA/TCE # (required)
_____	6129168852	6467277157	P02082703
Your Email Address	Preparer's Email Address		
PAMIDIHARISH@GMAIL.COM	tsyamgupta@gmail.com		

Include a copy of your 2019 federal return and schedules.

Mail to: Minnesota Individual Income Tax
St. Paul, MN 55145-0010

To check on the status of your refund, visit www.revenue.state.mn.us

I authorize the Minnesota Department of Revenue to discuss this return with my paid preparer or the third-party designee indicated on my federal return.

I do not want my paid preparer to file my return electronically.



2019 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

Your First Name and Initial HARISH	Last Name PAMIDI	Your Social Security Number 744163717
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF that shows Minnesota income tax withheld, complete this schedule to determine line 24 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

A	B—Box 13	C—Box 15	D—Box 16	E—Box 17
If the Form W-2 is for: • you, enter 1 • spouse, enter 2	If Retirement Plan box is checked, mark an X below.	Employer's seven-digit Minnesota Tax ID Number	State wages, tips, etc. <i>(round to nearest whole dollar)</i>	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
a1 <u>1</u>	b1 <input type="checkbox"/>	c1 MN <u>3804978</u>	d1 <u>7295</u>	e1 <u>90</u>
a2 _____	b2 <input type="checkbox"/>	c2 MN _____	d2 _____	e2 _____
a3 _____	b3 <input type="checkbox"/>	c3 MN _____	d3 _____	e3 _____
a4 _____	b4 <input type="checkbox"/>	c4 MN _____	d4 _____	e4 _____
a5 _____	b5 <input type="checkbox"/>	c5 MN _____	d5 _____	e5 _____

Subtotal for additional Forms W-2 (from line 5 on page 2) _____

Total Minnesota tax withheld on all Forms W-2 (add amounts in line 1, column E) 1 ■ 90

2 Minnesota tax withheld on Forms 1099, W-2G, and 1042-S. If you have more than four forms, complete line 6 on the back.

A	B	C	D
If the Form 1099, W-2G, or 1042-S is for: • you, enter 1 • spouse, enter 2	Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer)	Income amount (see the table on the back for amounts to include)	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
a1 _____	b1 MN _____	c1 _____	d1 _____
a2 _____	b2 MN _____	c2 _____	d2 _____
a3 _____	b3 MN _____	c3 _____	d3 _____
a4 _____	b4 MN _____	c4 _____	d4 _____

Subtotal for additional 1099, W-2G, and 1042-S (from line 6 on page 2) _____

Total Minnesota tax withheld on all 1099, W-2G, and 1042-S (add amounts in line 2, column D) 2 ■ _____

3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries (from line 7 on page 2) 3 ■ _____

4 Total. Add the Minnesota tax withheld on lines 1, 2, and 3.
Enter the total here and on line 24 of Form M1 **4 ■ 90**

**Include this schedule with your Form M1.
If required, include Schedules KPI, KS, and KF.**



2019 Schedule M1NR, Nonresidents/Part-Year Residents

Before you complete this schedule, read the instructions and complete lines 1 through 11 of Form M1.

Your First Name and Initial	Last Name	Social Security Number
HARISH	PAMIDI	744163717
Spouse's First Name and Initial	Last Name	Spouse's Social Security Number

Minnesota Residency (Place an X in one box and enter other state of residency)

You: Full-year Nonresident Part-Year Resident from _____ to _____ Other State of Residency: OK

Your Spouse: Full-year Nonresident Part-Year Resident from _____ to _____ Other State of Residency: _____

	A. Total Amount	B. Minnesota Portion
1 Wages, salaries, tips, etc. (from line 1 of federal Form 1040 or 1040-SR)	1 <u>92332</u>	<u>7295</u>
2 Taxable interest and ordinary dividend income (lines 2b and 3b of Form 1040 or 1040-SR)	2 _____	_____
3 Business income or loss (from line 3 of federal Schedule 1)	3 _____	_____
4 Capital gain or loss (from line 6 of Form 1040 or 1040-SR)	4 _____	_____
5 IRA distributions, pensions, and annuities (from lines 4b and 4d of Form 1040 or 1040-SR)	5 _____	_____
6 Net income from rents, royalties, partnerships, S corporations, estates, and trusts (from line 5 of federal Schedule 1)	6 <u>-5000</u>	<u>0</u>
7 Farm income or loss (from line 6 of federal Schedule 1)	7 _____	_____
8 Other income (add lines 5b of Form 1040 or 1040-SR and lines 1, 2a, 4, 7, and 8 of federal Schedule 1)	8 _____	_____
9 Interest and dividends from non-Minnesota state or municipal bonds (add lines 1 and 2 of Schedule M1M)	9 _____	_____
10 Other required additions (add lines 3, 4, 6-8, 10, and 12 of Schedule M1M and lines 3, 7, and 8 of Schedule M1NC)	10 <input type="checkbox"/>	<input type="checkbox"/>
11 Add lines 1 through 10 for each column	11 <input type="checkbox"/> <u>87332</u>	<input type="checkbox"/> <u>7295</u>
If your Minnesota gross income is below \$12,200, see instructions.		
12 Educator expenses, certain business expenses, and Armed Forces moving expenses (add lines 10, 11, and 13 of federal Schedule 1)	12 _____	_____
13 Self-employed SEP, SIMPLE, and qualified plans and IRA deduction (add lines 15 and 19 of federal Schedule 1)	13 _____	_____
14 Health savings account and Archer MSA deductions (add line 12 and Archer MSA amount included on line 22 of federal Schedule 1)	14 _____	_____
15 One-half of self-employment tax and self-employed health insurance (add lines 14 and 16 of federal Schedule 1)	15 _____	_____
16 Deductions for alimony paid and student loan interest (see instructions for line 16, column B)	16 <u>0</u>	<u>0</u>
17 Penalty on early withdrawal of savings (from line 17 of federal Schedule 1)	17 _____	_____
18 Other required subtractions (add lines 21, 35, 36, 39, and 41 of Schedule M1M)	18 <input type="checkbox"/>	<input type="checkbox"/>
19 Net U.S. bond interest and active military pay received while a nonresident (add lines 18 and 29 of Schedule M1M)	19 _____	_____
20 Subtraction for federal section 179 expensing (from line 22 of Schedule M1M)	20 _____	_____
21 Add lines 12 through 20 for each column	21 <u>0</u>	<u>0</u>
22 Subtract line 21, column B, from line 11, column B. Enter here and on line 13a of Form M1. If your Minnesota gross income is below \$12,200 or the result is zero or less, enter 0	22 _____	<u>7295</u>
23 Subtract line 21, column A, from line 11, column A. Enter the result here and on line 13b of Form M1	23 <u>87332</u>	_____
24 Divide line 22 by line 23, and enter the result as a decimal (carry to five decimal places). If line 22 is more than line 23, enter 1.0. If line 22 is zero, enter 0	24 _____	<u>.08353</u>
25 Amount from line 12 of Form M1	25 _____	<u>4726</u>
26 Multiply line 24 by line 25. Enter the result here and on line 13 of Form M1	26 _____	<u>395</u>

You must include this schedule with Form M1. Enter the amounts from lines 22 and 23 of this schedule on Form M1, lines 13a and 13b.



2019 Form M1, Individual Income Tax

Leave unused boxes blank. Do not use staples on anything you submit.

Your First Name and Initial HARISH	Last Name PAMIDI	Your Social Security Number (SSN) 744163717	Your Date of Birth 09051991
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number	Spouse's Date of Birth

Current Home Address 4200 N MERIDIAN AVE APT #318	Check if: <input type="checkbox"/> New Address	<input type="checkbox"/> Foreign Address
City OKLAHOMA CITY	State OK	ZIP Code 73112

2019 Federal Filing Status (place an X in one box):

(1) Single
 (2) Married filing jointly
 (3) Married filing separately
 (4) Head of household
 (5) Qualifying widow(er)

Spouse name and SSN _____

State Elections Campaign Fund

If you want \$5 to go to help candidates for state offices pay campaign expenses, enter the code number for the party of your choice. This will not increase your tax or reduce your refund.

Your Code	Spouse's Code	Political Party Code Numbers:			
		Republican—11	Independence—13	Green—15	Legal Marijuana Now—17
		Democratic/Farmer-Labor—12	Grassroots/Legalize Cannabis—14	Libertarian—16	General Campaign Fund—99

From Your Federal Return (see instructions)

A. Wages, salaries, tips, etc.	B. IRA, pensions, and annuities	C. Unemployment	D. Federal taxable income
92332	0	0	<input type="checkbox"/> 75132

▲ Place an X in box if a negative number

1 Federal adjusted gross income (from line 8b of federal Form 1040 and 1040-SR) (if a negative number, place an X in the box)	1 <input type="checkbox"/>	87332
2 Additions to Minnesota income from line 17 of Schedule M1M (see instructions; enclose Schedule M1M)	2 <input type="checkbox"/>	
3 Add lines 1 and 2 (if a negative number, place an X in the box)	3 <input type="checkbox"/>	87332
4 Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions)	4 <input type="checkbox"/>	12200
5 Exemptions (determine from instructions)	5 <input type="checkbox"/>	
6 State income tax refund from line 1 of federal Schedule 1	6 <input type="checkbox"/>	
7 Other subtractions from Minnesota income from line 46 of Schedule M1M (see instructions; enclose Schedule M1M)	7 <input type="checkbox"/>	
8 Total subtractions. Add lines 4 through 7	8 <input type="checkbox"/>	12200
9 Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank.	9 <input type="checkbox"/>	75132
10 Tax from the table in the M1 instructions	10 <input type="checkbox"/>	4726
11 Alternative minimum tax (enclose Schedule M1MT)	11 <input type="checkbox"/>	
12 Add lines 10 and 11	12 <input type="checkbox"/>	4726
13 Full-year residents: Enter the amount from line 12 on line 13. Skip lines 13a and 13b. Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 26 on line 13, from line 22 on line 13a, and from line 23 on line 13b (enclose Schedule M1NR)	13 <input type="checkbox"/>	395
a <input type="checkbox"/> 7295 b <input type="checkbox"/> 87332 (Place an X in box if a negative number)		

14 Other taxes such as the tax on lump sum distributions and recapture amounts from (check appropriate box):

Schedule M1HOME
 Schedule M1529
 Schedule M1LS **14**



15 Tax before credits. Add lines 13 and 14 15 395

16 Marriage Credit for joint return when both spouses have taxable earned income or taxable retirement income (enclose Schedule M1MA) 16 ■ _____


17 Credit for long-term care insurance premiums paid (enclose Schedule M1LTI) 17 ■ _____

18 Credit for taxes paid to another state (enclose Schedule(s) M1CR and M1RCR) 18 ■ _____

19 Other nonrefundable credits (enclose Schedule M1C) 19 ■ _____

20 Total nonrefundable credits. Add lines 16 through 19 20 _____

21 Subtract line 20 from line 15 (if result is zero or less, leave blank) 21 395

22 Nongame Wildlife Fund contribution (see instructions)
This will reduce your refund or increase the amount you owe  22 ■ _____

23 Add lines 21 and 22 23 395

24 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report Minnesota withholding from Forms W-2, 1099, and W-2G (do not send) 24 ■ 90

25 Minnesota estimated tax and extension payments made for 2019 25 ■ _____

26 Refundable credits from line 9 of Schedule M1REF (see instructions; enclose Schedule M1REF) 26 ■ _____

27 Total payments. Add lines 24 through 26 27 90

28 **REFUND.** If line 27 is more than line 23, subtract line 23 from line 27 (see instructions). For direct deposit, complete line 29 28 ■ _____

29 Direct deposit of your refund (you must use an account not associated with a foreign bank):
Account Type **Routing Number** **Account Number**
 Checking Savings _____

30 **AMOUNT YOU OWE.** If line 23 is more than line 27, subtract line 27 from line 23 (see instructions) 30 ■ 305

31 Penalty amount from Schedule M15 (see instructions). Also subtract this amount from line 28 or add it to line 30 (enclose Schedule M15) 31 ■ _____

IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 32 and 33.

32 Amount from line 28 you want sent to you 32 ■ _____

33 Amount from line 28 you want applied to your 2020 estimated tax 33 ■ _____

I declare that this return is correct and complete to the best of my knowledge and belief.		Paid preparer: You must sign below.	
Your Signature	Date	Paid Preparer's Signature	Date
_____	_____	SYAM PRIYA RAM SA	01/03/2021
Spouse's Signature (If Filing Jointly)	Taxpayer's Daytime Phone	Preparer's Daytime Phone	PTIN or VITA/TCE # (required)
_____	6129168852	6467277157	P02082703
Your Email Address	Preparer's Email Address		
PAMIDIHARISH@GMAIL.COM	tsyamgupta@gmail.com		

Include a copy of your 2019 federal return and schedules.

Mail to: Minnesota Individual Income Tax
St. Paul, MN 55145-0010

To check on the status of your refund, visit www.revenue.state.mn.us

I authorize the Minnesota Department of Revenue to discuss this return with my paid preparer or the third-party designee indicated on my federal return.

I do not want my paid preparer to file my return electronically.



2019 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

Your First Name and Initial HARISH	Last Name PAMIDI	Your Social Security Number 744163717
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF that shows Minnesota income tax withheld, complete this schedule to determine line 24 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

A	B—Box 13	C—Box 15	D—Box 16	E—Box 17
If the Form W-2 is for: • you, enter 1 • spouse, enter 2	If Retirement Plan box is checked, mark an X below.	Employer's seven-digit Minnesota Tax ID Number	State wages, tips, etc. <i>(round to nearest whole dollar)</i>	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
a1 <u>1</u>	b1 <input type="checkbox"/>	c1 MN <u>3804978</u>	d1 <u>7295</u>	e1 <u>90</u>
a2 _____	b2 <input type="checkbox"/>	c2 MN _____	d2 _____	e2 _____
a3 _____	b3 <input type="checkbox"/>	c3 MN _____	d3 _____	e3 _____
a4 _____	b4 <input type="checkbox"/>	c4 MN _____	d4 _____	e4 _____
a5 _____	b5 <input type="checkbox"/>	c5 MN _____	d5 _____	e5 _____

Subtotal for additional Forms W-2 (from line 5 on page 2) _____

Total Minnesota tax withheld on all Forms W-2 (add amounts in line 1, column E) 1 ■ 90

2 Minnesota tax withheld on Forms 1099, W-2G, and 1042-S. If you have more than four forms, complete line 6 on the back.

A	B	C	D
If the Form 1099, W-2G, or 1042-S is for: • you, enter 1 • spouse, enter 2	Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer)	Income amount (see the table on the back for amounts to include)	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
a1 _____	b1 MN _____	c1 _____	d1 _____
a2 _____	b2 MN _____	c2 _____	d2 _____
a3 _____	b3 MN _____	c3 _____	d3 _____
a4 _____	b4 MN _____	c4 _____	d4 _____

Subtotal for additional 1099, W-2G, and 1042-S (from line 6 on page 2) _____

Total Minnesota tax withheld on all 1099, W-2G, and 1042-S (add amounts in line 2, column D) 2 ■ _____

3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries (from line 7 on page 2) 3 ■ _____

4 Total. Add the Minnesota tax withheld on lines 1, 2, and 3.
Enter the total here and on line 24 of Form M1 **4 ■ 90**

**Include this schedule with your Form M1.
If required, include Schedules KPI, KS, and KF.**



2019 Schedule M1NR, Nonresidents/Part-Year Residents

Before you complete this schedule, read the instructions and complete lines 1 through 11 of Form M1.

Your First Name and Initial	Last Name	Social Security Number
HARISH	PAMIDI	744163717
Spouse's First Name and Initial	Last Name	Spouse's Social Security Number

Minnesota Residency (Place an X in one box and enter other state of residency)

You: Full-year Nonresident Part-Year Resident from _____ to _____ Other State of Residency: OK

Your Spouse: Full-year Nonresident Part-Year Resident from _____ to _____ Other State of Residency: _____

	A. Total Amount	B. Minnesota Portion
1 Wages, salaries, tips, etc. (from line 1 of federal Form 1040 or 1040-SR)	1 <u>92332</u>	<u>7295</u>
2 Taxable interest and ordinary dividend income (lines 2b and 3b of Form 1040 or 1040-SR)	2 _____	_____
3 Business income or loss (from line 3 of federal Schedule 1)	3 _____	_____
4 Capital gain or loss (from line 6 of Form 1040 or 1040-SR)	4 _____	_____
5 IRA distributions, pensions, and annuities (from lines 4b and 4d of Form 1040 or 1040-SR)	5 _____	_____
6 Net income from rents, royalties, partnerships, S corporations, estates, and trusts (from line 5 of federal Schedule 1)	6 <u>-5000</u>	<u>0</u>
7 Farm income or loss (from line 6 of federal Schedule 1)	7 _____	_____
8 Other income (add lines 5b of Form 1040 or 1040-SR and lines 1, 2a, 4, 7, and 8 of federal Schedule 1)	8 _____	_____
9 Interest and dividends from non-Minnesota state or municipal bonds (add lines 1 and 2 of Schedule M1M)	9 _____	_____
10 Other required additions (add lines 3, 4, 6-8, 10, and 12 of Schedule M1M and lines 3, 7, and 8 of Schedule M1NC)	10 <input type="checkbox"/>	<input type="checkbox"/>
11 Add lines 1 through 10 for each column	11 <input type="checkbox"/> <u>87332</u>	<input type="checkbox"/> <u>7295</u>
If your Minnesota gross income is below \$12,200, see instructions.		
12 Educator expenses, certain business expenses, and Armed Forces moving expenses (add lines 10, 11, and 13 of federal Schedule 1)	12 _____	_____
13 Self-employed SEP, SIMPLE, and qualified plans and IRA deduction (add lines 15 and 19 of federal Schedule 1)	13 _____	_____
14 Health savings account and Archer MSA deductions (add line 12 and Archer MSA amount included on line 22 of federal Schedule 1)	14 _____	_____
15 One-half of self-employment tax and self-employed health insurance (add lines 14 and 16 of federal Schedule 1)	15 _____	_____
16 Deductions for alimony paid and student loan interest (see instructions for line 16, column B)	16 <u>0</u>	<u>0</u>
17 Penalty on early withdrawal of savings (from line 17 of federal Schedule 1)	17 _____	_____
18 Other required subtractions (add lines 21, 35, 36, 39, and 41 of Schedule M1M)	18 <input type="checkbox"/>	<input type="checkbox"/>
19 Net U.S. bond interest and active military pay received while a nonresident (add lines 18 and 29 of Schedule M1M)	19 _____	_____
20 Subtraction for federal section 179 expensing (from line 22 of Schedule M1M)	20 _____	_____
21 Add lines 12 through 20 for each column	21 <u>0</u>	<u>0</u>
22 Subtract line 21, column B, from line 11, column B. Enter here and on line 13a of Form M1. If your Minnesota gross income is below \$12,200 or the result is zero or less, enter 0	22 _____	<u>7295</u>
23 Subtract line 21, column A, from line 11, column A. Enter the result here and on line 13b of Form M1	23 <u>87332</u>	_____
24 Divide line 22 by line 23, and enter the result as a decimal (carry to five decimal places). If line 22 is more than line 23, enter 1.0. If line 22 is zero, enter 0	24 _____	<u>.08353</u>
25 Amount from line 12 of Form M1	25 _____	<u>4726</u>
26 Multiply line 24 by line 25. Enter the result here and on line 13 of Form M1	26 _____	<u>395</u>

You must include this schedule with Form M1. Enter the amounts from lines 22 and 23 of this schedule on Form M1, lines 13a and 13b.

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial HARISH	Last name PAMIDI	Your social security number 744-16-3717
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. 4200 N MERIDIAN AVE		Apt. no. 318
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). OKLAHOMA CITY OK 73112		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here <input type="checkbox"/>		

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, 1955 Are blind **Spouse:** Was born before January 2, 1955 Is blind

(1) First name		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
Last name				Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Standard Deduction for—
 • Single or Married filing separately, \$12,200
 • Married filing jointly or Qualifying widow(er), \$24,400
 • Head of household, \$18,350
 • If you checked any box under *Standard Deduction*, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	92,332.
2a	Tax-exempt interest	2a		2b	
3a	Qualified dividends	3a		3b	
4a	IRA distributions	4a		4b	
c	Pensions and annuities	4c		4d	
5a	Social security benefits	5a		5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			6	
7a	Other income from Schedule 1, line 9			7a	-5,000.
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶			7b	87,332.
8a	Adjustments to income from Schedule 1, line 22			8a	
b	Subtract line 8a from line 7b. This is your adjusted gross income ▶			8b	87,332.
9	Standard deduction or itemized deductions (from Schedule A)	9	12,200.		
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10			
11a	Add lines 9 and 10			11a	12,200.
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-			11b	75,132.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	12,386.
b	Add Schedule 2, line 3, and line 12a and enter the total ▶	12b	12,386.
13a	Child tax credit or credit for other dependents ▶	13a	
b	Add Schedule 3, line 7, and line 13a and enter the total ▶	13b	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	12,386.
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0.
16	Add lines 14 and 15. This is your total tax ▶	16	12,386.
17	Federal income tax withheld from Forms W-2 and 1099	17	12,465.
18	Other payments and refundable credits:		
a	Earned income credit (EIC) No	18a	
b	Additional child tax credit, Attach Schedule 8812	18b	
c	American opportunity credit from Form 8863, line 8	18c	
d	Schedule 3, line 14	18d	
e	Add lines 18a through 18d. These are your total other payments and refundable credits ▶	18e	
19	Add lines 17 and 18e. These are your total payments ▶	19	12,465.

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

Refund

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	79.
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	79.
b	Routing number 0 4 4 0 0 0 0 3 7 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 5 5 5 8 2 5 5 6 6		
22	Amount of line 20 you want applied to your 2020 estimated tax ▶	22	

Amount You Owe

23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions ▶	23	
24	Estimated tax penalty (see instructions) ▶	24	

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. No

(Other than paid preparer) 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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	01/03/2021	P02082703	<input type="checkbox"/> 3rd Party Designee
Firm's name ▶ GLOBAL TAXES LLC		Phone no. (646) 727-7157		<input type="checkbox"/> Self-employed
Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041		Firm's EIN ▶ 30-1017196		

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2019
Attachment
Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR
HARISH PAMIDI

Your social security number
744-16-3717

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-5,000.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	-5,000.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	

SCHEDULE E
(Form 1040 or 1040-SR)

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

OMB No. 1545-0074

2019

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, 1040-NR, or 1041.**
▶ **Go to www.irs.gov/ScheduleE for instructions and the latest information.**

Name(s) shown on return
HARISH PAMIDI

Your social security number
744-16-3717

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 2019 that would require you to file Form(s) 1099? (see instructions) Yes No
B If "Yes," did you or will you file required Forms 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)				
A	VIVEKANANDA NAGAR HYDERABAD TELANGANA IN 500072				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

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

Income:		Properties:		A	B	C
3	Rents received	3		650.		
4	Royalties received	4				
Expenses:						
5	Advertising	5		100.		
6	Auto and travel (see instructions)	6		250.		
7	Cleaning and maintenance	7				
8	Commissions	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11				
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest	13		5,000.		
14	Repairs	14		150.		
15	Supplies	15		150.		
16	Taxes	16				
17	Utilities	17				
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		5,650.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-5,000.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-5,000.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		650.		
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c				
d	Total of all amounts reported on line 18 for all properties	23d				
e	Total of all amounts reported on line 20 for all properties	23e		5,650.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(5,000.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26		-5,000.		