# 8879 **8879**

Department of the Treasury Internal Revenue Service

# IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

2019

Submi	ssion Identification Number (SID)				
Taxpaye	er's name	Social security number			
HAR:	ISH PAMIDI	744-16-3717			
Spouse'	's name	Spouse's social security number			
Part	Tax Return Information — Tax Year Ending December 31, 2019 (Whole d	ollars only)			
1	Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)				
2	Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)				
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Forms W-2 and 1099).				
	line 62a)	12,465.			
4	Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, I				
5	Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)				
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and penalties of perjury, I declare that I have examined a copy of my electronic individual income tax				
for rejethe U.S account financia Agent to cancell involve related and, if a Taxpa	itter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) ction of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the d. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct indicated in the tax preparation software for payment of my federal taxes owed on this return and institution to debit the entry to this account. This authorization is to remain in full force and effect to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Final ation requests must be received no later than 2 business days prior to the payment (settlement) dated in the processing of the electronic payment of taxes to receive confidential information necessar to the payment. I further acknowledge that the personal identification number (PIN) below is my signaplicable, my Electronic Funds Withdrawal Consent.  I wer's PIN: check one box only  I authorize GLOBAL TAXES LLC to enter or generated ERO firm name  signature on my tax year 2019 electronically filed income tax return.  I will enter my PIN as my signature on my tax year 2019 electronically filed income tax entering your own PIN and your return is filed using the Practitioner PIN method. The EFO	ate of any refund. If applicable, I authorize let debit) entry to the financial institution dor a payment of estimated tax, and the truntil I notify the U.S. Treasury Financial notial Agent at 1-888-353-4537. Payment at I also authorize the financial institutions by to answer inquiries and resolve issues nature for my electronic income tax return the my PIN 6 3 7 1 7 as my Enter five digits, but don't enter all zeros			
Yours	signature ▶ Date ▶				
Snous	se's PIN: check one box only				
· –	I authorize to enter or generate	my PIN as my			
	ERO firm name	Enter five digits, but			
	signature on my tax year 2019 electronically filed income tax return.	don't enter all zeros			
Spous	I will enter my PIN as my signature on my tax year 2019 electronically filed income tax entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method. The EF e's signature ▶ Date ▶				
Орочо	Practitioner PIN Method Returns Only—continue below	v			
Part	Certification and Authentication — Practitioner PIN Method Only				
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5	3 7 2 7 8 1 2 3 4 5  Don't enter all zeros			
indicate	that the above numeric entry is my PIN, which is my signature for the tax year 2019 electronically ed above. I confirm that I am submitting this return in accordance with the requirements of the book for Authorized IRS e-file Providers of Individual Income Tax Returns.				
ERO'∘	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To	Do So			

E١	1	0.10	Department of the Treasury-Internal Revenue Service	(99
<u>o</u>		UHU	Department of the Treasury—Internal Revenue Service  U.S. Individual Income Tax Retu	ırn

2019

OMB No. 1545-007

IRS Use Only—Do not write or staple in this space.

				·		<u> </u>		
Filing Status	X	Single Married filing jointly	Marrie	d filing separately (MFS)	Head of househo	old (HOH) 🔲 Quali	ifying wi <b>d</b>	ow(er) (QW)
Check only one box.	•	u checked the MFS box, enter the name	of spo	ouse. If you checked the	HOH or QW box, ente	r the child's name if t	he qualify	ring person is
		ld but not your dependent.	i					
Your first name	and m	ddle initial	Last	name			Your so	cial security number
_HARISH_			PA:	MIDI			744-1	16-3717
If joint return, s	pouse's	first name and middle initial	Last	name			Spouse's	s social security number
		r and street). If you have a P.O. box, see	instru	ctions.		Apt. no.		tial Election Campaign
4200 N I	MERI	DIAN AVE				318		if you, or your spouse if filing the state of the state o
City, town or p	ost offic	e, state, and ZIP code. If you have a fore	eign ac	ldress, also complete sp	paces below (see instruc	ctions).		box below will not change your
OKLAHOM	A CI	ry ok 73112					tax or refund	d. You Spouse
Foreign country	/ name			Foreign province/state	e/county	Foreign postal code		han four dependents,
							see instr	uctions and ✓ here ►
Standard	Som	eone can claim: 🗌 You as a depende	ent	Your spouse as a	dependent			
Deduction		Spouse itemizes on a separate return or	you we	ere a dual-status alien				
Age/Blindness	You:	Were born before January 2, 1955		Are blind Spouse:	Was born before	January 2, 1955	ls blir	nd
Dependents (			$\neg \equiv$	2) Social security number	(3) Relationship to you			(see instructions):
(1) First name		Last name	,	zy dodiai dodanty namboi	(b) Holddonollip to you	Child tax cre		Credit for other dependents
(-)								
						H		<del></del>
								<del>– ਜ</del>
						H		H
	1	Wages, salaries, tips, etc. Attach Form	(c) M_3	)			. 1	92,332.
	2a	Tax-exempt interest	2a		<b>b</b> Taxable interest. A	ttach Sch. B if require		32,002.
	3a	Qualified dividends	3a		<b>b</b> Ordinary dividends.			<del>                                     </del>
Standard Deduction for—	4a	IRA distributions	4a		<b>b</b> Taxable amount	Attach Son. Bil require	4b	
Single or Married	C	Pensions and annuities	4c		d Taxable amount		4d	
filing separately, \$12,200	5a	Social security benefits	5a		<b>b</b> Taxable amount		5b	
Married filing	6	Capital gain or (loss). Attach Schedule		quired If not required c			6	
jointly or Qualifying widow(er),	7a	Other income from Schedule 1, line 9	Dirio		neok nere		7a	-5,000.
\$24,400	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and	 7a Thi				7b	87,332.
Head of household,	8a	Adjustments to income from Schedule					8a	077332.
\$18,350	b	Subtract line 8a from line 7b. This is yo					8b	87,332.
If you checked any box under	9	Standard deduction or itemized ded				12,200		01,332.
Standard Deduction,	10	Qualified business income deduction.						
see instructions.	11a	Add lines 9 and 10	wacii	1 0111 0990 01 1 01111 099	O.A		11a	12,200.
	b	Taxable income. Subtract line 11a fro	m line	8h If zero or less enter	-0-		11a	
		- and the moderner subtract mile i la ne		52. 11 2010 OI 1000, OIIIOI				10,104.

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

Form **1040** (2019)

Form 1040 (2019	9)		Page <b>2</b>			
	12a	Tax (see inst.) Check if any from Form(s): 1       8814       2       4972       3       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				
	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	<b>16</b> 12,386.			
	17	Federal income tax withheld from Forms W-2 and 1099	17 12,465.			
• If you have a	18_	Other payments and refundable credits:				
qualifying child, attach Sch. EIC.	a	Earned income credit (EIC)	_			
• If you have	b	Additional child tax credit. Attach Schedule 8812	-			
nontaxable combat pay, see	С	American opportunity credit from Form 8863, line 8				
instructions.	d	Schedule 3, line 14				
	е	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.			
Refund	20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b>	20 79.			
	21a	Amount of line 20 you want <b>refunded to you.</b> If Form 8888 is attached, check here	<b>21a</b> 79.			
Direct deposit? See instructions.	<b>▶</b> b	Routing number	1			
	<b>▶</b> d	Account number   X   X   X   X   X   X   X   X   X				
	22	Amount of line 20 you want applied to your 2020 estimated tax				
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)				
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	De	signee's Phone Personal identifica	A STATE OF THE STA			
paid preparer)		me ► no. ► number (PIN)	<b>NATION</b>			
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my keep the statements and the statements are the statements and the statements are the sta	knowledge and belief, they are true,			
Here	cor	rect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
11010	Yo		RS sent you an Identity ection PIN, enter it here			
Joint return?			inst.)			
See instructions.	Sp	ouse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation If the	RS sent your spouse an			
Keep a copy for vour records.		Ident	tity Protection PIN, enter it here			
your rooordo.	-	(see i	nst.)			
	_	one no. Email address				
Paid		eparer's name Preparer's signature Date PTIN	Check if:  2703			
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 12/29/2020 P02082				
Use Only	_	m's name ► GLOBAL TAXES LLC Phone no. (646) 727-				
			's EIN ► 30-1017196			
Go to www.irs.g	ov/Forn	n1040 for instructions and the latest information.  BAA  REV 08/20/20 PRO	Form <b>1040</b> (2019)			

### SCHEDULE 1 (Form 1040 or 1040-SR)

**Additional Income and Adjustments to Income** 

OMB No. 1545-0074

2019

Attachment

Department of the Treasury Internal Revenue Service

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

► Attach to Form 1040 or 1040-SR.

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

Attachment Sequence No. 01

HAR	ISH PAMIDI	744-1	16-3717
At any	time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest	t in any	
virtual	currency?		☐ Yes ☒ No
Part	Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	_	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		-5,000.
6	Farm income or (loss). Attach Schedule F		
7	Unemployment compensation		
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			
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attack		
	Form 2106		
12	Health savings account deduction. Attach Form 8889		
13	Moving expenses for members of the Armed Forces. Attach Form 3903		
14	Deductible part of self-employment tax. Attach Schedule SE		
15	Self-employed SEP, SIMPLE, and qualified plans		
16	Self-employed health insurance deduction		
17	Penalty on early withdrawal of savings		
18a	Alimony paid		
b	Recipient's SSN	_	
С	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction		
20	Student loan interest deduction		
21	Tuition and fees. Attach Form 8917		
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 of		
	1040-SR, line 8a	22	

For Paperwork Reduction Act Notice, see your tax return instructions.

REV 08/20/20 PRO

Schedule 1 (Form 1040 or 1040-SR) 2019

#### **SCHEDULE E**

(Form 1040 or 1040-SR)

## **Supplemental Income and Loss**

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

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

2019 Attachment Sequence No. 13

OMB No. 1545-0074

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

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

Your social security number 744-16-3717

1 Single Family Residence 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)	Part		s From Rental Real Estate and Ro	-								use
Bit   "Ves." did you or will you file required Forms 1099?												
Type of Property   Property   Type of Property   Property   Type of		, , , ,			. ,						∕es ⊠	No
A   VIVEKANANDA NAGAR HYDERABAD TELANGANA IN 500072	B If "									. U	Yes _	No
B												
C   The   Type of Property (from list below)   C   Type of Property (from list below)   C   Type of Property (from list below)   C   Type of Property:   Type of Property:		VIVEKANANDA NA	GAR HYDERABAD TELANGANA	IN	50007	2						
Type of Property (from list below)   A										$\sim$		
(from list below)   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.   A   365   0   □												
A   1	1b			perty I	listed				-		Q.	IV
A   1		(from list below)	above, report the number of to personal use days. Check the	air rent OJV h	ial and		D	ays	Day			
Type of Property:		1	only if you meet the requirement	ents to	file as	Α		365		0		
1   Single Family Residence   3   Vacation/Short-Term Rental   5   Land   8   Other (describe)			a qualified joint venture. See ii	nstruct	tions.							
1 Single Family Residence 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)						С		$\mathbf{M}$				
2 Multi-Family Residence         4 Commercial         6 Royalties         8 Other (describe)           Income:         Properties:         A B         C           3 Rents received												
Rents received	_	• • • • • • • • • • • • • • • • • • • •	3 Vacation/Short-Term Rental	5 La	ınd		7 Self-I	Rental				
3 Rents received					oyalties		8 Other	(describe	)			
## Royalties received	Incom		1.5			Α		E	3		С	
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       5,000.       12         14       150.       150.         15       Supplies       15       150.         16       Taxes       16       17         17       Utilities       17       19         19       Other (list) ►       19       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)       21       -5,000.       ()         23       Total of all amounts reported on line 21 for all rental propertie				-			650.					
5				4								
6 Auto and travel (see instructions) 6 250.  7 Cleaning and maintenance 7  8 Commissions 8  Insurance 9  Insurance 9  Insurance 10  Legal and other professional fees 11  Management fees 11  Mortgage interest paid to banks, etc. (see instructions) 12  Mortgage interest paid to banks, etc. (see instructions) 12  Mortgage interest paid to banks, etc. (see instructions) 12  Mortgage interest paid to banks, etc. (see instructions) 12  Mortgage interest paid to banks, etc. (see instructions) 12  Mortgage interest paid to banks, etc. (see instructions) 12  Mortgage interest paid to banks, etc. (see instructions) 12  Mortgage interest paid to banks, etc. (see instructions) 12  Mortgage interest paid to banks, etc. (see instructions) 12  Utilities 15  Supplies 15  Toxes 16  Utilities 17  Depreciation expense or depletion 18  Other (list)								,				
7 Cleaning and maintenance	5											
8   Commissions.   8	6			/100000			250.					
9	7	•										
10 Legal and other professional fees												
11 Management fees	9			-								
12       Mortgage interest paid to banks, etc. (see instructions)         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 4 for all royalty properties       23a 650.         25       Total of all amounts reported on line 12 for all properties       23c 23c 33d 5,650.         24       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here       25 ( 5,000.)	10	_		_								
13       5,000.         14       Repairs.       14       150.         15       Supplies       15       150.         16       Taxes       16       17         17       Utilities       17       18         19       Other (list) ►       19       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 23c         c       Total of all amounts reported on line 12 for all properties       23c 23d 5.650.         d       Total of all amounts reported on line 20 for all properties       23d 5.650.         24       Income. Add positive amounts shown on line 21 not include any losses       24         25       5,000.)	11	_		-								
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         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         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       21         23       Total of all amounts reported on line 3 for all rental properties       23a         6       Total of all amounts reported on line 4 for all royalty properties       23a         6       Total of all amounts reported on line 12 for all properties       23a         6       Total of all amounts reported on line 18 for all properties       23d         9       Total of all amounts reported on line 20 for all properties       23d         10       Total of all amounts reported on line 20 for all properties       23d         10       Total of all amounts reported on line 20 for all properties       23d         10       Total of all amounts reported on line 20 for al	12			_								
15 Supplies	13											
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 23c   c Total of all amounts reported on line 12 for all properties 23c 3d   e Total of all amounts reported on line 20 for all properties 23d 5,650.   24 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 5,000.	14	•		_	1							
17 Utilities	15						150.					
Depreciation expense or depletion  18				_								
19 Other (list) ► 19												
Total expenses. Add lines 5 through 19	_	•	e or depletion									
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	_	` ′		-								
result is a (loss), see instructions to find out if you must file Form 6198	20	•		20		5,	650.			-		
file Form 6198	21											
Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)				- 1			000					
on Form 8582 (see instructions)				21		-ɔ,	000.					
Total of all amounts reported on line 3 for all rental properties	22			00	,	F (	200	(				\
b Total of all amounts reported on line 4 for all royalty properties	00-				(	-5,			CEO	)(		
c Total of all amounts reported on line 12 for all properties	_						_		650.	-		
d Total of all amounts reported on line 18 for all properties										+		
Total of all amounts reported on line 20 for all properties	_											
<ul> <li>Income. Add positive amounts shown on line 21. Do not include any losses</li></ul>									5 650			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . 25 ( 5,000.)							236					
					-		nter tota	l loeean ha		1	5 (	100 1
		•								1	٠, ر	<u>,,,,                                 </u>
Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result	26											
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		,	•								<b>-</b> 5.	000.



# OKLAHOMA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

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

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

**2019** Form 511EF

See instructions on Page 2 to determine if you	are required to send Fo	orm 511EF to the C	JIC.					
Your first name and middle initial	Last name	Your social security number	7 4	4	1	6 3	7	1 7
HARISH PAMIDI		Security number	, ,			0 0		
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 nu	umber rurel route or DO Boy	- Scourty number						
Indining address (number and street, including apartment no	imber, rural route of PO Box)					Filir	ng stat	tus 1
4200 N MERIDIAN AVE	318						5	
City, State, ZIP			Total nu	ımher	of e	xemnt	ions	
OKLAHOMA CITY	OK 73112							1
PART ONE - TAX RETURN INFORMATION	ON (WHOLE DOLLAF	RS ONLY)			7			
1 Oklahoma Adjusted Gross Income (511, Line 7) Adjusted Gross Income: All Sources (511NR,			1				Q7	332 00
2 Oklahoma Income Tax and Use Tax (511, Line 2								492 00
3 Oklahoma Income Tax Payments and Credits (5								920 00
4 Refund (511, Line 38 or 511NR, Line 39)								428 00
5 Balance Due (511, Line 43 or 511NR, Line 44)								0 00
For a balance due return with an electronic payment balance due return with a non-electronic payment Internal Revenue Code (IRC) of the IRS provides fumely. If the due date falls on a weekend or legal leg	enclose a payment with the or a later due date, your pay	511-V and submit on ment may be made b	or befor y the late	e the der due d	lue da date a	ate of A	pril 15 l be co	th. If the
PART TWO - DECLARATION OF TAXPA	YFR							
		trania partian of my 20	10 Oklah	omo in	oomo	tay roti	urn	
I consent that my refund be directly depose If I have filed a joint return, this is an irreve							um.	
6b I authorize the Oklahoma State Treasury	and its designated Financial A	gent to initiate an ACH	l electron	ic funds	s with	drawal	(direct	debit)
entry to the financial institution account in	dicated in the tax preparation	software for payment of	of my Okl	ahoma	taxes	owed	on this	return
and/or a payment of estimated tax. I also					lectro	nic pay	ment o	f taxes to
receive confidential information necessary  If I have filed a balance due return, I understand that if the			1 5		navm	ont of n	ny tay I	iability I
will remain liable for the tax liability and all applicable inte	rest and penalties.	,					•	•
Under penalties of perjury, I declare I have compared the Originator (ERO), and the amounts described in Part One								
tax return. To the best of my knowledge and belief, my re								
panying schedules and statements, be sent to the OTC b			, , .					
In addition, by using a computer system and software to p							dahom	a Tax
Commission of all information pertaining to my use of the	system and software and to the	he transmission of my	tax return	electro	onical	ly.		
Sign								
Here:Your Signature	Date Spouse's	s Signature (If joint re	eturn, bo	th mus	t sigi	1)	Date	
	0.00							
PART THREE - DECLARATION OF ELEC	TRONIC RETURN O	RIGINATOR (E	RO) A	ND F	PAID	PRE	EPAR	ER
I declare I have reviewed the above taxpayer's return and	the entries on Form 511EF are	complete and correct	to the bes	t of my	know	ledge.	(EROs	who are
collectors are not responsible for reviewing the taxpayer's obtained the taxpayer's signature on Form 511EF and I ha	return; nowever, they must ensive provided the taxpaver with	a copy of all forms and	rately refle information	ecis ine on to be	data e filed	on the	return.) e OTC.	and have
followed all other requirements described in Pub. 1345, Ha	andbook for Electronic Filers of	Individual Income Tax	Returns (	Tax Yea	ar 201	9). If I	am also	o a Paid
Preparer, under penalties of perjury I declare I have exami my knowledge and belief, they are true, correct, and comp	ned the above taxpayer's retur	n and accompanying s	schedules	and sta	ateme	nts, and	to the	best of
ERO Use	icte. Triis i aid i reparei decia	ration is based on all il	normation	I OI WIII	CITTII	ave any	KIIOWK	Jugo.
Only		.9/2020						
ERO or Paid Preparer's Signature	Date	PTII	N					
Paid Preparer	10/0	00/2020 522	00070	)				
Use Only Paid Preparer Signature		<u>29/2020                                 </u>	:08270: <b>N</b>	)				
Firm name (or yours if self-employed), SYAM PRIYA F								
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









## Form 511 2019



# **Oklahoma Resident Income Tax Return**

our/	Social Security Number Place an 'X' in this AMENDED		
	744-16-3717 box if this taxpayer is deceased Place an 'X' in this		
	use's Social Security Number box if this is an		
oint r	return only)  Place an 'X' in this box if this taxpayer  amended 511. See Schedule		
	is deceased — 511-I		
	Your first name Middle initial Last name		
S			
les F	HARISH PAMIDI  If a joint return, spouse's first name Middle initial Last name		
Ado			
pu	Mailing address (number and street, including apartment number, rural route or PO Box)		
e a	0 4200 N MEDIDIAN AVE ADE 210		
Name and Address	Ž 4200 N MERIDIAN AVE, APT. 318 City State ZIP	* NOTE: If claiming Special Exemption, see instruction	ions on page 6 of 511 Packet.
Z	OKLAHOMA CITY OK 73112	Regular *Special Blin	d
	OKLAHOMA CITT OK //3112	Yourself 1 + +	1 (a)
	1 X Single	Spouse 0 + +  Number of dependent  Add the Totals from boxes (a), (b) and (c)	
	2 Married filing joint return (even if only one had income)	Spouse 0 +	0 (b)
S	3 Married filing separate	d c	
tatı	If spouse is also filing, list  Name:	Number of dependent	ts 🔳 🗀 (c)
Filing Status	name and SSN in the boxes	Add the Totals from boxes (a), (b) and (	c).
i <u>i</u>	SSN:	Enter the TOTAL her	
ш.		Note: If you may be claimed as a dependent on a	another return, enter "0" in the
	4 Head of household with qualifying person	Total box for your regular exemption.	another return, enter o in the
	5 Qualifying widow(er) with dependent child		
	Please list the year spouse died in box at right:	Age 65 or Over? (Please see instructions)	Yourself Spouse
PA	RT ONE: TO ARRIVE AT OKLAHOMA ADJUSTED GR		Round to Nearest Whole Dollar
1	Federal adjusted gross income (from Federal 1040 or 1040-SR)	1	87332 <b>.00</b>
2	Oklahoma Subtractions (provide Schedule 511-A)	2	.00.
3	Line 1 minus line 2	3	87332 <b>.00</b>
4			
	(Provide Federal schedule with detailed description; see instructions)		.00.
5	Line 3 minus line 4b	5	87332 <b>.00</b>
6	, ,		.00.
7	3		87332 .00
DΛ	(If line 7 is different than line 1, provide a copy of your Federal I	,	
			00
8 9	1 "		00.
	P AND READ: If line 4b is zero, complete lines 10-11. If line 4b is more than zero,		87332 <b>.00</b>
	Oklahoma itemized deductions (from Schedule 511-D, line 11) or Okl	ahoma standard deduction	
	(Single or Married Filing Separate: \$6,350 • Married Filing Joint	or Qualifying Widow(er): \$12,700 •	6350 <b>.00</b>
	Head of Household: \$9,350)		
11			1000 <b>.00</b>
13		_	79982 .00
14			13302 100
	enter tax from Form 573, line 22 and enter a "1" in box on line 14		
	(b) If paying the Health Savings Account additional 10% tax, add addition and enter a "2" in box on line 14. If recapturing the Oklahoma Affordat	ai tax nere	
	Tax Credit, add recaptured credit here and enter a "3" in box on line 14	1. If making	
	an Oklahoma installment payment pursuant to IRC Section 965(h) and 2368(K), add the installment payment here and enter a "4" in the box of		
	Oklahoma Income Tax (line 14a plus line 14b)		3810 .00
STOP	PAND READ: If line 7 is equal to or larger than line 1, complete lines 15 and 16. If line 7 is		3010 100
15	<b>1</b>		.00.
16	4		.00
17	4		318 .00
18	1		.00
19	1		3492 .00
	DO NOT PAY THIS AMOUNT. PAYMENT IS FIGURED ON LINE 4	_	3 - 3 -

#### 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.

	e(s) shown orm 511: HARISH PAMIDI		Your Social Security Number:	744-16-3717
PA	RT THREE: TAX, CREDITS AND PAYM	ENTS		
20			20	3492.00
21		out-of-state purchases		.00
	(For use tax table, see page 11 of the Packe	et) If you certify that no use tax is due, place an 'X' h	ere: X	
22	,		22	3492 <b>.00</b>
23	Oklahoma withholding (provide all W-2s, 1099	s or other withholding statements) 23	3920. <b>00</b>	
24	2019 estimated tax payments (quali	ified farmer ) 24	.00	
25	2019 payment with extension		.00	
26	Low Income Property Tax Credit (provide Fo		.00	
27	Sales Tax Relief Credit (provide Form 538-S)		.00	
28	Natural Disaster Tax Credit (provide Form 57		.00	
29	Credits from Form		.00	
30	Amount paid with original return plus addition (amended return only)		.00	
31	Payments and credits (add lines 23-30)		31	3920 <b>.00</b>
32	Overpayment, if any, as shown on original re			
		ded return only)		.00.
33	Total payments and credits (line 31 minus	32)	33	3920 <b>.00</b>
PA	RT FOUR: REFUND			
34	If line 33 is more than line 22, subtract line 2	22 from line 33. This is your overpayment	34	428.00
35	Amount of line 34 to be applied to 2020 esti			
	(For further information regarding estimated	1 7	.00	
	nizations. Please place the line number of the than one organization, put a "99" in the box.  Donations from your refund (total from Sche		v. If you give to	
37		and 36)		.00.
38		s line 37)		428.00
n	rect Deposit Note:	efund going to or through an account that is located	outside of the United Sta	tos?
		it my refund in my:	outside of the officed Sta	tes? Yes No
are	correct If your direct deposit fails			
to p	rocess or you do not choose direct osit, you will receive a <b>debit card</b> .	necking account Routing Number:		
See	the 511 Packet for direct deposit and	Account		
deb	it card information.	vings account Number:		
PA	ART FIVE: AMOUNT YOU OWE			
39	If line 22 is more than line 33, subtract line 3	3 from line 22. This is your tax due	39	.00.
40		Revenue Fund (original return only)		.00
	b) Donation: Public School Classroom Supp	ort Fund (original return only)	40b	.00.
41		nualized installment methodtax (line 41) & overpayment (line 34), see instruction		.00.
42		\$\$		
		\$		.00.
43		d lines 39-42)		00.0
	penalty of perjury, I declare the information contained in this ments and schedules, is true and correct to the best of my ki			
Тахра	yer's signature Date	Spouse's signature Date	Paid Preparer's signature	Date
			SYAM PRIYA RAM SAGAR GUPTA TA	ALLAM 12/29/2020
Taxpa		Spouse's occupation	Paid Preparer's address and p	whone number (646) 727-7157
	pation DETWARE ENGINEER		2530 PEBBLE CF	
	ne Phone	Daytime Phone (optional)	CUMMING	GA 30041
(optic	ica <i>)</i>	(optional)	Paid Preparer's PTIN P02	



# State of Oklahoma CREDIT FOR TAX PAID TO ANOTHER STATE



Name(s) - as shown on Form 511 or Form 511NR

HARISH PAMIDI

Social Security Number(s)

744-16-3717

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.

<u>A part-year resident</u> 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)			
2	Oklahoma Adjusted Gross Income (Form 511, line 7 or Form 511NR, line 6)			
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	Ш
5	Limitation Amount (multiply line 4 by line 3)	5	318	
6	Income Tax paid to MN (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.

#1555# REV 05/08/20 PRO





# 2019 Form M1, Individual Income Tax

	e unused boxes blank. Do not use staples on First Name and Initial	anything you submit.  Last Name	Your Social Security I	Number (SSN) Your Date of Bi	rth
	RISH oint Return, Spouse's First Name and Initial	PAMIDI Spouse's Last Name	744163717 Spouse's Social Securi	0 9 0 5 1 9 Spouse's Date	
Curr	ent Home Address		Check if: New Addr	ress Foreign Addres	SS S
$\frac{42}{\text{City}}$	<u>00 N MERIDIAN AVE A</u>	PT #318	State	ZIP Code	
_	LAHOMA CITY		OK	73112	
	9 Federal Filing Status (place an X in o	one box):	311	. 0 1 1 1	
X	(1) Single (2) Married filing jointly	(3) Married filing separately Spouse name and SSN_	(4) Hea	nd of household (5) Qu	ualifying widow(er)
	te Elections Campaign Fund				
If you	u want \$5 to go to help candidates for state office		ode number for the party of your cl	hoice. This will not increase your	tax or reduce your refund
You	r Code Spouse's Code Republican	Party Code Numbers:  n=11 Independence- c/Farmer-Labor=12 Grassroots/Leg		Legal Marijuana Now—17 .16 General Campaign Fund—	99
Fron	n Your Federal Return (see instructions)				
A. W		pensions, and annuities	C. Unemployment	D. Federal taxa	
	92332	0	0	A DI WILL	75132
1	Federal adjusted gross income (from I	ine 8b of federal Form 1040 a	nd 1040-SR)	Place an X in t	oox if a negative number
-	(if a negative number, place an X in the			1■□	87332
2	Additions to Minnesota income from I	ine 17 of Schedule M1M <i>(see )</i>	instructions; enclose Schedul	le M1M) <b>2</b> ■	
3	Add lines 1 and 2 (if a negative numbe	r, place an X in the box)		3	87332
4	Itemized deductions (from Schedule N	/11SA) or your <b>standard deduc</b>	tion (see instructions)	4■	12200
5	Exemptions (determine from instruction	ons)		5■	
6 7	State income tax refund from line 1 or Other subtractions from Minnesota in (see instructions; enclose Schedule M1	come from line 46 of Schedule	e M1M		
8	Total subtractions. Add lines 4 through	17		8	12200
9	Minnesota taxable income. Subtract li	ne 8 from line 3. If zero or less, I	eave blank	9	75132
10	Tax from the table in the M1 instruction	ons		10	4726
11	Alternative minimum tax (enclose Scho	edule M1MT)		11 🗖	
12 13	Add lines 10 and 11	line 12 on line 13. Skip lines 13a	and 13b.	12	4726
	line 13, from line 22 on line 13a, and from I $a \blacksquare $ $7295$ $b \blacksquare$	ine 23 on line 13b <i>(enclose Schedu</i> 87332 <sub>(Plac</sub>			395
14	Other taxes such as the tax on lump su Schedule M1HOME Sche		e amounts from (check appro		
L	REV 07/17/20 PRO	1	031		

## 2019 M1, page 2



15	Tax before credits. Add lines 13 and 14			15	395
16	Marriage Credit for joint return when both sport taxable retirement income (enclose Schedu	ouses have taxable earned	income		
17	Credit for long-term care insurance premiums	s paid (enclose Schedule M1	LTI)	17 ■	
18	Credit for taxes paid to another state (enclose	Schedule(s) M1CR and M1	RCR)	18 🔳	
19	Other nonrefundable credits (enclose Schedul	le M1C)		19 ■	
20	Total nonrefundable credits. Add lines 16 thro	ough 19		20	
21 22	Subtract line 20 from line 15 (if result is zero o Nongame Wildlife Fund contribution (see insti			21	395
	This will reduce your refund or increase the ar	mount you owe		22 🔳	
23 24	Add lines 21 and 22				395
	Minnesota withholding from Forms W-2, 1099,	and W-2G (do not send)		24 🔳	90
25	Minnesota estimated tax and extension paym	ents made for 2019		25 🔳	
26	Refundable credits from line 9 of Schedule M	1REF (see instructions; encl	ose Schedule M1REF)	26 🔳	
27 28	Total payments. Add lines 24 through 26 REFUND. If line 27 is more than line 23, subtra	act line 23 from line 27 (see	e instructions).		90
29	For direct deposit, complete line 29  Direct deposit of your refund (you must use of Account Type Routing Num  Checking Savings	an account not associated v mber		28 ■	
30 31	AMOUNT YOU OWE. If line 23 is more than line Penalty amount from Schedule M15 (see instruction this amount from line 28 or add it to line 30 (a	ructions). Also subtract			
1 <b>5</b> V				J1 <b>=</b> _	
1F Y	OU PAY ESTIMATED TAX and want part of your Amount from line 28 you want sent to you		•	32 ■	
33	Amount from line 28 you want applied to you	ır 2020 estimated tax		33 🔳	
I decl	are that this return is correct and complete to the best of my	y knowledge and belief.	Paid preparer: You must sign below.		
Your	Signature	Date	Paid Preparer's Signature SYAM PRIYA RAM S	Date	12/29/2020
Spou	e's Signature (If Filing Jointly)	Taxpayer's Daytime Phone 6129168852	Preparer's Daytime Phone 6467277157		VITA/TCE # (required) P02082703
	mail Address		Preparer's Email Address		
PAI	MIDIHARISH@GMAIL.COM		tsyamgupta@gmail	.com	
I <b>nclu</b> Mail			thorize the Minnesota Department of Revenu d preparer or the third-party designee indicate		
To ch	St. Paul, MN 55145-0010 eck on the status of your refund, visit www.revenue.	.state.mn.us	not want my paid preparer to file my return e	lectronically.	





# 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 Initia	ıl	Last Name	<b>:</b>			Your Social S	Security Number
HARISH		PAMII	Ι	744163717 Spouse's Social Security Number			
If a Joint Return, Spouse's F	irst Name and Initial	Spouse's La	ast Name				
If you received a feder complete this schedul amounts to the neare: W-2G; keep them with 1 Minnesota wages a	e to determine line 2 st whole dollar. You r n your tax records. Al	24 of Form I must include I instruction	M1. List only the for e this schedule whe ns are included on the	ms that repo n you file yo nis schedule	ort Minnesota incom ur return. <b>DO NOT</b> s	e tax withheld end in your F	d. Round dollar orms W-2, 1099, o
complete line 5 on t			,		,		,
Α	B—Box 13	C—Box 15		D—Box 1	16	E—Box 17	
If the Form W-2 is for:	If Retirement Plan	Employer's	seven-digit Minnesota		ges, tips, etc.		tax withheld
• you, enter 1	box is checked,	Tax ID Num	ber	(round to	nearest whole dollar)	(round to n	earest whole dollar)
<ul> <li>spouse, enter 2</li> <li>a1 1</li> </ul>	mark an X below. <b>b1</b>	c1 MN	3804978	d1	7295	e1	90
a1 <u> </u>		CI 14114		u1		61	
a2	b2	c2 MN		d2		e2	
a3	b3	c3 MN		d3		e3	
a4	b4	c4 MN		d4		e4	
a5	b5	c5 MN		d5		e5	
	k withheld on all Forn held on Forms 1099, N						
Α	2 2 2 2 2	В	- · - · · · · · · · · · · · · · · · · ·	С		D	
If the Form 1099, W-2G	i, or 1042-S is for:	Payer's sev	en-digit Minnesota Tax ID	Income a	amount (see the table on	Minneso	ta tax withheld
<ul><li>you, enter 1</li><li>spouse, enter 2</li></ul>		Number (if	unknown, contact the pa	yer) the back	for amounts to include)	(round to	nearest whole dollar)
a1	b	1 MN		c1		d1	
a2	b	2 MN		c2		d2	
a3	b	3 MN		c3		d3	
a4	b	4 MN		c4		d4	
Subtotal for addition	nal 1099, W-2G, and 1	.042-S (from	line 6 on page 2)				
Total Minnesota tax	k withheld on all 1099	), W-2G, and	<b>d 1042-S</b> (add amoun	ts in line 2, co	olumn D)	2■	
3 Total Minnesota tax	k withheld by partner	ships, S cor	porations, and fiduci	aries			
	2)				3	3■	
<b>4 Total.</b> Add the Minr Enter the total here						4 ■	90

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





# 2019 Schedule M1NR, Nonresidents/Part-Year Residents

	re you complete this schedule, read the instructions and complete lines 1 through 11 of Form M1.  First Name and Initial  Last Name	Social S	ecurity Number
ΙΔΈ	RISH PAMIDI	7441	L63717
	ise's First Name and Initial Last Name		's Social Security Number
Vlinr	nesota Residency (Place an X in one box and enter other state of residency)		
		Other State of Residency:	OK
You:	Full-year Nonresident L Part-Year Resident fromtoto	Other State of Residency:	OIL
Your	Spouse: Full-year Nonresident Part-Year Resident fromto	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)	<b>1</b> 92332	27295
2	Taxable interest and ordinary dividend income ( $\it lines 2b \ and 3b \ of \ Form 1040 \ or 1040-SR)$ .	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)	<b>6</b>	0
7	Farm income or loss (from line 6 of federal Schedule 1)		
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	
11	Add lines 1 through 10 for each column	<b>11</b> ■ 87332	2 <b>1</b> 7295
	ur Minnesota gross income is below \$12,200, see instructions.		
	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		
-0	(see instructions for line 16, column B)	16	) ()
17	Penalty on early withdrawal of savings (from line 17 of federal Schedule 1)		
1,	remarky on early withdrawar of savings (profit file 17 by Jederal Schedule 17	1/	
18	Other required subtractions (add lines 21, 35, 36, 39, and 41 of Schedule M1M)	18■	
	Net U.S. bond interest and active military pay		
	received while a nonresident (add lines 18 and 29 of Schedule M1M)	19	
20			
21	Subtraction for federal section 179 expensing (from line 22 of Schedule M1M	21	0
	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.		7295
22	Subtract line 21, column A, from line 11, column A.		, 150
<b>4</b> 3	Enter the result here and on line 13b of Form M1	87332	)
24		<b>43</b>	=
<b>∠</b> 4	Divide line 22 by line 23, and enter the result as a decimal (carry to five decimal	,	.08353
25	places). If line 22 is more than line 23, enter 1.0. If line 22 is zero, enter 0		4706
	Amount from line 12 of Form M1		
<b>2</b> 6	Multiply line 24 by line 25. Enter the result here and on line 13 of Form M1		<u> 290</u>



## **Income Tax Return Payment**

## Pay by Check

- Make your check payable to "Minnesota Revenue."
- Print the last four digits of your Social Security number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

**Note:** Your payment may be delayed if your voucher information is missing or incorrect. When printing the voucher, set your printer to "Actual size" (not "Shrink oversized pages").

#### Scan Line

The scan line is the most important part of the voucher. When submitting your voucher make sure the scan line:

- Is printed with 66 digits characters, symbols, or masking are unacceptable.
- Is not cut off or missing.

## Pay Electronically

- Pay electronically from your bank account. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box or call our automated system at 1-800-570-3329. We do not charge for this service.
- Pay by credit card or debit card. Go to www.paystatetax.com/mn or call 1-855-947-2966. Value Payment Systems processes these payments and charges you a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to www.revenue.state.mn.us and type
   ACH Credit into the Search box.

REV 07/17/20 PRO

Cut carefully along this line to detach.
Your check authorizes us to make a one-time electronic fund transfer from your account.

1031



Income Tax Return Payment	Preparer Tax Identification Number:	P02082703
HARISH PAMIDI  4200 N MERIDIAN AVE Apt #318 OKLAHOMA CITY OK 73112	Social Security Number (required): Spouse's Social Security Number:	744163717
	Tax-Year End:	123119
Make check payable to: Minnesota Revenue		
P.O. Box 64054, St. Paul, MN 55164-0054	Amount of Check:	305 00





# 2019 Form M1, Individual Income Tax

	e unused boxes blank. Do not u First Name and Initial		ning you submit. Ast Name	You	ur Social	Security Number (SS	N) Your Date of Birtl	1		
НАІ	RISH	F	AMIDI	7.	744163717 09051991					
	oint Return, Spouse's First Name a		oouse's Last Name			cial Security Number				
Curre	ent Home Address			Ch	eck if:	New Address	Foreign Address			
	00 n meridian <i>a</i>	AVE APT	#318							
City	Name of the Control o			Sta			ZIP Code			
	LAHOMA CITY			OF	ζ		73112			
X	9 Federal Filing Status (place) (1) Single (2) Married file e Elections Campaign Fund	ling jointly (	3) Married filing separate Spouse name and SSN_			(4) Head of househ	nold (5) Qual	ifying widow(er)		
	want \$5 to go to help candidates f		amnaign expenses enter the	e code number fo	r the nart	y of your choice. This w	ill not increase your ta	or reduce your refund		
You	r Code Spouse's Code  1 Your Federal Return (see i	Political Party ( Republican—11 Democratic/Farm	Independenter-Labor—12 Grassroots/L	ce—13 .egalize Cannabis–	Gr -14 Lil	reen—15 Legal pertarian—16 Gener	Marijuana Now—17 al Campaign Fund—99			
A. W	ages, salaries, tips, etc.	B. IRA, pensio	ns, and annuities	C. Unemp	loyment		D. Federal taxable	e income		
	92332		0		l	0		75132		
1 2 3 4 5 6 7	Federal adjusted gross inco (if a negative number, place) Additions to Minnesota inco Add lines 1 and 2 (if a negative number) Itemized deductions (from Exemptions (determine from State income tax refund from Other subtractions from M (see instructions; enclose See Total subtractions. Add lines)	e an X in the box, come from line 1: tive number, place Schedule M1SA) m instructions) om line 1 of fede innesota income chedule M1M)	or your standard deduction of Schedule 1	e instructions;  uction (see inst	enclose	s)	1	10000		
9	Minnesota taxable income	e. Subtract line 8 f	rom line 3. If zero or less	s, leave blank			9	75132		
10	Tax from the table in the M	11 instructions	<b>,</b>				10	4726		
11	Alternative minimum tax (e	enclose Schedule	M1MT)				11■			
12 13	Add lines 10 and 11 Full-year residents: Enter the a Part-year residents and nonresuline 13, from line 22 on line 13	amount from line 1 sidents: From Sche a, and from line 23	.2 on line 13. Skip lines 13 dule M1NR, enter the amo	a and 13b. Dunt from line 26 Edule M1NR)	5 on					
14	Other taxes such as the tax Schedule M1HOME		stributions and recaptu	ire amounts fr	om (che		•			

## 2019 M1, page 2



15	Tax before credits. Add lines 13 and 14		15	395
16	Marriage Credit for joint return when both spouses have taxable earned or taxable retirement income (enclose Schedule M1MA)	ed income		
17	Credit for long-term care insurance premiums paid (enclose Schedule I	M1LTI)	17 ■	
18	Credit for taxes paid to another state (enclose Schedule(s) M1CR and N	M1RCR)	18 🔳	
19	Other nonrefundable credits (enclose Schedule M1C)		19 ■	
20	Total nonrefundable credits. Add lines 16 through 19		20	,
21 22			21	395
23	Add lines 21 and 22		23	2.2.5
24	Minnesota income tax withheld. Complete and enclose Schedule M1W Minnesota withholding from Forms W-2, 1099, and W-2G (do not send)	to report		90
25	Minnesota estimated tax and extension payments made for 2019			
26	Refundable credits from line 9 of Schedule M1REF (see instructions; er		26 ■	
27	Total payments. Add lines 24 through 26			90
28	<b>REFUND.</b> If line 27 is more than line 23, subtract line 23 from line 27 (see For direct deposit, complete line 29		28 ■	
29	Direct deposit of your refund (you must use an account not associated  Account Type Routing Number  Checking Savings			
30 31	AMOUNT YOU OWE. If line 23 is more than line 27, subtractline 27 from 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 Y 32	OU PAY ESTIMATED TAX and want part of your refund credited to estimate Amount from line 28 you want sent to you	•	32 🔳	
33	Amount from line 28 you want applied to your 2020 estimated tax		33 🔳	
	lare that this return is correct and complete to the best of my knowledge and belief.  Signature  Date	Paid preparer: You must sign below.  Paid Preparer's Signature	Date	
Tour	Signature	SYAM PRIYA RAM SA		12/29/2020
Spou	se's Signature (If Filing Jointly)  Taxpayer's Daytime Phone	, ,	PTIN or	VITA/TCE # (required)
Your	Email Address	6467277157 Preparer's Email Address		P02082703
PAI	MIDIHARISH@GMAIL.COM	tsyamgupta@gmail.	com	
Inclu	ude a copy of your 2019 federal return and schedules.	authorize the Minnesota Department of Revenue	to discuss thi	s return with mv
		paid preparer or the third-party designee indicated		
To ch		do not want my paid preparer to file my return ele	ectronically.	

REV 07/17/20 PRO





# 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 Initia	I	Last Name			Your Social Sec	urity Number		
HARISH		PAMID	I	7441637	744163717			
If a Joint Return, Spouse's F	irst Name and Initial	Spouse's Las	st Name	Spouse's Social	Security Number			
complete this schedule amounts to the neares W-2G; keep them with	e to determine line st whole dollar. You n your tax records. nd Minnesota tax w	e 24 of Form M u must include All instruction	11. List only the for this schedule when s are included on the	nedule KPI, KS, or KF that sh ms that report Minnesota ir n you file your return. <b>DO N</b> nis schedule. rom Forms W-2G. If you have	ncome tax withheld. I I <b>OT</b> send in your Form	Round dollar ms W-2, 1099, o		
A	B—Box 13	C—Box 15		D—Box 16	E—Box 17			
If the Form W-2 is for: • you, enter 1	If Retirement Plan box is checked,	Employer's s Tax ID Numb	even-digit Minnesota er	State wages, tips, etc. (round to nearest whole dollar	Minnesota tax	withheld rest whole dollar)		
• spouse, enter 2	mark <u>an X</u> below.				(, , , , , , , , , , , , , , , , , , ,	,		
a1 <u>1</u>	b1	c1 MN	3804978	d17295	e1	90		
a2	b2	c2 MN		d2_	e2			
a3	b3	c3 MN		d3	e3			
a4	b4	c4 MN		d4	e4			
a5	b5	c5 MN		d5	e5			
Subtotal for addition	nal Forms W-2 (fron	n line 5 on page	2)					
Total Minnesota tax	withheld on all Fo	rms W-2 (add a	amounts in line 1, co	lumn E)	1	90		
2 Minnesota tax withl	neld on Forms 1099	, W-2G, and 10	42-S. If you have mo	re than four forms, complete	line 6 on the back.			
A If the Form 1099, W-2G you, enter 1 spouse, enter 2	, or 1042-S is for:		n-digit Minnesota Tax ID nknown, contact the pa	Income amount (see the table)  the back for amounts to include		tax withheld earest whole dollar)		
a1		b1 MN		c1	d1			
a2		b2 MN		c2	d2			
a3		p3 WN		c3	d3			
a4		b4 MN		c4	d4			
Subtotal for addition	nal 1099, W-2G, and	d 1042-S (from	line 6 on page 2)					
Total Minnesota tax	withheld on all 10	99, W-2G, and	<b>1042-S</b> (add amoun	ts in line 2, column D)	2■			
3 Total Minnesota tax			•					
, ,	•				3■			
<b>4 Total.</b> Add the Minr Enter the total here					4■	90		

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





# 2019 Schedule M1NR, Nonresidents/Part-Year Residents

	re you complete this schedule, read t First Name and Initial	Last Name	I through 11 of Form M1.	Social Se	curity Number
-1 Z I	RISH	PAMIDI		7441	63717
	se's First Name and Initial	Last Name			Social Security Number
Minr	nesota Residency (Place an X in one b				
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 10	040-SR)	- 00000	7295
2	Taxable interest and ordinary di				
3		ne 3 of federal Schedule 1)			′
4	<del>-</del>	of Form 1040 or 1040-SR)			
5	IRA distributions, pensions, and				
6	Net income from rents, royaltie	-			
	estates, and trusts (from line 5 o	of federal Schedule 1)		<b>6 -</b> 5000	0
7	Farm income or loss (from line 6				
8	Other income (add lines 5b of F				
	lines 1, 2a, 4, 7, and 8 of federa	l Schedule 1)		8	
9	Interest and dividends from nor				
	(add lines 1 and 2 of Schedule N	11М)		9	
10	Other required additions				
	·	of Schedule M1M and lines 3, 7, o	and 8 of Schedule M1NC)	10■	
		,			
11	Add lines 1 through 10 for each	column		<b>11</b> ■ 87332	<b>■</b> 7295
	ur Minnesota gross income is be				
	Educator expenses, certain busi		es moving expenses		
	-	eral Schedule 1)		12	
13	Self-employed SEP, SIMPLE, and	qualified plans and IRA deducti	on		
	(add lines 15 and 19 of federal S	Schedule 1)		13	
14	Health savings account and Arcl				
	amount included on line 22 of fe	ederal Schedule 1)		14	
15	One-half of self-employment ta	x and self-employed health insur	rance		
	(add lines 14 and 16 of federal S	Schedule 1)		15	
16	Deductions for alimony paid and	d student loan interest			
	(see instructions for line 16, colu	ımn B)		<b>16</b> 0	0
17	Penalty on early withdrawal of	savings (from line 17 of federal S	chedule 1)	17	
18	Other required subtractions (aa	d lines 21, 35, 36, 39, and 41 of	Schedule M1M)	18	■
19	Net U.S. bond interest and activ				
		dd lines 18 and 29 of Schedule N			
	Subtraction for federal section 1			20	
21	Add lines 12 through 20 for eac	h column		210	0
22	Subtract line 21, column B, from				5005
	M1. If your Minnesota gross inc	ome is below \$12,200 or the res	sult is zero or less, enter 0.		<u>7295</u>
23	Subtract line 21, column A, fron				
	Enter the result here and on line	e 13b of Form M1		87332	
24	Divide line 22 by line 23, and er				2 2 2 = =
	places). If line 22 is more than li	ine 23, enter 1.0. If line 22 is zero	o, enter 0		
	Amount from line 12 of Form M				
26	Multiply line 24 by line 25. Ente	r the result here and on line 13 of	of Form M1		<b>.</b> 395

V 07/17/20 PRO

Torm	0.40	Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Retu	(99	
В		UTU	U.S. Individual Income Tax Retu	rn

2019

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status Check only		Single Married filing jointly uchecked the MFS box, enter the name		d filing separately (MFS)	_	old (HOH) Quali		. , , ,	
one box.	a ch	ild but not your dependent. 🕨							
Your first name	and m	iddle initial	Last	name	Your social security number				
HARISH			PA	MIDI			744-	16-3717	
If joint return, s	pouse's	s first name and middle initial	Last	name			Spouse's	s social security number	
	,	er and street). If you have a P.O. box, see	l e instru	ctions.		Apt. no. 318	Check here	ntial Election Campaign if you, or your spouse if filing t \$3 to go to this fund.	
,		ce, state, and ZIP code. If you have a for TY OK 73112	eign ad	ldress, also complete sp	paces below (see instruc	ctions).		box below will not change your	
Foreign countr	y name			Foreign province/state	e/county	Foreign postal code		han four dependents, ructions and ✓ here ►	
Standard Someone can claim: You as a dependent Your spouse as a dependent  Peduction Spouse itemizes on a separate return or you were a dual-status alien									
Age/Blindness	You:	Were born before January 2, 1955	5 🗌	Are blind Spouse:	Was born before	e January 2, 1955	ls blir	nd	
Dependents (	see ins	structions):	(2	2) Social security number	(3) Relationship to you	(4) ✓ if	qualifies for	(see instructions):	
(1) First name Last name				Child tax cre	edit	Credit for other dependents			
	1	Wages, salaries, tips, etc. Attach Form	ı(s) W-2	2			. 1	92,332.	
	2a	Tax-exempt interest	2a		<b>b</b> Taxable interest. A	ttach Sch. B if require	ed 2b		
24	3a	Qualified dividends	3a		<b>b</b> Ordinary dividends.	Attach Sch. B if require	ed 3b		
Standard Deduction for—	4a	IRA distributions	4a		<b>b</b> Taxable amount		. 4b		
Single or Married filing separately,	С	Pensions and annuities	4c		<b>d</b> Taxable amount		. 4d		
\$12,200	5a	Social security benefits	5a		<b>b</b> Taxable amount		. 5b		
Married filing jointly or Qualifying	6	Capital gain or (loss). Attach Schedule	D if red	quired. If not required, cl	heck here		<b>6</b>		
widow(er),	7a	Other income from Schedule 1, line 9					. 7a	-5,000.	
\$24,400 Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and	7a. Thi	s is your <b>total income</b>			▶ 7b	87,332.	
household,	8a	Adjustments to income from Schedule	1, line	22			. 8a		
\$18,350 If you checked	b	Subtract line 8a from line 7b. This is yo	our <b>adj</b> i	usted gross income			▶ 8b	87,332.	
any box under Standard	9	Standard deduction or itemized ded	uction	s (from Schedule A) .	9	12,200	o. 🔽		
Deduction,	10	Qualified business income deduction.	Attach	Form 8995 or Form 899	5-A <b>10</b>	· ·			
see instructions.	11a	Add lines 9 and 10					. 11a	12,200.	
	b	Taxable income. Subtract line 11a fro	m line	8b. If zero or less, enter	-0		11b		

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

Form **1040** (2019)

Form 1040 (2019	)									Page <b>2</b>
	12a	Tax (see inst.) Check if any from F	form(s): <b>1</b> 8814	<b>4 2</b> 4972	з 🗌	<b>12a</b> 12	,386.			
	b	Add Schedule 2, line 3, and line	12a and enter the	total			. •	12b	12	2,386.
	13a	a Child tax credit or credit for other dependents								
	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, ente	er-0				14	12	2 <b>,</b> 386.
	15	Other taxes, including self-empl	oyment tax, from S	Schedule 2, line	10			15		0.
	16	Add lines 14 and 15. This is you	r <b>total tax</b>				. •	16	12	2 <b>,</b> 386.
	17	Federal income tax withheld from	m Forms W-2 and	1099				17	12	2,465.
• If you have a	18	Other payments and refundable credits:								
qualifying child, attach Sch. EIC.	а	Earned income credit (EIC)								
If you have	b	Additional child tax credit. Attac								
nontaxable combat pay, see	С	American opportunity credit from Form 8863, line 8								
instructions.	d	Schedule 3, line 14				18d				
	е	Add lines 18a through 18d. The	se are your <b>total o</b> t	ther payments	and refundable cred	lits	. 🕨	18e		
	19	Add lines 17 and 18e. These are	your <b>total payme</b>	nts	<u> </u>		. •	19	12	2,465.
Refund	20	If line 19 is more than line 16, su		20		79.				
	21a	Amount of line 20 you want refu	inded to you. If Fo	rm 8888 is attac	ched, check here .		▶ □	21a		79.
Direct deposit? See instructions.	▶b	Routing number X X X	<del></del>		- //	5	Savings			
	►d	Account number X X X	X X X X	XXXX	X X X X X	XX				
	22	Amount of line 20 you want app	lied to your 2020	estimated tax	🕨	22				
Amount	23	Amount you owe. Subtract line	19 from line 16. Fo	or details on hov	w to pay, see instructi	ons	. •	23		
You Owe	24	Estimated tax penalty (see instru	uctions)			24				
Third Party Designee	Do	you want to allow another persor	n (other than your p	paid preparer) to	discuss this return w	ith the IRS? See in	structions.	×		lete below.
(Other than paid preparer)		signee's		Phone Personal ider				tion		$\neg \neg$
Sign	Und	me  der penalties of perjury, I declare that I rect, and complete. Declaration of prep					best of my ki	nowledg	e and belief,	they are true,
Here		our signature	( <del> </del>	Date	Your occupation	· · · · · · · · · · · · · · · · · · ·	1	IRS se	nt you an Ic	lentity
	<b>L</b>	·			SOFTWARE E	MCINEED	Prote (see ii		IN, enter it	nere
Joint return? See instructions.	Sn	oouse's signature. If a joint return,	hath must sign	Date			,		nt your spor	LISE an
Keep a copy for your records.	<b>y</b> 0,	ouse's signature. If a joint return,	both must sign.	Bate	opouse a decupation					enter it here
	Phone no.			Email address	•					
Doid	Pro	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:	
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	12/29/2020	P02082	703	3rd Pa	arty Designee
Preparer	Fir	m's name ▶ GLOBAL TA	XES LLC			Phone no. (64	6)727-7	157	Self-e	employed
Use Only	Firm's address ▶ 2530 Pebble Creek In Cumming GA 300					•	Firm's	EIN D	30-1	017196
Go to www.irs.go	v/Forn	n1040 for instructions and the late	est information.		BAA	REV 08/20/20 PRO	)		Form	1040 (2019)

### **SCHEDULE 1** (Form 1040 or 1040-SR)

**Additional Income and Adjustments to Income** 

Your social security number

Department of the Treasury Internal Revenue Service

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

► Attach to Form 1040 or 1040-SR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. 01

HAR	ISH PAMIDI	744-1	6-3717
-	time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interes	-	
virtual	currency?		☐ Yes 🗵 No
Part	Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received		
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			
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attac	h	
	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		
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings		
18a	Alimony paid		
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction		
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917		
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 of	or 🗌	
	1040-SR, line 8a		

#### **SCHEDULE E**

(Form 1040 or 1040-SR)

## **Supplemental Income and Loss**

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

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

20**19** 

OMB No. 1545-0074

Attachment Sequence No. **13** 

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

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

Your social security number 744-16-3717

Part		s From Rental Real Estate instructions). If you are an indiv		-		•				<b>.</b>		/, use
A Dic	· · · · · · · · · · · · · · · · · · ·	nts in 2019 that would requ										X No
		ou file required Forms 1099									] Yes [	□ No
1a	Physical address of	each property (street, city, s	state 7IF	code	<del>-)</del>	• •					_ 100 L	
A		AGAR HYDERABAD TELA			-	2						
В												
С												
1b	Type of Property	2 For each rental real es	state pror	oertv l	isted		Fai	r Rental	Pers	onal Use		
	(from list below)											
Α	1	only if you meet the requirements to file as   A   365   0   $\Box$										
В		a qualified joint ventui	re'. See in	struct	tions.	В						
С						С						
Туре	of Property:											
1 Sing	le Family Residence	3 Vacation/Short-Term	Rental	5 La	.nd		7 Sel	f-Rental				
	ti-Family Residence	4 Commercial		6 Ro	yalties		8 Oth	ner (descrik	oe)			
Incom			perties:			Α			В		С	
3				3			650.					
4				4								
Expen												
5				5			100.	_				
6	•	nstructions)		6			250.					
7	•	nance		7								
8				8								
9				9								
10		essional fees		10								
11	•			11								
12		id to banks, etc. (see instru	ctions)	12			000					
13				13 14		5	,000. 150.					
14 15				15			$\frac{150.}{150.}$					
16				16			150.					
17				17								
18	Depreciation expense			18								
19	Other (list) ►	s or depiction		19								
20	` ′	lines 5 through 19		20		5	,650.					
	•	line 3 (rents) and/or 4 (roya					, 000.					
21		instructions to find out if yo	,									
	file <b>Form 6198</b>			21		<b>-</b> 5	,000.					
22		I estate loss after limitation	. if anv.				<u>,                                      </u>					
	on Form 8582 (see in			22	(	-5,	000.	)(		)(		)
23a	Total of all amounts r	eported on line 3 for all rent	tal prope	rties	٠		23	а	65	0.		
b	Total of all amounts r	eported on line 4 for all roya	alty prop	erties			231	)				
С	Total of all amounts r	eported on line 12 for all pr	operties				23					
d	Total of all amounts r	eported on line 18 for all pr	operties				23	k				
е	Total of all amounts r	eported on line 20 for all pr	operties				23	9	5,65	0.		
24	· ·	e amounts shown on line 2			-				-	24		
25	Losses. Add royalty lo	sses from line 21 and rental re	eal estate	losse	s from I	ine 22.	Enter to	otal losses h	iere.	25 (	5,	000.)
26	Total rental real est	ate and royalty income o	r (loss). (	Comb	ine line	s 24 a	nd 25.	Enter the	result			
	here. If Parts II, III,	IV, and line 40 on page 2	do not	apply	to you	u, also	enter	this amou	nt on			
		040 or 1040-SR), line 5, or										
	amount in the total or	n line 41 on page 2	<u> </u>							26	-5	,000.